

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

UnitedHealthcare

[Specific Department or Address if known]
[City, State, ZIP Code]

Subject: Grievance Filing for Claim #[Claim Number]

Dear UnitedHealthcare Grievance Department,

I am writing to formally file a grievance regarding my recent experience with your services.

****Member Information:****

- Member ID: [Your Member ID]
- Date of Service: [Date of Service]
- Claim Number: [Claim Number]

****Details of Grievance:****

[Describe the nature of your grievance clearly and concisely. Include any relevant dates, interactions, and the outcome you are seeking. Be specific about the issue you experienced, including the reasons for your dissatisfaction.]

I have attached copies of any relevant documents, including [list any documents you are attaching, such as bills, correspondence, etc.].

I kindly request your prompt attention to this matter and expect to hear back from you within the regulatory timeframe for grievances. Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]