

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

UnitedHealthcare

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

Subject: Claim Documentation for [Type of Service/Procedure]

Claim Number: [Your Claim Number]

Dear Claims Department,

I am writing to submit documentation for my recent claim regarding [brief description of services rendered, e.g., a medical procedure, appointment, etc.], which occurred on [date of service].

Enclosed with this letter, you will find the following documents:

1. [Itemized bill from the provider]
2. [Explanation of Benefits (EOB)]
3. [Any additional supporting documents]

Please review the attached documents and process my claim at your earliest convenience. If you require any further information or additional documentation, do not hesitate to contact me at the provided phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Member ID or Group Number]