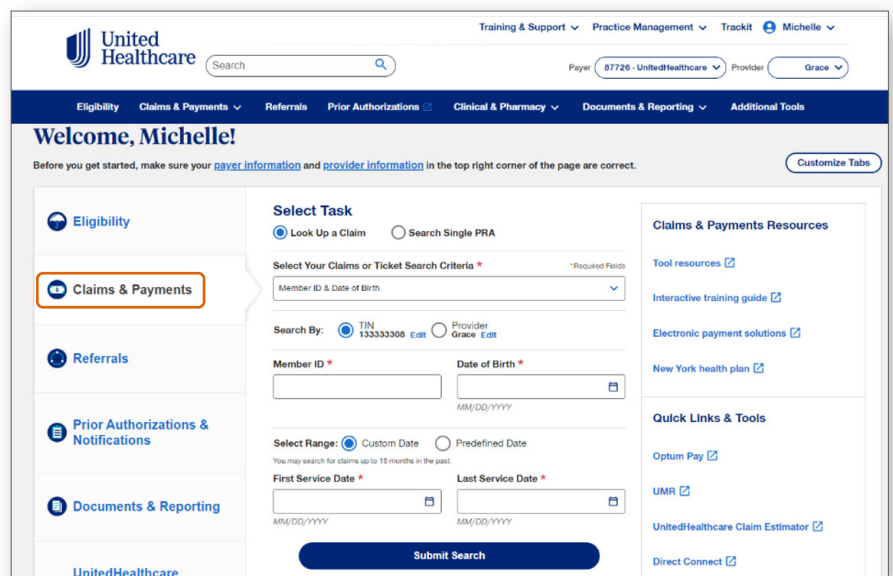


Status

Claims

Get the most up-to-date claims status and payment information — all in 1 easy-to-use tool without mailing or faxing.

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



Review

A. Claim Summary

- Claim Status Remark Codes
- In-Network or Out-of-Network
- Received – Paid/Finalized Dates

B. Billing Summary

- Total Billed and Total Paid
- Total Patient Responsibility

C. Claim Details and Line Items

- Line Level Paid Amount
- Remark Codes
- Claim Adjustment Reason Codes

D. Payment Information

- Payment Type and Date
- Check Number and Amount

E. Letters

F. Remittance Advice Documents

And more

A Claim Summary

Claim Number 012101210	Patient Account Number 00070007RRU	First Date of Service 06/09/2020	Received Date 06/18/2020
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Current Claim Status: ✔ Finalized Adjudication Status: In-Network

STATUS HISTORY

✔ 06/18/2020 Received

✔ 06/26/2020 Paid/Finalized

F1: Finalized/Payment-The claim/line has been paid.
104: Processed according to plan provisions (Plan refers to provisions that exist between the Health Plan and the Consumer or Patient)

B Billing Summary

Total Billed	\$4,962.50
Total Adjustments	\$4,729.17
Total Patient Responsibility	\$150.00
Total Paid	\$83.33

Diagnosis Codes

Diagnosis Codes
M25561, S83411A, R600, M25461, M25561

C Claim Details and Line Items

Use the ▼ to view more details about that row, including potential remark codes, claim adjustment remark codes or reimbursement policies. Use the button below to add/remove columns

[+ Customize Table](#)

Close All	Line #	Date of Service	Service Code	Revenue Code	Modifier	Billed Amount	Paid Amount
PROCESSED DATE: 06/26/2020							
^	1	06/09/2020 - 06/09/2020	73721	0610	-	\$4,962.50	\$83.33
REMARK CODES							
<small>020B: CHARGE(S) EXCEED(S) FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.</small>							
CLAIM ADJUSTMENT REASON CODES							
<small>3: CO-PAYMENT AMOUNT 131: CLAIM SPECIFIC NEGOTIATED DISCOUNT 023: THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.</small>							

D Payment Information

Payment Type	Payment Issue Date	Payee Type	Check Number	Check Amount	Bulk Funds Report
Electronic*	07/02/2020	Provider	1765765	\$83.33	No Reports Found

*This is an electronic payment. To get additional details, please access the EPS/Optum Pay tile on your Link Dashboard.

E Letters

There are no letters associated with the claim at this time.

Note: Letters are displayed for UnitedHealthcare commercial and Medicare Advantage claims only.

F Remittance Advice Documents

07/02/2020

For more information

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