

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Claim Submission for UHC Policy #[Policy Number]

Dear Claims Department,

I am writing to formally submit a claim for healthcare services received on [Date of Service] under my UnitedHealthcare policy #[Policy Number].

Enclosed are the necessary documents pertaining to the claim, including:

1. Proof of service (e.g., itemized bill, receipt)
2. Claim form (if applicable)
3. Relevant medical records
4. Any additional documentation requested

The details of the service are as follows:

- Provider Name: [Provider's Name]
- Service Description: [Brief Description of Service]
- Total Amount Charged: [Total Amount]

I kindly ask that you review my claim and process it at your earliest convenience. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Policy Number]