

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

UnitedHealthcare

[Address of the claims department]  
[City, State, ZIP Code]

Subject: UHC Reimbursement Request for [Service/Product]

Dear UnitedHealthcare Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for [describe the service/product] that was provided on [date] for my policy [policy number].

Details of the service/product:

- Provider Name: [Provider's Name]
- Service/Product: [Description]
- Date of Service: [Date]
- Amount Charged: [Amount]
- Claim Number (if applicable): [Claim Number]

Attached with this letter are the following documents to support my request:

- Itemized invoice/receipt
- Explanation of Benefits (EOB)
- Any other relevant documents

According to my understanding of the coverage under my current policy, I believe that I am eligible for reimbursement for this expense. I kindly ask you to review my request and process it at your earliest convenience. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]

[Attachments: List of attached documents]