

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

UnitedHealthcare

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

Subject: Claim Submission - [Claim Number or Policy Number]

Dear Claim Department,

I am writing to submit a claim for [description of service or procedure] that took place on [date]. Please find the necessary documents attached for your review, including:

1. Itemized bill from the provider
2. Explanation of Benefits (if applicable)
3. Any supporting medical documentation

My policy number is [your policy number], and the claim number is [claim number, if available]. I kindly request that you process this claim at your earliest convenience.

Thank you for your prompt attention to this matter. Please feel free to contact me at [your phone number] or [your email address] should you need any further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]