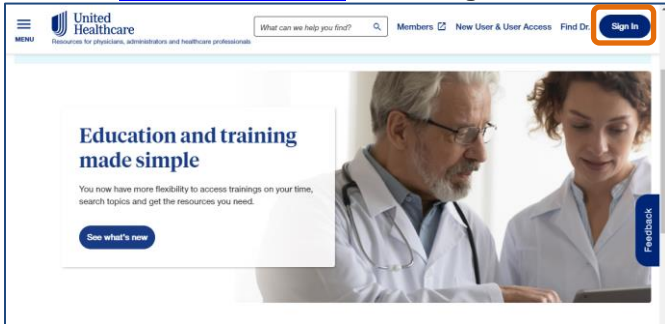


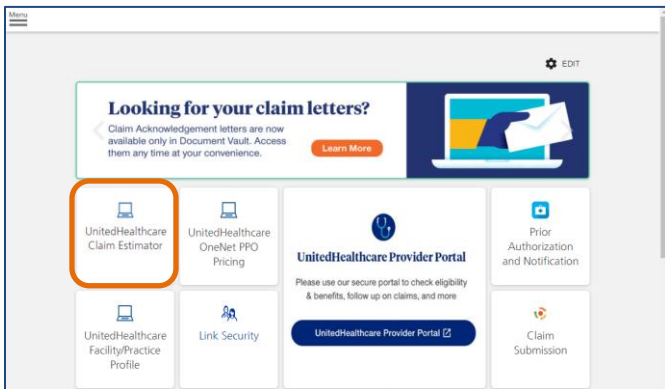
Claim Estimator allows you to determine patient benefits, allowable service bundling, and claim financials – all before the patient's visit occurs. Please note the end results are estimates only.

Get Started

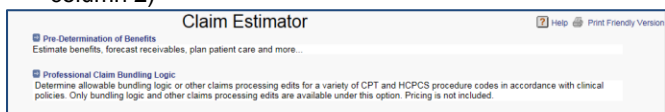
1. From UHCprovider.com, select **Sign In**



2. Select **UnitedHealthcare Claim Estimator**

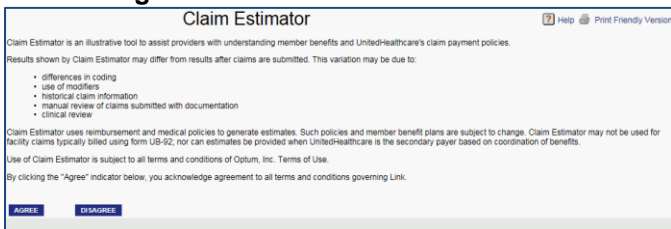


3. Select **Pre-Determination of Benefits** OR **Professional Claim Bundling Logic** (see page 2, column 2)



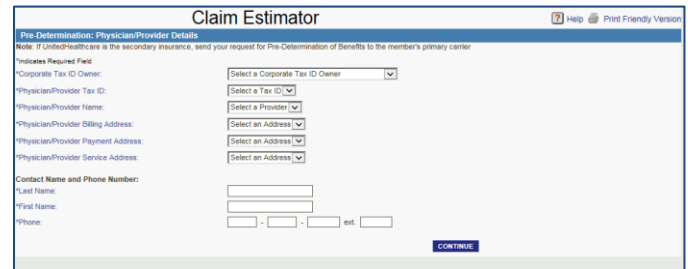
4. Review the **Terms and Conditions**

5. Click **Agree**

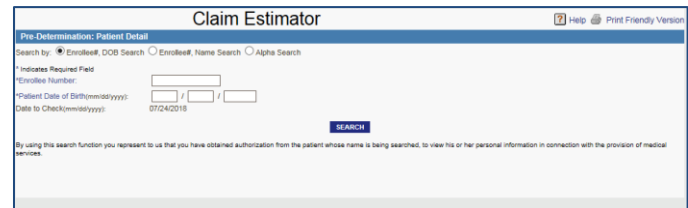


Pre-Determination of Benefits

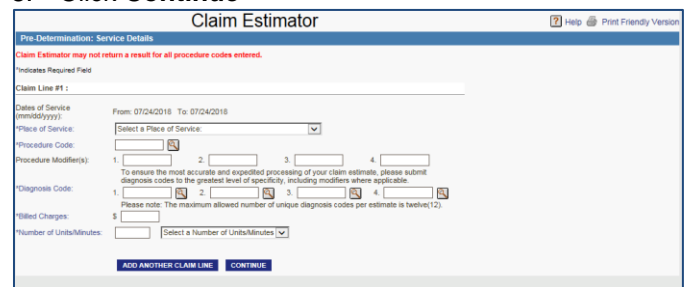
1. Choose the appropriate **Provider/Physician Details** from the pull-down menus
2. Complete the **Contact Information**
3. Click **Continue**



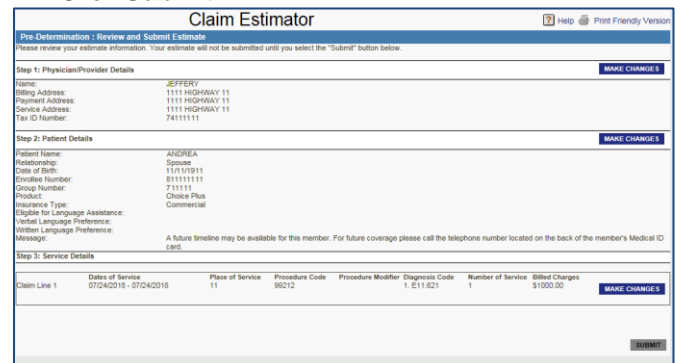
4. Choose a **Search Method**
5. Enter the **Patient Details**
6. Click **Search**



7. Complete the **Service Details**
8. Click **Continue**



9. Review the information
10. If needed, click **Make Changes**
11. Click **Submit**



Estimate Summary Page

“**Complete**” will display if the Pre-Determination Estimate may be completed online. The Service Details section will display service information based on patient and service information provided.

“**Your estimate is not complete**” will display if the Pre-Determination Estimate may not be completed online. Select one of the three options:

1. **Submit Additional Medical Information.**
 - Submit additional information online (up to 1500 characters).
 - Click the **Submit Information** button to submit the additional information. Allow up to 30 days to receive a response by U.S. mail.
2. **Submit Additional Information by Mail or Fax.**
 - Submit Additional Information using the Fax number or mailing address.
 - Print a copy of the Pre-Determination of Benefits Request page to use as your coversheet.
3. **Make Changes and Resubmit.**
 - Make any changes, review the information and click the **Submit** button.

Submit New Request

- To submit a new request for the same provider, click on the **Submit New Request for Same Provider** button.

Professional Claim Bundling Logic

1. Choose the appropriate **Provider/Physician Details** from the pull-down menus
2. Complete the **Contact Information**
3. Click **Continue**

Claim Estimator | Help | Print Friendly Version

Handling Logic: Physician/Provider Details

Indicates Required Field

*Corporate Tax ID Owner: Select a Corporate Tax ID Owner

Physician/Provider Tax ID: Select a Tax ID

Physician/Provider Name: Select a Provider

Physician/Provider Billing Address: Select an Address

Physician/Provider Payment Address: Select an Address

Physician/Provider Service Address: Select an Address

Contact Name and Phone Number:

Last Name:

First Name:

Phone: - - ext.

CONTINUE

4. Select the patient's **Gender**
5. Enter the patient's **Age** (0-99)
6. Click **Continue**

Claim Estimator | Help | Print Friendly Version

Handling Logic: Patient Details

Indicates Required Field

*Gender(Select One): Female Male

Age: (valid age range: 0 - 99)

CONTINUE

7. Complete the **Service Details**
8. Click **Continue**

Claim Estimator | Help | Print Friendly Version

Handling Logic: Service Details

Claim Estimator may not return a result for all procedure codes entered.
Please be sure to limit the number of claim lines you submit to ensure successful processing of your estimate.

Indicates Required Field

Claim Line #1:

*Dates of Service (mm/dd/yyyy): From: 07/25/2018 To: 07/25/2018

*Place of Service: Select a Place of Service

*Procedure Code:

Procedure Modifier(s): 1. 2. 3. 4.

*Diagnosis Code: 1. 2. 3. 4.

Please note: The maximum allowed number of unique diagnosis codes per estimate is twelve(12).

*Number of Units/Minutes: Select a Number of Units/Minutes

ADD ANOTHER CLAIM LINE **CONTINUE**

HELPFUL TIP: If applicable, enter the Procedure Modifier(s). To ensure accuracy in results for anesthesia claims, the modifier AA, AD, QK, QY, QX, QZ, G8, G9 or QS must be entered on the claim example.

9. Review the information
10. If needed, click **Make Changes**
11. Click **Submit**

Claim Estimator | Help | Print Friendly Version

Handling Logic: Review and Submit Your Information

Please review your information. Your information will not be submitted until you select the "Submit" button below.

Step 1: Physician/Provider Details **MAKE CHANGES**

Name: JEFFERY
Billing Address: 1111 HIGHWAY 11
Payment Address: 1111 HIGHWAY 11
Service Address: 1111 HIGHWAY 11
Tax ID Number: 74111111

Step 2: Patient Details **MAKE CHANGES**

Gender: Male
Age: 54 years

Step 3: Service Details

Claim Line	Dates of Service	Place of Service	Procedure Code	Procedure Modifier	Diagnosis Code	Number of Service
Claim Line 1	07/25/2018 - 07/25/2018	11	99212		1.e11.621	1
Claim Line 2	07/25/2018 - 07/25/2018	11	99211		1.e11.621	1

MAKE CHANGES **MAKE CHANGES** **MAKE CHANGES**

SUBMIT

12. **Bundling Results** page will appear

HELPFUL TIP: A claim line payable response of “No” response is not necessarily an indication of payable-denied status. Additional detail may be required to complete adjudication of the claim.