

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

Claims Department
UnitedHealthcare
[UHC Address]

[City, State, Zip Code]

Subject: Request for Reimbursement for [Service/Procedure]

Dear Claims Department,

I am writing to formally request reimbursement for medical expenses incurred for [specific service or procedure] that took place on [date] at [provider's name/location].

Claim Information:

- Member ID: [Your Member ID]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]
- Total Amount Billed: [\$XX.XX]
- Amount Paid by You: [\$XX.XX]

Attached to this letter, you will find the supporting documents, including:

- Itemized invoice from the provider
- Evidence of payment (receipt)
- Any relevant medical records or documents

I believe these expenses fall under my coverage as outlined in my policy.

I kindly ask you to review this request and process it promptly.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]