

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[UHC Appeals Department]

[UnitedHealthcare Address]

[City, State, ZIP Code]

Subject: Appeal for [specific service or claim number]

Dear Appeals Department,

I am writing to formally appeal the denial of coverage for [specific service/procedure] that took place on [date]. My member ID is [your member ID number].

[Briefly explain the reason for the denial and your case, including any relevant medical information or documentation that supports your appeal.]

Enclosed with this letter are copies of [list of documents included, e.g., medical records, bills, previous correspondence, etc.].

I kindly request that you review my case and reconsider the decision made. I believe that [mention any specific policy provision or reason why you feel your claim should be approved].

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]