

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

Claims Department
UnitedHealthcare

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

Subject: Claim for [Type of Claim - e.g., Medical Expenses, Prescription Reimbursement]

Claim Number: [Claim Number]

Dear Claims Department,

I am writing to formally submit a claim for [briefly describe the nature of the claim, e.g., "medical expenses incurred during a recent hospital visit"]. My details are as follows:

- Member ID: [Your Member ID]
- Date of Service: [Date(s)]
- Provider Name: [Provider's Name]
- Total Amount Charged: [Amount]

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

1. Itemized bill from [Provider's Name]
2. Payment receipt [if applicable]
3. Any other relevant documents

I kindly ask that you review this claim and process it according to the terms of my policy. Should you require any further information or documentation, please do not hesitate to reach out to me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]