

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

[UHC Claims Department]

UnitedHealthcare

[P.O. Box or Street Address]

[City, State, Zip Code]

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

Dear Claims Department,

I am writing to formally request the review and processing of my recent claim for [specify the service/procedure] that took place on [date of service].

Policyholder Information:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Member ID: [Your Member ID]

Details of the Claim:

- Date of Service: [Date]
- Provider: [Provider's Name]
- Provider's NPI: [NPI Number]
- Total Amount Billed: [Amount]

I have included all necessary documentation, including:

- Itemized bill from the provider
- Explanation of Benefits (EOB)
- Any additional supporting documents

I kindly request that you review this claim at your earliest convenience and ensure that I receive the benefits to which I am entitled under my policy.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]