

\*\*[Your Name]\*\*  
\*\*[Your Address]\*\*  
\*\*[City, State, Zip Code]\*\*  
\*\*[Email Address]\*\*  
\*\*[Phone Number]\*\*  
\*\*[Date]\*\*  
\*\*UnitedHealthcare Claims Department\*\*  
\*\*[Claims Department Address]\*\*  
\*\*[City, State, Zip Code]\*\*  
Subject: Claim Submission for [Patient's Name, Claim Number]  
Dear Claims Department,  
I am writing to formally submit a claim for [type of service or procedure] that took place on [date of service]. The details of the claim are as follows:  
- \*\*Patient Name:\*\* [Patient's Full Name]  
- \*\*Policy Number:\*\* [Your Policy Number]  
- \*\*Claim Number (if applicable):\*\* [Claim Number]  
- \*\*Date of Service:\*\* [Date of Service]  
- \*\*Provider Name:\*\* [Provider's Full Name]  
- \*\*Provider NPI:\*\* [Provider's NPI Number]  
- \*\*Amount Billed:\*\* [Total Amount Charged]  
The following documents are enclosed to support my claim:  
1. [Document Type: e.g., medical records, itemized bill, etc.]  
2. [Document Type: e.g., explanation of benefits, etc.]  
3. [Document Type: any additional support documents]  
I kindly request that you review the attached documents and process my claim at your earliest convenience. If any further information or clarification is required, please do not hesitate to contact me at the phone number or email address provided above.  
Thank you for your attention to this matter.  
Sincerely,  
[Your Signature (if sending a hard copy)]  
\*\*[Your Printed Name]\*\*  
\*\*[Your Relationship to Patient, if applicable]\*\*