

****UHC Reimbursement Letter Template****

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

UnitedHealthcare

[Claims Department Address]

[City, State, Zip Code]

Subject: Request for Reimbursement for [Service Received]

Dear Claims Department,

I am writing to formally request reimbursement for [describe the service, treatment, or procedure] that I received on [date of service]. My UnitedHealthcare policy number is [your policy number], and my member ID is [your member ID].

Details of the Service:

- Provider Name: [Name of the provider or facility]
- Service Date: [Date of service]
- Total Amount Paid: [\$ amount]
- Claim Number (if available): [your claim number]

I have attached the following documents to support my claim:

1. A copy of the itemized bill from the provider
2. Proof of payment (receipt or statement)
3. Any relevant medical documentation

According to my understanding of my policy, this service should be covered under my plan. I would appreciate your prompt attention to this matter, and I look forward to your response regarding the reimbursement process.

Thank you for your time and assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

****Attachments:****

1. Itemized Bill
2. Proof of Payment
3. Medical Documentation (if applicable)