

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Reimbursement for [Service/Procedure]

I hope this letter finds you well. I am writing to formally request reimbursement for [specific service/procedure] that was performed on [date of service] under my UnitedHealthcare policy [Policy Number]. [Provide a brief description of the service, including any relevant dates, costs, and services rendered.]

Enclosed are the following documents to support my request for reimbursement:

1. [Itemized bill from the provider]
2. [Proof of payment]
3. [Any additional relevant documents]

Per my understanding of the policy coverage, I believe that this service qualifies for reimbursement. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance. Please feel free to contact me at [your phone number] or [your email] should you require any further information.

Sincerely,

[Your Name]
[Your Policy Number]