

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Claims Department]  
[Company Address]  
[City, State, Zip Code]

Subject: Emergency Services Claim Submission

Dear Claims Department,

I am writing to submit a claim for emergency medical services provided to me on [date of service]. My UHC insurance policy number is [policy number].

Details of the Emergency Services:

- Date of Service: [date]
- Provider Name: [provider's name]
- Type of Service: [brief description of services received]
- Total Charges: [amount billed]

I have attached all necessary documents, including the itemized bill from the provider and any relevant medical records. Please let me know if you require any further information to process my claim.

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

Sincerely,

[Your Name]  
[Policy Number]  
[Contact Information]