

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

United Healthcare

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

Subject: Claim Appeal for [Policy/Claim Number]

Dear Claims Department,

I hope this message finds you well. I am writing to formally appeal the denial of my claim submitted on [Date of Claim Submission], under policy number [Your Policy Number] for [Description of Services or Treatment]. [Insert a brief description of the claim, including date of service, provider's name, and any relevant details regarding the services rendered.]

I believe this claim was denied in error as [provide reasons for your appeal, referencing any relevant policy details, medical necessity, or additional information that supports your case].

Enclosed with this letter are copies of [list any supporting documents you are including, such as medical records, invoices, or correspondence related to the claim].

I kindly request a thorough review of my claim, and I am hopeful for a prompt resolution. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]