

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

UnitedHealthcare
Claims Department
[Address]

[City, State, Zip Code]

Subject: Request for Reimbursement

Dear Claims Department,

I am writing to request reimbursement for medical expenses incurred on [date(s) of service] related to [brief description of the medical services or treatment]. My UnitedHealthcare policy number is [your policy number].

Attached are copies of the following documents:

1. Itemized bills from the provider
2. Proof of payment
3. Any relevant medical records

The total amount for reimbursement is [total amount]. Please let me know if you need any additional information or documentation to process my request.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your UnitedHealthcare Member ID]