

[Your Name]  
[Your Title]  
[Your Organization/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

UnitedHealthcare

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

Subject: Claim Submission for [Patient's Name] - [Claim Number, if available]

Dear Claims Department,

I am writing to submit a claim for services rendered to [Patient's Name], [Patient's ID Number], on [Date of Service]. Below are the details of the claim:

- **\*\*Provider Name\*\***: [Your Organization/Practice Name]
- **\*\*NPI Number\*\***: [Your NPI Number]
- **\*\*Date of Service\*\***: [Date]
- **\*\*CPT/HCPCS Codes\*\***: [List of Codes]
- **\*\*ICD-10 Diagnosis Codes\*\***: [List of Codes]
- **\*\*Total Charge\*\***: [Total Amount]
- **\*\*Payment Received\*\***: [Any prior payments received]
- **\*\*Balance Due\*\***: [Remaining Balance]

Please find attached the following documents for your review:

1. Itemized Invoice
2. Patient's Insurance Information
3. Any additional supporting documentation (e.g., Referral, Medical Records)

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization/Practice Name]