

Sample: Virtual Card statement and processing instructions

PRO TIPS...



All virtual cards will be distributed in the mail



The virtual card is not an actual hard plastic. An image of the card prints on the Virtual Card Statement with all the info necessary to process the payment



Process as a credit transaction
No PIN required



Providers receiving paper remittances will receive the remittance and virtual card in the same envelope

For more information, please visit:
UHCprovider.com/payment

Payer Name and Payer's Call Center #

United HealthCare Services, Inc
Health Care Account Services Center
PO Box 981506
EL PASO, TX 79998
PHONE: 1-888-444-4314

DP5\$\$\$TAGLINE



Payment number

PAYMENT DATE: 07/01/20
TIN: 000000000
NPT: 000000000
PAYEE NAME: BEST DOCTOR
PAYMENT NUMBER: PH 0000
PAYMENT AMOUNT: \$300.00
GROUP NUMBER: 000000
GROUP NAME: BEST COMPANY

Group number and name

Provider name
PO Box 000000
EL PASO, TX 00000



PROVIDER CLAIM PAYMENT INFORMATION

- This virtual card payment has been issued to your organization in place of a paper check and should be processed on your credit card Point of Sale Terminal as a credit transaction.
- When processing your payment you must enter the following into your card terminal:
 - The 16 digit card number
 - The card expiration date
 - The CVC
 - The payer's zip code
 - And the exact **amount of the payment** identified in this notice

Virtual Card Payment info:
16 digit card number
Expiration date
Payment amount
CVC number

Verification info
Payer name
Street address
City, State, Zip

Card Number: 0000 0000 0000 0000
Expiration date: 12/2020 CVC: 999

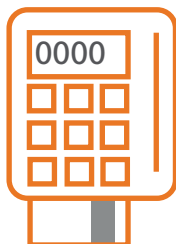
Payment Amount: **\$300.00**

Token# 12345XYT000YFT000DRT

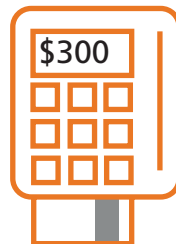
Payer's Address and Zip associated with this payment

Token number

STEP 1:
Type in the 16-digit number



STEP 2:
Type in the exact dollar amount



STEP 3:
Enter the 3-digit CVC



STEP 4:
Enter the expiration date and if requested, enter the payer address or zip code

