



**MISDIRECTED CLAIM RETURNS  
TO THE HEALTHPLAN  
(UnitedHealthcare of Oklahoma /  
UnitedHealthcare Medicare Solutions)**

**Use of this cover sheet will help route this issue to  
The Misdirected Claims Team**

**RETURN TO: UnitedHealthcare of Oklahoma / UnitedHealthcare Medicare Solutions**  
P.O. Box 30984  
Salt Lake City, UT 84130-0984

**FROM:**                   Group Name: \_\_\_\_\_  
                                  Contact Person: \_\_\_\_\_  
                                  Contact Person's Phone #: \_\_\_\_\_  
                                  Total Misdirected Claims Count: \_\_\_\_\_

We are returning to you the attached claims that were sent to us in error. According to the Division of Financial Responsibility (DOFR) matrix, we believe these claims are the financial responsibility of UnitedHealthcare of Oklahoma / UnitedHealthcare Medicare Solutions.

Comments: