

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Request for Reimbursement - Claim #[Claim Number]

Dear [Claims Adjuster's Name or "Claims Department"],
I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses incurred on [Date of Service] for the treatment of [Describe Medical Condition or Procedure]. My United Healthcare policy number is [Your Policy Number].

****Patient Information:****

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Policy Number: [Your Policy Number]

****Details of Service:****

- Provider Name: [Provider's Name]
- Provider Address: [Provider's Address]
- Date of Service: [Date of Service]
- Total Amount Charged: [Total Amount]
- Description of Services: [Brief Description of the medical services provided]

I have attached the following documentation to support my claim:

1. Itemized bill from the healthcare provider
2. Proof of payment (such as receipt or canceled check)
3. Any relevant medical records (if applicable)
4. Claim form (if required by the insurer)

According to my policy, these services are covered, and I believe that I am entitled to a reimbursement for the payments made. Please review my claim and process the reimbursement at your earliest convenience. Should you require any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Enclosures: List of documents enclosed, e.g., itemized bill, proof of payment, etc.]