

Check Tracking Form

Please check the statement below that describes your situation. We need your signature and date for our records.

I have received and cashed the check.	
Check was cashed on or about (mm/do	1/vy)
Signature:	****
I have the check and will cash it soon.	
Signature:	Date:
	
I did receive the check, but lost or misp	laced it. Please mail me a new check.
Signature:	
Current contact information:	
Name:	
Street Address:	
City: State	:: Zip:
Telephone Number:	
I have not received the check. Please r	nail me a new check.
Signature: Jun Mouvolla	
Current contact information:	
Name: Tim MANOles	A id
	NW 78th Terrace
City: State	: <u>FL</u> zip: <u>33/78</u>
Telephone Number: <u>6.12 - 327 - 94 90</u>	7

Internal Use O	nternal Use Only			
S/D DCG1	Check # Amount 2126231154 \$50.00	Date Reference1 10/11/2022		
Reference2	Reference3			

UnitedHealthcare P.O. Box 7149 Portland, ME 04114-7149



April 17, 2023

Dear TIM MANOLES:

Our records show the following check was mailed to you and has not been cashed or deposited.

<u>Check # Amount</u> <u>Date Issued</u> 2126231154 \$50.00 10/11/2022

The check may have been lost in the mail, misplaced once it reached you, or it may have already been cashed. In any case, we want to make sure you receive your check.

We need your help

Please complete the form on the back of this letter and return to us within 30 days. Don't forget to sign and date your responses. Mail the completed form to:

UnitedHealthcare P.O. Box 7149 Portland, ME 04114-7149

We suggest you keep a copy of this letter for your records.

We appreciate your help.

Sincerely,

UnitedHealthcare