

# Claims & payments

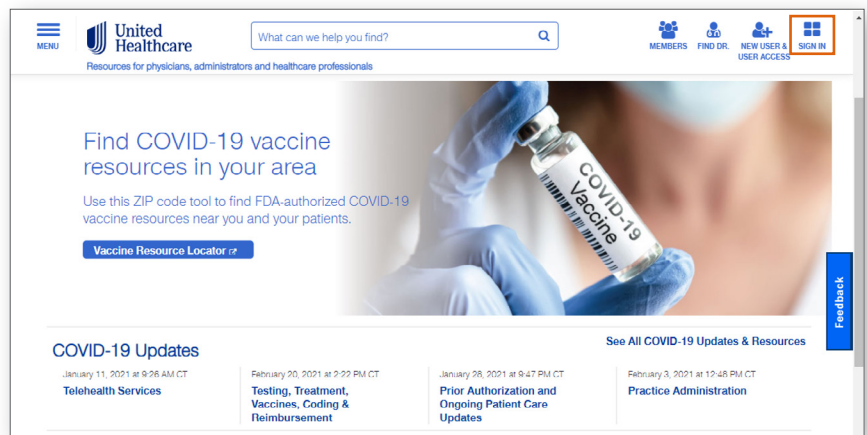
## UnitedHealthcare Search PRA

(Formerly known as Single EOB)

Search, view, and/or print Provider Remittance Advice (PRA) documents.

## Get started

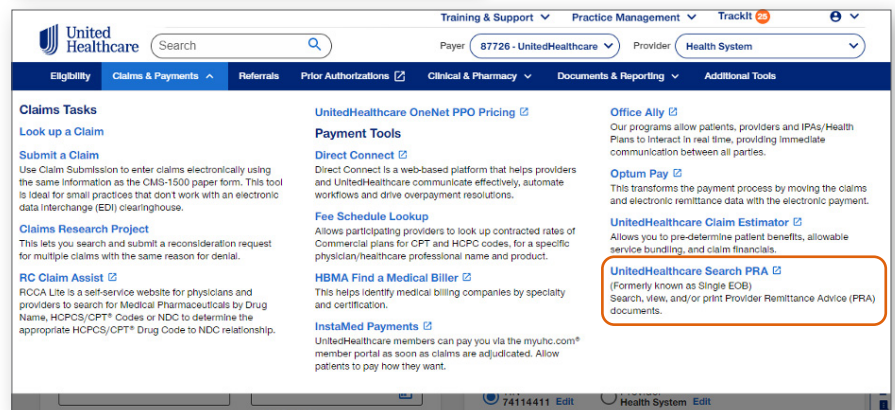
- 1 From **UHCprovider.com**, select **Sign In**



- 2 Enter your One Healthcare ID and Password, then **Sign In**



- 3 From Claims & Payments, select **UnitedHealthcare Search PRA**



- 4 Choose to search by Date or by Payment Number
- 5 Enter the required information
- 6 Then **Submit Search**

**Provider Remittance Advice Search (PRA)**

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page is correct.

**Single PRA Search**

**Search by:**  Date  Payment Number

**PRA Start Date:** 12/12/2020

**PRA End Date:** 01/12/2021

MM/DD/YYYY MM/DD/YYYY

**Note:** PRA Date is the date that appears on the PRA/check. If you are unsure of the PRA date, enter a range starting from when the claim was submitted to through 4 weeks past that date.

**Submit Search**

- 7 Select the appropriate **View PRA** link

**PRA Search Results**

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page is correct.

**Single PRA Search Results**

Search Results  
Showing 1-10 of 10 Results

Results Per Page: 10 | Pg 1 of 1

Status Date	Payment Number	PRA
12/13/2020	20210123164000010	<a href="#">View PRA</a>
12/17/2020	20210123164000010	<a href="#">View PRA</a>
12/20/2020	20210123164000010	<a href="#">View PRA</a>
12/23/2020	20210123164000010	<a href="#">View PRA</a>
01/03/2021	TRT7435634	<a href="#">View PRA</a>
01/06/2021	TRT7982634	<a href="#">View PRA</a>
01/07/2021	TRR8435634	<a href="#">View PRA</a>
01/10/2021	SG08371956	<a href="#">View PRA</a>
01/12/2021	SG54872963	<a href="#">View PRA</a>

8 Save or Print, as desired

UnitedHealthcare Community Plan  
 PO Box 7550  
 Phoenix, AZ 85011-7550  
 PHONE: 1-888-887-9003  
 URL: UHCprovider.com

STD-PRA  
**PROVIDER  
 REMITTANCE ADVISE**

DPS555PKG

CHECK DATE:  
 PAYEE TAX NUMBER:  
 PAYEE HRN:  
 PAYEE ID:  
 PAYEE NAME:  
 CHECK NUMBER:  
 CHECK AMOUNT:  
 GRP ID:  
 RA REFERENCE ID:

**PROVIDER REMITTANCE AT A GLANCE**

NET PAYABLE	
OVERPAYMENT AMOUNT	
RECOVERED AMOUNT	
NET PAID AMOUNT	

**PATIENT:**

MEMBER ID	SUBSCRIBER NAME	PROBITY PAY DISC.	CLAIM NUMBER	PATIENT ACCOUNT
MEMBER ID	INTEREST ACCOUNT	PCP NUMBER	RENT DETAIL	PRODUCT DESC.
MEMBER ID	MEMBER ID	COVERAGE DATE	PCP NAME	
			POLICY NUMBER	BILLING MR. NUMBER

DESCRIPTION OF SERVICE	UNIT	BILLED AMT	DISALLOW AMT	DISCOUNT AMT	ALLOWED AMT	DEDUCT AMT	CO-PAY/COINSURANCE AMT	COE PAY AMT	WITHHOLD AMT	PAS TO PROVIDER AMT	PAYEE RESP AMT	ADJUT AMT	INTEREST AMOUNT	PROFIT PAY DISCOUNT
Office Visit (15-30) (Type 00)	1	\$1,000.00	\$400.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL PROVIDER RECEIVABLE</b>		<b>\$1,000.00</b>	<b>\$400.00</b>	<b>\$0.00</b>	<b>\$600.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$600.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**PROVIDER TOTALS**

PROVIDER ID	BILLED AMOUNT	DISALLOW AMT	DISCOUNT AMT	NET NOT COVERED AMOUNT	ALLOWED AMT	DEDUCT AMT	CO-PAY/COINSURANCE AMT	COE PAY AMT	WITHHOLD AMT	PAS TO PROVIDER AMT	PAYEE RESP AMT	ADJUT AMT	INTEREST AMOUNT	PROFIT PAY DISCOUNT
	\$1,000.00	\$400.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00

**PAYEE TOTALS**

PAYEE ID	BILLED AMOUNT	DISALLOW AMT	DISCOUNT AMT	NET NOT COVERED AMOUNT	ALLOWED AMT	DEDUCT AMT	CO-PAY/COINSURANCE AMT	COE PAY AMT	WITHHOLD AMT	PAS TO PROVIDER AMT	PAYEE RESP AMT	ADJUT AMT	INTEREST AMOUNT	PROFIT PAY DISCOUNT
	\$1,000.00	\$400.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00

**REMARKS**

PR142 Monthly Medicaid patient liability amount.  
 PR2 Conformance Amount

Provider Communications

**Clinical Practice Guidelines**

Visit our website at UHCprovider.com for clinical practice guidelines and a hyperlink to the U.S. Preventive Services Task Force guide. UnitedHealthcare is committed to improving patient care outcomes by providing our network physicians and other health care professionals clinical practice recommendations consistent with nationally recognized standards of care.

**Unreconciled Claims**

The outcome of a claim results in the need to submit a corrected claim, the provider may do so in accordance with your provider contract. For proper adjudication, please ensure the following information is listed on form:

- CMS 1500
  - Enter the appropriate claim frequency code in Box 22 left justified in the left-hand side of the field
  - 7 - Replacement of prior claim
  - 8 - Replacement of prior claim
  - Enter original claim number under Original Ref No. Box 22
- UB04
  - Enter the appropriate claim frequency code in the 3rd position of the Type of Bill in Box 4
  - 7 - Replacement of prior claim
  - 8 - Replacement of prior claim
  - Enter original Claim number in Document Control Number Box 64
- Electronic Submissions
  - Submit original claim number in Loop 2300, REF segment, RSP02 element where REF01=FE
  - Submit the frequency code in Loop 2300, CLM segment, CL102-3 element