

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

UnitedHealthcare
Claims Department
[Address]

[City, State, Zip Code]

Subject: Medical Claim Submission - [Policy Number]

Dear Claims Department,

I hope this letter finds you well. I am writing to submit a medical claim for services rendered on [date of service] for [patient's name, if different from policy holder]. Below are the details of the claim:

- **Patient Information:**

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Policy Number: [Your Policy Number]
- Group Number: [Your Group Number]

- **Provider Information:**

- Provider Name: [Provider's Name]
- Provider Tax ID: [Provider's Tax ID]
- Service Location: [Provider's Address]

- **Details of Services Provided:**

- Service Description: [Description of the services]
- Procedure Code: [CPT/HCPCS Code]
- Date of Service: [Date]
- Total Charges: [Amount]
- Amount Paid by Patient: [Amount]

Attached to this letter, you will find the necessary documentation, including:

1. Itemized bill from the provider
2. Explanation of Benefits (EOB) from previous claims
3. Any other relevant documentation

Please let me know if you require any additional information to process this claim. I look forward to your prompt attention to this matter and a timely resolution of my claim.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature, if sending a hard copy]