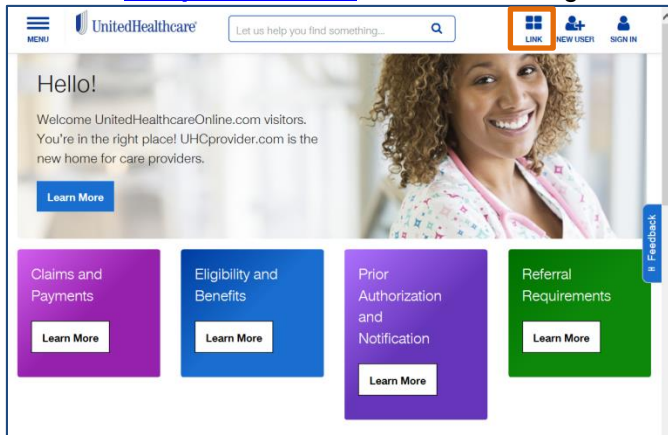


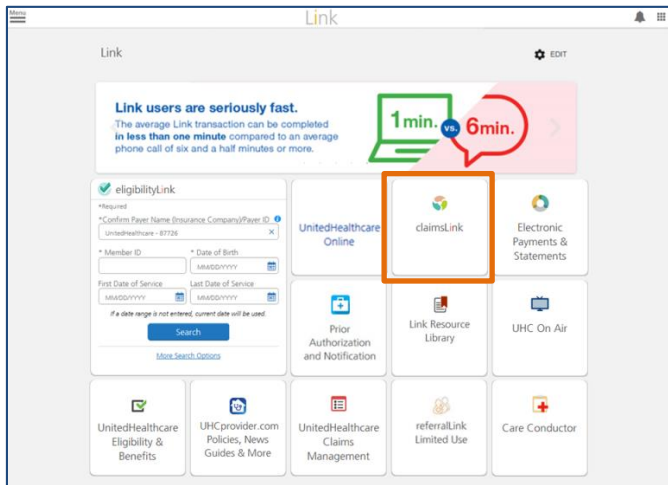
claimsLink is where you can look up claim status and payment information to understand how a claim was paid (claims processed within the last 18 months are available). You may also submit processed claims for reconsideration, including submitting corrected claims. This guide will review how to submit and check the status of a reconsideration request.

Get Started

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



- Select **claimsLink**



Confirm Information

- Confirm the **Payer Name**
- Confirm, or if needed, change **Provider Information**

*REQUIRED

1 *PAYER NAME (INSURANCE COMPANY) OR PAYER ID ?

2 *CONFIRM PROVIDER INFORMATION
 CHILDREN'S HOSPITAL
 SALLY PHYSICIAN
 599999999
 CHILDREN'S CORNER
 Search by TIN ONLY ?

NOTE: The Provider Information defaults to **Search by TIN ONLY**, if available. (Contact your Password Owner or ID Administrator to ensure your Access Profile is set to **All Tax-IDs-Specialties**).

2 *CONFIRM PROVIDER INFORMATION
 CHILDREN'S HOSPITAL
 SALLY PHYSICIAN
 599999999
 Search by TIN ONLY ?

Claim Search

Select Search Type

- If by **Member ID**, enter the **Member Information**

3 *SELECT SEARCH TYPE
 Member ID (Search Using Member ID and Date of Birth)
 Quick Search (Paid & Denied Claim Search by TIN ONLY)
 Claim Reconsideration (Search Using Reconsideration Ticket Number)
 Pended Claim Ticket Search (Search Using Pend Ticket Number)

*MEMBER ID *DATE OF BIRTH CLAIM NUMBER

LAST NAME FIRST NAME POLICY NUMBER

- If by **Quick Search**, choose **Paid, Denied** or **Both**

3 *SELECT SEARCH TYPE
 Member ID (Search Using Member ID and Date of Birth)
 Quick Search (Paid & Denied Claim Search by TIN ONLY)
 Claim Reconsideration (Search Using Reconsideration Ticket Number)
 Pended Claim Ticket Search (Search Using Pend Ticket Number)

*SELECT ADJUDICATED CLAIM STATUS
 Both **Paid** **Denied**

NOTE: The **Quick Search** will return a maximum of 450 claims. If there is an error, choose **Paid** or **Denied** instead of **Both** and/or narrow the date range. You must also be able to **Search by TIN Only** (see above) to have the **Quick Search** option.

Service Date Range

- If by **Predefined Range**, click the appropriate radio button

*SELECT SERVICE DATE RANGE
 Predefined Range
 Search the past 30, 60, 90, or 120 days.
 Past 30 Days 01/04/2017 - 02/03/2017
 Past 60 Days 12/05/2016 - 02/03/2017
 Past 90 Days 11/05/2016 - 02/03/2017
 Past 120 Days 10/06/2016 - 02/03/2017
 Custom Range
 Search any 30-day period up to 18 months ago.

Claim Search (continued)

- If by Custom Range, enter **Start Date** and **End Date**

*SELECT SERVICE DATE RANGE

Predefined Range
Search the past 30, 60, 90, or 120 days.

Custom Range
Search any 30-day period up to 18 months ago.

*START DATE

*END DATE

- Click **Submit Search**

NOTE: Previously **Flagged Claims** will appear below the Service Date Range.

FLAGGED CLAIMS

Click on the claim number to review the claim, or click the to unflag the claim (removing it from the list).

FIRST SERVICE DATE	FIRST NAME	LAST NAME	CLAIM NO.	MEMBER ID	PROCESSED DATE	BILLED AMOUNT	PAID AMOUNT	LAST UPDATED	STATUS	
	07/21/2016	HOLLY	BROWN	4564564564	91111111	07/27/2016	\$ 1,414.40	\$ 1,120.20	08/15/2016	Finalized

Review Claim Information

- Review the claim

Link

New Search / Search Results / Claim #4564564564

SUMMARY

SEARCH SUMMARY

PROVIDER HOSPITAL	PATIENT HOLLY BROWN	PATIENT DOB 02/22/1922
TAX ID NUMBER 59999999	MEMBER ID 91111111	PATIENT ACCOUNT NUMBER 5000
FIRST SERVICE DATE 07/21/2016	URC CLAIM NUMBER 4564564564	

SEARCH THIS PATIENT BY: [Eligibility & Benefits](#)

Submit a Reconsideration Request/Corrected Claim

- To submit a reconsideration request, if not satisfied with the outcome, or to submit a corrected claim, click **View or Act On Your Claim**

ACTIONS

Note: If there is an open reconsideration request, this button will allow you to **View Claim Reconsideration**

- Click **Create a Claim Reconsideration**

Link

New Search / Search Results / Claim #4564564564

SUMMARY

SEARCH SUMMARY

PROVIDER HOSPITAL	PATIENT HOLLY BROWN	PATIENT DOB 02/22/1922
TAX ID NUMBER 59999999	MEMBER ID 91111111	PATIENT ACCOUNT NUMBER 5000
FIRST SERVICE DATE 07/21/2016	URC CLAIM NUMBER 4564564564	

SEARCH THIS PATIENT BY: [Eligibility & Benefits](#)

ASSESSMENT

CLAIM RECONSIDERATION

When should you submit a Claims Reconsideration request?
You should submit a Claims Reconsideration request when you believe a claim was paid incorrectly. Situations for reprocessing include, but are not limited to:

- Amount is different than what provider expected
- Claim was filed in a timely manner, when provider has proof
- Claim was denied for no authorization, when provider has an authorization number
- Difference in Coordination of Benefits (COB) information

Submit a Reconsideration Request (continued)

- Review the **Request Details**
- Complete the **Amount Requested** and **Contact Info**

Link

New Search / Search Results / Claim #4564564564

INSTRUCTIONS

This form is to be completed by physicians, hospitals or other health care professionals to request a claim reconsideration for members enrolled in benefit plans administered by UnitedHealthcare.
NOTE: A separate request must be filled out for each claim reconsideration. Do not use this form for formal appeals or disputes. Continue to use your standard appeals process for formal appeals and disputes.

CREATE RECONSIDERATION

SEARCH SUMMARY

PROVIDER HOSPITAL	PATIENT HOLLY BROWN	FIRST DATE OF SERVICE 07/21/2016
TAX ID NUMBER 59999999	MEMBER ID 91111111	URC CLAIM NUMBER 4564564564

SEARCH THIS PATIENT BY: [Eligibility & Benefits](#)

REQUEST DETAILS

<p>MEMBER INFORMATION</p> <p>MEMBER ID 91111111</p> <p>PATIENT NAME HOLLY K BROWN</p> <p>DATE OF BIRTH 04/12/1993</p>	<p>SUBSCRIBER</p> <p>RICHARD BROWN 1234 WYCLIFFE ROAD</p>	<p>PROVIDER INFORMATION</p> <p>BILLING PROVIDER HOSPITAL</p> <p>TAX ID NUMBER 59999999</p> <p>SERVICING PROVIDER HOSPITAL</p> <p>*AMOUNT REQUESTED (* = REQUIRED ENTRY)</p> <p><input type="text"/></p> <p><input type="checkbox"/> I don't know</p> <p>CONTACT INFO</p> <p>FIRST NAME <input type="text"/></p> <p>LAST NAME <input type="text"/></p> <p>PHONE NUMBER (999) 999-9999</p> <p>EMAIL <input type="text"/></p>
<p>CLAIM INFORMATION</p> <p>CLAIM NUMBER 4564564564</p> <p>PATIENT ACCOUNT NUMBER 5000</p> <p>FIRST DATE OF SERVICE 07/21/2016</p> <p>BILLED AMOUNT \$ 1,414.40</p>		

- Choose a **Request Reason** from the pull-down menu (options include Submission of a Corrected Claim)
- Explain the situation by adding a **New Comment**

Link

ADDITIONAL INFORMATION

*REQUEST REASON

Previously denied for no Authorization

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field above, and include any additional comments you would like in the Comment field.

*NEW COMMENT

This claim was denied for no authorization. However, there is an authorization, # 123. See attached. Please reconsider.

- You may Drag and Drop attachments or click **select files from your computer** (Corrected Claim Submissions require attaching the corrected claim)

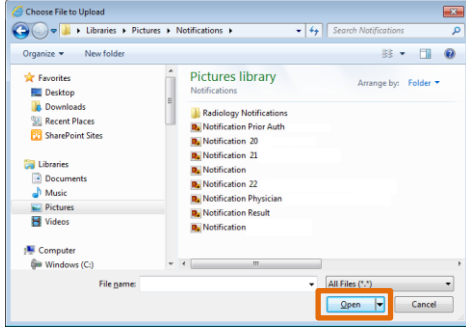
ATTACHMENTS

Add supporting documents for your request by uploading files from your computer. The maximum file size for each file is 30MB. The following file types are supported: pdf, txt, png, jpg, jpeg, bmp, gif, tiff, doc, docx. You may upload multiple documents. Files cannot be deleted once you click on the SUBMIT button.

FILE NAME	DATE POSTED	OPERATOR
<input type="button" value="Drag and Drop Attachments here or select files from your computer"/>		

Submit a Reconsideration Request (continued)

- Choose the desired file from your directory and click **Open**



- When complete, click **Submit**

SUBMIT

- You will receive a Confirmation screen with **Reference (Ticket) Number**

SEARCH SUMMARY		TICKET NUMBER	UPDATE
PROVIDER HOSPITAL	PATIENT HOLLY BROWN	PTPCR-99999	
TAX ID NUMBER 599999999	MEMBER ID 911111111	TICKET STATUS Assigned	
FIRST DATE OF SERVICE 07/21/2016	UHC CLAIM NUMBER 4564564564		
REQUEST DETAILS			
MEMBER INFORMATION			
MEMBER ID 911111111	SUBSCRIBER RICHARD BROWN	BILLING PROVIDER HOSPITAL	TAX ID NUMBER 599999999
PATIENT NAME HOLLY BROWN	1234 WYCLIFFE ROAD	SERVICING PROVIDER HOSPITAL	
CLAIM INFORMATION		AMOUNT REQUESTED \$ 2,000.00	
CLAIM NUMBER 4564564564	PATIENT ACCOUNT NUMBER 5000	CONTACT INFO NAME	
FIRST DATE OF SERVICE 07/21/2016	BILLED AMOUNT \$ 1,114.80	PHONE NUMBER (999) 999-9999	

Check Reconsideration Status

- At the beginning of the Claim Search, click the radio button for **Claim Reconsideration**
- Choose a Search Type
- Enter the **Reference (Ticket) Number** or **Date Range**
- Click **Submit Ticket Search**

NEW SEARCH

*REQUIRED

1 *PAYER NAME (INSURANCE COMPANY) OR PAYER ID
87726 - UnitedHealthcare

2 *CONFIRM PROVIDER INFORMATION
CHILDREN'S HOSPITAL
SALLY PHYSICIAN
599999999
 Search by TIN ONLY
CHANGE

3 *SELECT SEARCH TYPE
 Member ID
 Claim Reconsideration
 Pended Claim Ticket Search
 Pick at least one of the options below to find Reconsideration ticket
 Ticket Number
 Date Range
 PTPCR #
PTPCR:
 SUBMIT SEARCH

- Review the Reconsideration Request
- If desired and the status is not "processed", you may update the request

SEARCH SUMMARY		TICKET NUMBER	UPDATE
PROVIDER HOSPITAL	PATIENT HOLLY BROWN	PTPCR-99999	
TAX ID NUMBER 599999999	MEMBER ID 911111111	TICKET STATUS Assigned	
FIRST DATE OF SERVICE 07/21/2016	UHC CLAIM NUMBER 4564564564		
REQUEST DETAILS			
MEMBER INFORMATION			
MEMBER ID 911111111	SUBSCRIBER RICHARD BROWN	BILLING PROVIDER HOSPITAL	TAX ID NUMBER 599999999
PATIENT NAME HOLLY BROWN	1234 WYCLIFFE ROAD	SERVICING PROVIDER HOSPITAL	
CLAIM INFORMATION		AMOUNT REQUESTED \$ 2,000.00	
CLAIM NUMBER 4564564564	PATIENT ACCOUNT NUMBER 5000	CONTACT INFO NAME	
FIRST DATE OF SERVICE 07/21/2016	BILLED AMOUNT \$ 1,114.80	PHONE NUMBER (999) 999-9999	

Note: If the reconsideration request has been fully processed, it will show **Re-open** instead of Update.

Additional Help Resources are available at the Link Resource Library and UHC on Air

Link users are seriously fast.
The average Link transaction can be completed in less than one minute compared to an average phone call of six and a half minutes or more.

1 min vs 6 min

eligibilityLink

*Required
*Confirm Payer Name (Insurance Company)/Payer ID
UnitedHealthcare - 87726

*Member ID
*Date of Birth
MM/DD/YYYY

First Date of Service
Last Date of Service
MM/DD/YYYY

If a date range is not entered, current date will be used

Search

More Search Options

UnitedHealthcare Online

claimsLink

Electronic Payments & Statements

Prior Authorization and Notification

Link Resource Library

UHC on Air

UnitedHealthcare Eligibility & Benefits

UHC.provider.com Policies, News Guides & More

UnitedHealthcare Claims Management

referralLink Limited Use

Care Conductor