

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Dispute of UHC Coverage Claim #[Claim Number]

Dear [Claims Department/Specific Person's Name],
I am writing to formally dispute the denial of coverage for [specific service or procedure] under my UnitedHealthcare (UHC) insurance plan, policy number [Your Policy Number]. My claim, referenced above, was denied on [date of denial].

Overview of Disputed Claim:

- Date of Service: [Date of Service]
- Provider Name: [Provider's Name]
- Description of Service: [Brief description of the service]

Reason for Dispute:

[Briefly state the reason your claim was denied. Include any relevant documents or policy details that support your case.]

Supporting Documentation:

I have enclosed the following documents to support my appeal:

1. [Document Name/Description]
2. [Document Name/Description]
3. [Document Name/Description]

I respectfully request a thorough review of this claim. Please find my contact information above; I am available to discuss this matter at your earliest convenience.

Thank you for your attention to this important issue.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]