

**I b]hX< YUH WUFY7`Uja`FYWbgjXYfUjcb`FYei Ygh: cfa`**

Instructions: This form is to be completed by physicians, hospitals or other health care professionals to request a claim reconsideration for members enrolled in a benefit plans administered by UnitedHealthcare Community Plan.

Mail address: Send all Claim Reconsideration requests to:  
**Dfcj jXYf`7`Uja`FYWbgjXYfUjcb`**  
**I b]hX< YUH WUFY7 ca a i b]miD`Ub`**  
 P.O. Box 30991  
 Salt Lake City, UT 84130-0991

Date form completed: \_\_\_\_\_

(check one):  Physician  Hospital  Other Health Care Professional (Lab, Durable Medical Equipment (DME), etc)

(check one):  Medicare  Medicaid

No new claims should be submitted with this form. Please submit a separate form for each claim.

**A Ya VYf`IbZfa Ujcb.**

Member ID	8 UY`cZGYfj jW`	6 J`YX`5 a ci bh
Member Name @jgh	Fjghi	A=

**D\ ngjWUb#HYUH CUfYPfcZggjcbU`IbZfa Ujcb.**

TIN	PIN	D\ cbY Bi a Vyf`	
Physician Name			
Last		: jghi	
Billing Address		GHU`	Njd`
Group Name		CcbUWIDYfgcb`	
Amounted Disputed			

- 1. Previously denied / closed as "Exceeds Filing Time" *What should I submit as evidence of timely filing?*  
*Electronic claims – include confirmation that UnitedHealthcare Community Plan received and accepted your claim.*  
*Paper claims – include a copy of a screen print from your accounting software to show the date you submitted the claim.*  
*The accounting software information must also include proof that the claim is for the correct patient and the correct visit.*  
 • Proof of timely filing could also include other insurance carrier's denial/rejection, EOB, letter indicating terminated coverage, not a plan participant, etc.
- 2. Previously denied / closed for "Additional Information" (provide description and/or requested documents)
- 3. Previously denied / closed for "Coordination of Benefits" information (attach primary carrier's EOB)
- 4. Resubmission of a corrected claim (explain correction below)
- 5. Previously processed but contracted rate applied incorrectly resulting in over/underpayment (explain below)
- 6. Resubmission of "Prior Notification Information" (including notification information)
- 7. Resubmission of "Bundled claim" (including all supporting information)
- 8. Other (explain below)

**D`YUgY`bWi XY`k\ Uhnci`UFYI dYWjbl`Zca`I b]hX< YUH WUFY7`WcgYI b]hX< YUH WUFY7`dcfhjcb`cZH`jg`WUJa`]b`mci`f`dfUWjW`a`UbU`Ya`Ybi`gng`h`a`z`]bWi`X]b`Xc`U`Ua`ci`bh]ZdcggjVY`**

Comments:

If, after you have received a response upon completion of the Claim Reconsideration process, you still do not agree with the outcome of the claim reconsideration, you may submit a letter of appeal and receipt of a response from UnitedHealthcare Community Plan. To submit a formal appeal, submit a letter outlining your dispute, any supporting documentation, including our response to the reconsideration request, and the date your reconsideration stage was completed to: **Dfcj jXYf`5 ddYUg`8 YdUfha`Ybhi`b]hX< YUH WUFY7 ca a i b]miUbX`GHU`P.O. Box 30991 Salt Lake City, UT 84130-0991.** Please indicate line of business: Medicaid or Dual Complete.

**FYei jfYX`UHUW`a`Ybfg.`**• Copy of PRA or EOB • Claim form (with corrections if necessary) • Other required attachments as listed above

You may have additional rights under state law. For review of claims for members enrolled in other benefit plans, please refer to one or more of the following for information on requesting claim reviews: the website for the entity listed on the member's health care ID card, the EOB for the applicable claim or UHCprovider.com. You may also call the telephone number on the member's health care ID card for information on how to request claims reviews.

# Claim Reconsideration Request Form

A revised UnitedHealthcare Community Plan Claim Reconsideration Request Form is now available for immediate use by physicians, hospitals and other health care professionals when requesting a claim reconsideration for members enrolled in benefit plans administered by UnitedHealthcare Community and State.

**Please note that no new claims should be submitted with this form.**

Health care professionals should submit a separate form for each claim.

**Claim Reconsideration Request** - This request will be handled as a Claim Reconsideration. This process involves a review to determine whether a claim was paid correctly, including identifying system set-up, contract load and other factors that may have resulted in the original claim being denied or reduced.

Please note that, this form should only be used for Claim Reconsiderations. A Claim Reconsideration is the first step of the Dispute Resolution Process.

Mail address: Send all Claim Reconsideration requests to:

**Provider Claim Reconsideration  
UnitedHealthcare Community Plan  
P.O. Box 30991  
Salt Lake City, UT 84130-0991**

Once you have received a response after completion of the Claim Reconsideration process, if you still do not agree with the outcome of the claim reconsideration, you may submit a letter of appeal and receipt of a response from UnitedHealthcare Community and State. To submit a Formal Appeal, you should submit a letter outlining your dispute, any supporting documentation, including our response to the reconsideration request, and the date your reconsideration stage was completed to:

**Mail all UnitedHealthcare Community Plan Medicaid Provider Appeal requests to:**

**Provider Appeals Department – Medicaid  
UnitedHealthcare Community and State  
P.O. Box 30991  
Salt Lake City, UT 84130-0991**

**Mail all UnitedHealthcare Community Plan Dual Complete Provider Appeal requests to:**

**Provider Appeals Department - Dual Complete  
UnitedHealthcare Community and State  
P.O. Box 30991  
Salt Lake City, UT 84130-0991**

Please refer to the following disclaimer about the use of the UnitedHealthcare Claim Reconsideration Request Form.

*You may have additional rights under state law. For review of claims for members enrolled in other benefit plans, please refer to one or more of the following for information on requesting claim reviews: the Web site for the entity on the member's health care ID card, the EOB for the applicable claim, or UHCprovider.com. You may also call the telephone number on the member's health care ID card for information on how to request claims review.*