

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

UnitedHealthcare

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

Subject: Request for Reimbursement of Medical Expenses

Dear Claims Department,

I am writing to request reimbursement for medical expenses incurred on [Date(s) of Service]. Below are the details of the expenses:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]

****Details of Medical Expenses:****

1. Provider Name: [Provider's Name]
Date of Service: [Date]
Description of Service: [Type of Service]
Amount Charged: [\$ Amount]
2. Provider Name: [Provider's Name]
Date of Service: [Date]
Description of Service: [Type of Service]
Amount Charged: [\$ Amount]

Attached are the copies of the relevant invoices and receipts for your review.

I appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me if you need any further information.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Policy Number]