

ABC Insurance Company  
PO Box 123456  
Bangalore,560001

**Ref :** Patient Name : fdsfsdf dsfdsfsdf

Claim id : 201800000001

Policy Number : dsfsdff

Subscriber Number : dsfsdff

Date of Claim Filing : 2018-12-20

**Dear Rajendra Singh**

The claim **201800000001**, submitted for **fdsfsdf dsfdsfsdf**, was processed and the following procedures/charges have been denied-

S. No.	Procedure/Charges	Reason for Denial
1	Procedure/Charges	Reasons for denial

In case you wish to contest this denial, then an appeal may be filed citing the claim id and providing appropriate proof of medical necessity within the next 30 days.

With best regards

**Claim Administrator**

**ABC Insurance Company**