

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Claims Department Address]  
[City, State, ZIP Code]

Subject: UHC Claim Submission - [Claim Number]

Dear Claims Department,

I hope this letter finds you well. I am writing to formally submit my claim for [specific services or treatments] that took place on [date(s) of service].

**\*\*Claim Details:\*\***

- **\*\*Patient Name:\*\*** [Patient's Name]
- **\*\*Member ID:\*\*** [Your Member ID]
- **\*\*Claim Number:\*\*** [Claim Number if applicable]
- **\*\*Date(s) of Service:\*\*** [Dates]
- **\*\*Provider Name:\*\*** [Healthcare Provider Name]
- **\*\*Total Amount Billed:\*\*** [\$ Amount]

**\*\*Attached Documents:\*\***

- [List any documents enclosed, e.g., invoices, receipts, medical records, etc.]

Please process this claim at your earliest convenience. Should you require further information or documentation, feel free to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]