

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
UnitedHealthcare
[Claims Department Address]
[City, State, Zip Code]
Subject: Claims Correspondence - [Claim Number]
Dear UnitedHealthcare Claims Department,
I hope this message finds you well. I am writing concerning my recent claim submitted under policy number [Your Policy Number] for [brief description of services provided, e.g., "medical treatment on [date]"]. My claim number is [Claim Number].
Details of the Claim:
- **Patient Name:** [Patient Name]
- **Date of Service:** [Date]
- **Claim Amount:** [Claim Amount]
- **Provider Name:** [Provider Name]
Request for Review:
[Clearly state the reason for your correspondence, e.g., "I believe there was an error in processing this claim, as I have included all necessary documentation."]
Attached are the relevant documents for your review:
1. [Document Type 1]
2. [Document Type 2]
3. [Any additional documents]
I kindly request a re-evaluation of my claim and a detailed explanation of the decision made. Please contact me at your earliest convenience to discuss this matter further.
Thank you for your attention to this matter. I look forward to your prompt response.
Sincerely,
[Your Name]
[Your Title (if applicable)]
[Your Relationship to Patient (if applicable)]