

Supplemental Open Negotiation Request Form

As part of the No Surprises Act of 2020, health care professionals and facilities who disagree with an out-of-network claim payment may submit a request for negotiation to UnitedHealthcare. You may submit your request through the UnitedHealthcare Provider Portal, email or by mail. Choose only 1 method to submit your negotiation request. Then submit your request using the instructions below.

If the member agreed to waive surprise billing protections, do not submit an open negotiation request. Instead, please call UnitedHealthcare Provider Services at the phone number below.



How to submit your request through the portal

1. Go to UHCprovider.com and select Sign In on the top right corner
 - Sign in using your One Healthcare ID and password
 - If you don't have a One Healthcare ID, go to UHCprovider.com/access to create one
2. Go to **Look Up a Claim or Ticket**
 - Select your preferred claim search criteria in the dropdown menu
 - Complete the remaining fields and click **Submit Search**
3. Select the claim you want to submit for negotiation and review its detail
4. Select **Create Claim Reconsideration**, then select OON Negotiation from the Request Reason dropdown menu
5. Add any supporting documentation, then click **Submit Reconsideration** to complete your negotiation request



How to submit an open negotiation request by email or mail:

Reminder: If you submit a negotiation request through that portal, you will not need to complete either the Open Negotiation Notice Form or the Supplemental Open Negotiation Request Form.

1. Complete the following 2 forms for **each** disputed claim:
 - UnitedHealthcare Supplemental Open Negotiation Request Form and
 - [U.S. Federal Open Negotiation Notice form \(dol.gov\)](https://www.dol.gov) – OMB Control NO. 1210-0169
2. Then send **BOTH** completed forms by email to UHG_IDR_Disputes@uhc.com or mail to:
UnitedHealthcare
PO Box 31267
Salt Lake City, UT 84131

Notes about emailed and mailed submissions:

- You must complete a set of both forms for each claim you wish to dispute by email or mail. Do not send multiple disputed claims on 1 set of forms.
- You must submit both forms together or the submission will be treated as incomplete
- Do not use these forms to:
 - Submit new claims — please follow your standard claim submission process
 - Request an appeal — please continue to follow the appeals process as outlined in the member's plan document



Questions?

If you have questions about submitting Open Negotiation requests, please call UnitedHealthcare Provider Services at **877-842-3210**, TTY/RTT **711**, 7 a.m.–5 p.m. CT, Monday–Friday.

Health care professional/facility information (as listed on your provider remittance advice [PRA]):

Name _____

Email address _____

Phone number (____) _____

Contact name (if different than above) _____

National Provider Identifier (NPI)# _____

Tax ID# _____

Member information

Full name _____

Plan ID/Member ID # _____

Policy # _____

Claim information

Use the chart below to describe the claim(s) you are submitting for open negotiation request.

Claim number(s)	Service code(s)	Billed amount	Amount plan paid	Date of service	Offer for total out-of-network rate

Reminder: Please complete the U.S. Federal **Open Negotiation Notice form (dol.gov)** – OMB Control NO. 1210-0169 and include with your emailed or mailed submission to UnitedHealthcare.

Your Independent Dispute Resolution (IDR) rights

After the Open Negotiation period is exhausted, you may have the right to file an Independent Dispute Resolution (IDR) through the CMS portal.

If you file an IDR, please forward a copy of the completed Notice of IDR Initiation form you submitted to the CMS portal to UnitedHealthcare at UHG_IDR_Disputes@uhc.com. In addition, please use this email address when the CMS IDR form prompts you to provide an email address for UnitedHealthcare.