

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Claim for Universal Health Coverage (UHC)

Dear Claims Department,

I hope this letter finds you well. I am writing to formally submit a claim under my Universal Health Coverage (UHC) plan for medical expenses incurred on [date(s) of service].

Claim Details:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Date of Service: [Date(s) of Service]
- Provider Name: [Medical Provider's Name]
- Total Amount Charged: [Total Amount]

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

1. Itemized billing statement from the healthcare provider.
2. Copy of my insurance card.
3. Medical records (if applicable).
4. Any additional relevant documentation.

I kindly request that you process this claim promptly and inform me of any further information required.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]