October 2, 2015

United Healthcare Insurance Co. of New York,

The Empire Plan,

Kingston, N.Y.

Dear,

Enrollee : [NAME]

Enrollee ID : [# FOUND ON NYSHIP ID CARD]

Group No. 0030500

Refer to my enclosed claim forms which were processed and denied recently.

Please note that as discussed with your Resolution Centre on September 22, 2015, they confirm that my coverage has been updated and all claims will be re-considered.

So faxed herewith my outstanding claims for your re-consideration.

Sincerely,