[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 Submission for [Policy Number/Claim Number]
Dear Claims Department,
I am writing to submit a claim for reimbursement under my
UnitedHealthcare policy (Policy Number: [Your Policy Number]). The
details of the claim are as follows:
- **Patient Name**: [Patient's Full Name]
- **Date of Service**: [Date of Service]
- **Provider Name**: [Healthcare Provider's Name]
- **Total Charges**: [Total Amount Charged]
- **Type of Service**: [Brief Description of Service]
Enclosed with this letter are the following documents to support my
claim:
1. Copy of the itemized bill from the healthcare provider
2. Copy of the Explanation of Benefits (EOB)
3. Claim form (if required)
4. Any additional relevant documentation
Please process this claim at your earliest convenience. If you have any
questions or require further information, do not hesitate to contact me
at the phone number or email address listed above.
Thank you for your attention to this matter.
Sincerely,
[Your Signature (if mailing)]
[Your Printed Name]
[Enclosures: List of Documents]