

[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 [Type of Service/Procedure]

Dear Claims Department,

I am writing to submit a claim for reimbursement for medical services received on [Date of Service]. My member ID is [Your Member ID].

Details of the service are as follows:

- Provider Name: [Provider's Name]
- Provider Address: [Provider's Address]
- Service Provided: [Description of Services]
- Claim Amount: [Total Amount]

Enclosed are the necessary documents to support my claim:

- Itemized bill from the provider
- Explanation of Benefits (if applicable)
- [Any other relevant documents]

Please process my claim at your earliest convenience. If you require any further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Member ID]