

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

UnitedHealthcare

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

Subject: Request for Reimbursement - UHC Claim #[Claim Number]

Dear Claims Department,

I am writing to formally request reimbursement for the medical expenses incurred on [Date(s) of Service] related to [brief description of the service/treatment]. My UnitedHealthcare member ID is [Your Member ID].

Enclosed, please find the following documents to support my claim:

1. A copy of the original itemized bill from the provider
2. Explanation of Benefits (EOB) if applicable
3. Any additional relevant documentation

The total amount requested is [Total Amount]. Please direct any reimbursements to the address listed above.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Member ID]

[Your Policy Number] (if applicable)

Enclosures: [List of enclosed documents]