

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

UnitedHealthcare

[Claims Department Address]  
[City, State, ZIP Code]

Subject: Claim Submission for [Claim Number or Policy Number]

Dear Claims Department,

I am writing to submit a claim for [briefly describe the nature of the claim, e.g., medical services, prescription drug costs]. My policy number is [Your Policy Number], and the claim number is [Claim Number, if applicable].

Enclosed, please find the necessary documentation including [list documents, e.g., receipts, medical records, and any relevant forms] to support my claim. I kindly request that you review this information and process my claim at your earliest convenience.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Policy Number]