



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

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

RETURN TO: UnitedHealthcare of Oregon / 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 Oregon / UnitedHealthcare Medicare Solutions.

Comments: