

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

[Recipient's Name]
[UHC Claims Department]
[Company Address]
[City, State, Zip Code]

Subject: Reimbursement Inquiry for Claim #[Claim Number]

Dear [Recipient's Name or "Claims Department"],

I hope this message finds you well. I am writing to inquire about the status of my reimbursement request for claim #[Claim Number], submitted on [Submission Date].

The details of the claim are as follows:

- Patient Name: [Patient's Name]
- Policy Number: [Policy Number]
- Date of Service: [Date of Service]
- Amount Billed: [Amount]
- Amount Paid: [Amount Paid]

I would appreciate any updates on the processing of this claim, as well as clarification on the reimbursement amount, if applicable. It is essential for me to understand any outstanding issues that may be delaying the reimbursement.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Policy Number]