

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

UnitedHealthcare

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

Subject: Reimbursement Request for Bill Payment

Dear UnitedHealthcare Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for medical expenses that I incurred and paid out-of-pocket on [Date of Service].

**\*\*Patient Information:\*\***

- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Policy Number: [Your Policy Number]
- Claim Number: [Claim Number, if available]

**\*\*Details of Service:\*\***

- Provider Name: [Provider's Name]
- Service Rendered: [Description of service]
- Date of Service: [Date of service]
- Total Amount Paid: [Total amount]

Enclosed with this letter are:

- A copy of the bill
- Proof of payment
- Any other relevant documents

I kindly ask that my claim be reviewed, and I request reimbursement in accordance with the terms of my policy. If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

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