Claims

Reconsideration

Get the most up-to-date claims status and payment information, and the ability to submit your claim reconsideration requests — all in one easy-to-use tool without mailing or faxing.

Sign in at UHCprovider.com

- 2 Select Claims & Payments from the Provider Portal
 - If not yet registered, consult UHCprovider.com/access
- 3 Enter the criteria and Submit Search
- 4 Select a claim from the Search Results
- 5 Review the claim

United Healthcare Search	Q Pager (87)	ice Management v Trackit i Michelle v 726 - UnitedHealthcare v Provider Grace v		
Eligibility Claims & Payments V	Referrals Prior Authorizations 🗹 Clinical & Pharmacy 🗸 Docum	ents & Reporting V Additional Tools		
Welcome, Michelle! Before you get started, make sure your <u>gayer information</u> and <u>provider information</u> in the top right corner of the page are correct. Customize Tabs				
Eligibility	Select Task O Look Up a Claim O Search Single PRA	Claims & Payments Resources		
Claims & Payments	Select Your Claims or Ticket Search Criteria * *Required For Member ID 8. Date of Birth	100 Tool resources 2		
Referrals	Search By:	Electronic payment solutions 🖉		
Prior Authorizations & Notifications	MM/DD/YYYY Select Range: Custom Date Predefined Date You may exact for clama up to 19 months in the past.	Quick Links & Tools		
Documents & Reporting	First Service Date * Last Service Date * Last Multiply for the service Date * Multiply for the service Date * Multiply for the service Date *	UMR [2] UnitedHealthcare Claim Estimator [2]		
UnitedHealthcare	Submit Search	Direct Connect 🖸		



If desired, under **Take Action** select the **Create Claim Reconsideration** button.

Complete the following:

A. Contact Information

B. Request Details

- Amount Requested enter the full amount you expect, not the difference between expected and received
- Request Reason

C. Request Comments

- State how the claim was processed
- Give your evidence of why it should be processed differently

D. Add documents

- No limit to the number of attachments
- Each file must be less than 50 MB

E. Submit

- You will immediately receive a confirmation
- The standard reprocessing time is 30 calendar days/20 business days

Create a Reconsideration			
This form is to be completed by physicilans, hospitals or other health care professionals to rec A separate request must be filled out for each claim reconsideration. Don't use this form disputes.	quest a claim reconsideration for members enrolled in for appeals or disputes. Continue to use your stan	I benefit plans administered by UnitedHealthcare dard appeals process for formal appeals and	
Contact Information	A	6	
Provider Information	Submitter's Contact Information	All Fields are Required	
Billing Provider Tax ID Number Healthcare Network	First Name *	Last Name *	
Servicing Provider *	Phone Number *	Email Address *	
Request Information & History	C	6	
Request Details All Fields are Bequired	Request Comments		
Amount Requested Please include what you are expecting from United Healthcare to close this in your prac I don't know you would like in the comment field, and include any additional comme you would like in the comment field. New Comment *			
Attachments	Comments are required		
Addiments		Ċ	
Add Document(s)			
Add supporting documents for your request by uploading The maximum file size for each file is SMID. The following types are supported; .pdf, .hd, .prg, .bg, .bgg, review and combine attachments when available.	g files from your computer.	clease attach only those documents that are required t	
Drag and Drop a Document Here	OR Brow	wse and Upload Document	
Files cannot be deleted	once you click the submit button.		
Cancel	Submit Reconsideration		

For more information

Please consult our interactive **Self-Paced User Guide** at **UHCprovider.com/claimsportal**



Create Claim Reconsideration