

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

UnitedHealthcare

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

Subject: Submission of Reimbursement Claim

Dear Claims Department,

I am writing to submit a reimbursement claim for medical expenses incurred on [Date of Service] for [Description of Services/Procedure]. My policy number is [Policy Number], and the claim number, if applicable, is [Claim Number].

Enclosed are the following documents to support my claim:

1. Completed claim form
2. Itemized bills
3. Proof of payment
4. Any additional required documents (e.g., Explanation of Benefits)

Please let me know if you require any further information or documentation. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Policy Holder's Signature, if sending a hard copy]