

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Acknowledgment of Feedback Regarding Claim #[Claim Number]**

Dear [Member Name],

Thank you for contacting [Insurance Company Name]. We are writing to formally acknowledge receipt of your feedback submitted on [Date] regarding your recent medical claim.

We value your input and take all member concerns seriously. Your comments have been forwarded to our [Claims/Quality Assurance] department for a detailed review. We are currently looking into the points you raised to ensure that our processes align with your policy coverage and our service standards.

Our team aims to provide a formal response or a status update within [Number of Days, e.g., 10 to 15] business days. If we require additional information from your healthcare provider, we will notify you accordingly.

No further action is required from you at this time. If you have any urgent questions, please contact our Member Services department at [Phone Number] or visit our website at [Website URL].

Thank you for your patience and for being a valued member of [Insurance Company Name].

Sincerely,

[Name of Sender/Department]

[Insurance Company Name]