

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

[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Subject: Request for UHC Reimbursement

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for [specific service or treatment] that I received on [date]. My UnitedHealthcare (UHC) policy number is [policy number]. Enclosed are the necessary documents to support my reimbursement claim:

- Itemized bill from the service provider
- Proof of payment
- Claim form (if applicable)

The total amount for the service is [amount], and I kindly ask for your assistance in processing this reimbursement as soon as possible.

Thank you for your attention to this matter. Should you require any additional information, please do not hesitate to reach out to me at [your phone number] or [your email address].

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List of enclosed documents]