[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

**RE: Notice of Deductible Recovery**

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Loss]
Amount Enclosed: $[Amount]

Dear [Insured Name],

We are pleased to inform you that we have successfully concluded the subrogation process regarding your recent insurance claim. We have recovered the funds from the party responsible for the damages.

As a result of this recovery, we are now able to reimburse you for the deductible you paid toward your claim. Please find the enclosed check in the amount of $[Amount], which represents the full recovery of your deductible.

If you have any questions regarding this payment or your claim, please contact our Subrogation Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Adjuster Name]
[Title]
[Insurance Company Name]