

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

UnitedHealthcare Claims Department

[Address]
[City, State, Zip Code]

Subject: Claim Submission for [Patient's Name] - [Claim Number or Policy Number]

Dear Claims Department,

I am writing to submit a claim for services rendered to [Patient's Name] on [Date of Service]. The details of the services provided are as follows:

- Provider Name: [Provider's Name]
- Provider Address: [Provider's Address]
- Service Date: [Date of Service]
- Description of Services: [Brief description of the services]
- Total Amount Charged: \$[Total Amount]

Please find attached the necessary documentation, including the itemized bill, proof of payment, and any other relevant supporting documents.

I kindly request that you process this claim promptly. Please let me know if you require any additional information or further documentation to assist in the claim process.

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

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Relationship to Patient, if applicable]
Attachments: [List of attached documents]