



Claims Project Management Request Form

By submitting this form you agree not to bill the member. This form should be used when you have **more than 20 claims**. Email the completed form and spreadsheet to ProjectIntake@uhc.com

- Fields with an asterisk (*) are required.
- Please be specific when completing the Description of the Issue/Expected Outcome section.
- Provide additional information to support the issue. Don't include a copy of a claim that was previously processed.

*Provider Name:	*Provider Tax ID Number/Medicare ID Number:
Provider Address: Contact Name: Phone: Fax: Email:	

Provider Type:

- Physician Behavioral Health Hospital Ambulatory Surgery Center Skilled Nursing Facility Durable Medical Equipment Rehab Home Health Ambulance Other: (Please Specify)

Issue Type:	
<input type="checkbox"/> Claim	
<input type="checkbox"/> Other: (Please Specify)	

Description of the Issue/Expected Outcome: Example: Care provider expected: \$7,200 6 days M/S at \$1,000 per day: \$6,000 Implant at 50 percent: \$200 Prescription 100 percent billed charges: \$1,000 UnitedHealthcare paid: \$6,000 Member copay: \$200 Balance due to care provider: \$1,000

Insurance coverage provided by or through UnitedHealthcare Insurance Company, All Savers Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Health Plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, Inc., Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

Doc#: PCA-1-009698-02142018_03072018

© 2018 United HealthCare Services, Inc.