

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

UnitedHealthcare Claims Department

[UnitedHealthcare Address]
[City, State, Zip Code]

Subject: Claim Submission for [Patient's Name/Policy Number]

Dear Claims Department,

I am writing to submit a claim for medical services rendered to
[Patient's Name] on [Date of Service]. The details of the claim are as
follows:

- **Patient Name:** [Patient's Full Name]
- **Policy Number:** [Policy Number]
- **Date of Service:** [Date]
- **Provider Name:** [Provider's Name]
- **Service Description:** [Description of Services Provided]
- **Claim Amount:** [\$Amount]

Enclosed, please find the necessary documentation, including:

1. Copy of the itemized bill
2. Proof of payment
3. Any additional supporting documents

Please let me know if you require any further information or
documentation to process this claim. I appreciate your prompt attention
to this matter.

Thank you.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]