

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

UnitedHealthcare

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

Subject: Request for Reimbursement - [Claim Number]

Dear Claims Department,

I am writing to request reimbursement for medical expenses incurred on [date of service] related to [description of services/treatment]. My UnitedHealthcare member ID is [Your Member ID], and the claim number for this service is [Claim Number].

Details of the expense are as follows:

- Provider Name: [Provider's Name]
- Date of Service: [Date]
- Total Amount: [Total Amount]
- Reason for Service: [Brief description of the medical need]

I have attached all relevant documentation, including receipts, medical records, and any other necessary information to support my claim.

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

Thank you.

Sincerely,

[Your Name]

[Your UnitedHealthcare Member ID]

[Attachments: Receipts, Medical Records, etc.]