

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

UnitedHealthcare

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

Re: Claim Submission for [Patient's Name]

Claim Number: [Claim Number]

Dear Claims Department,

I hope this letter finds you well. I am writing to submit a claim for reimbursement for the medical expenses incurred by [Patient's Name] on [Date of Service]. The details are as follows:

- **Patient Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's Date of Birth]
- **Policy Number:** [Policy Number]
- **Date of Service:** [Date(s) of Service]
- **Provider Name:** [Provider's Name]
- **Treatment Received:** [Description of Treatment or Service]
- **Total Amount Charged:** [Total Charge]

Enclosed with this letter are the following documents to support this claim:

1. Itemized bill from the healthcare provider
2. Copy of the Explanation of Benefits (EOB)
3. Any relevant medical records
4. [Additional documentation as necessary]

I kindly request that you review this claim and process it accordingly.

If you require any further information or clarification, please do not hesitate to contact me at the phone number or email address listed above.

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

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]