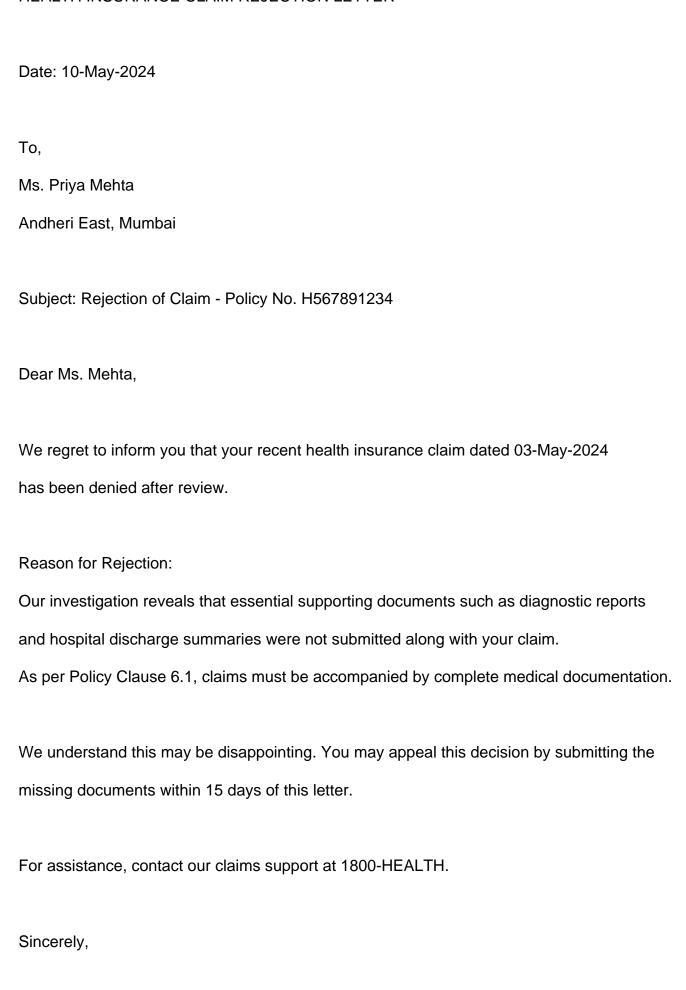
## HEALTH INSURANCE CLAIM REJECTION LETTER



Claims Department

XYZ Health Insurance