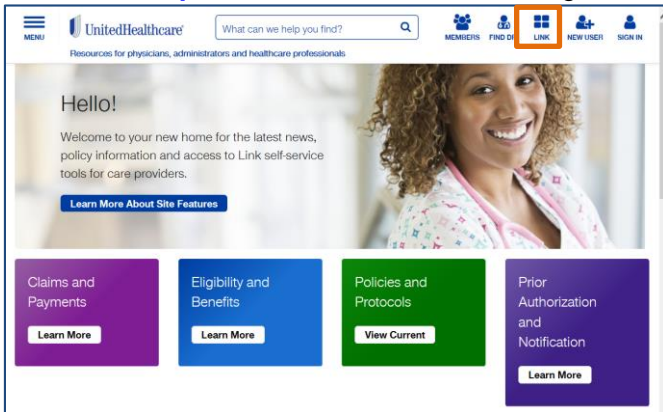


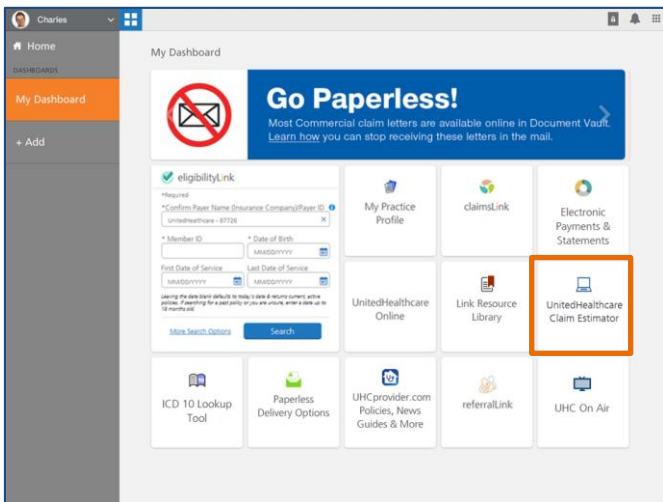
Claim Estimator allows you to determine patient benefits, allowable service bundling, and claim financials – all before the patient’s visit occurs. Please note the end results are estimates only.

Get Started

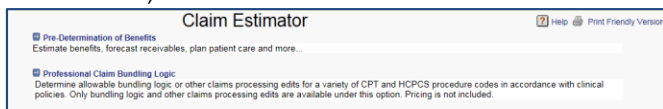
1. From UHCprovider.com, click **Link** and sign in



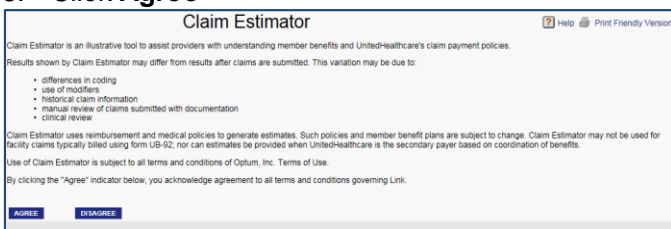
2. Select the **Claim Estimator** tile



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

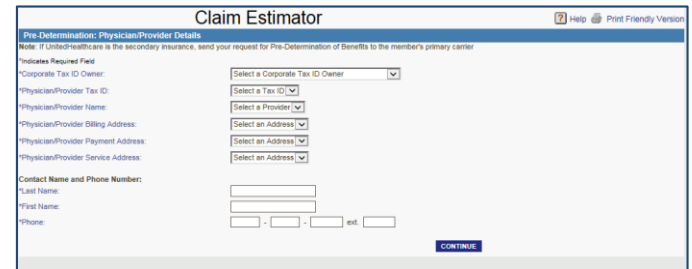


4. Review the **Terms and Conditions**
5. Click **Agree**

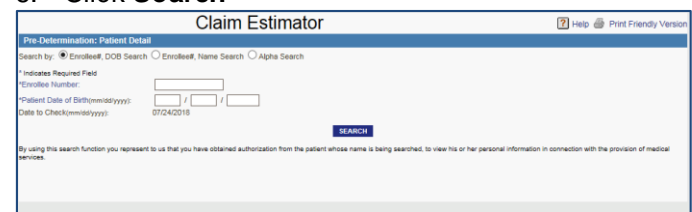


Pre-Determination of Benefits

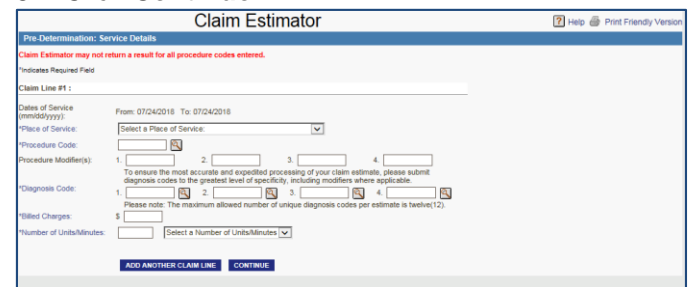
1. Choose the appropriate **Provider/Physician Details** from the pull-down menus
2. Complete the **Contact Information**
3. Click **Continue**



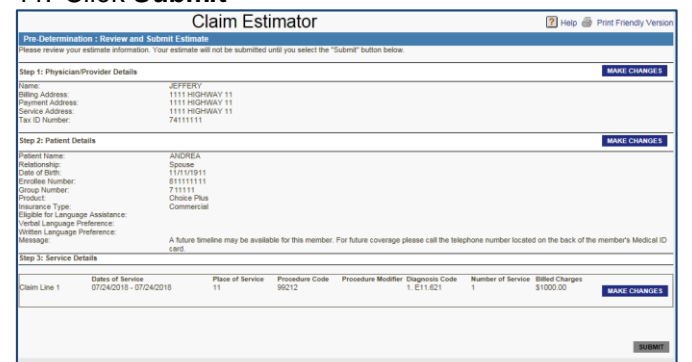
4. Choose a **Search Method**
5. Enter the **Patient Details**
6. Click **Search**



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.

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

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

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

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.