

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

UnitedHealthcare

[Claims Department Address]  
[City, State, ZIP Code]

Subject: Reimbursement Claim - [Claim Number if available]

Dear UnitedHealthcare Claims Department,

I hope this letter finds you well. I am writing to formally submit a claim for reimbursement for medical expenses incurred on [Date of Service] for [Description of Service/Procedure].

**\*\*Details of the Claim:\*\***

- **\*\*Member ID:\*\*** [Your Member ID]
- **\*\*Provider Name:\*\*** [Name of Provider]
- **\*\*Provider Address:\*\*** [Provider Address]
- **\*\*Service Date:\*\*** [Date of Service]
- **\*\*Amount Billed:\*\*** [Total Amount]
- **\*\*Amount Paid by Me:\*\*** [Out-of-Pocket Amount]

Enclosed with this letter are the following documents to support my claim:

1. Itemized bill from the provider
2. Explanation of Benefits (EOB) (if applicable)
3. Receipts or proof of payment

I kindly request that you review my claim and process the reimbursement at your earliest convenience. If there are any further documents or information required, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List of enclosed documents]