Private Fee-for-Service Plans

2021 Quick Reference Guide

Need to contact us? Use this reference guide for quick access to a variety of helpful resources.

UnitedHealthcare MedicareDirect is a Medicare Advantage Private Fee-For-Service plan (PFFS) offered by UnitedHealthcare. Members can use any care provider who agrees to accept the plan's terms and conditions of payment. For more information, please go to UHCprovider.com/plans > Choose Your State > Medicare > UnitedHealthcare MedicareDirect.

Customer Service

You can check member eligibility, benefits, copays and claims status online. You'll need to sign up at UHCprovider.com/newuser. Or, you can call us at 877-842-3210. We're available from 7 a.m.-7 p.m. Central Time, Monday-Friday.

You'll be prompted to enter the patient's date of birth, date of service and member ID number

Claims Submission

To submit claims online using Link, go to UHCprovider.com and click on the Link button in the top right corner.

To submit claims electronically using electronic data interchange (EDI), use UnitedHealthcare Payer ID 87726. Check with your clearinghouse to make sure they're connected to UnitedHealthcare. If you have questions about EDI, please call the EDI Support Line at 800-842-1109.

To submit paper claims by mail, complete CMS-1500 or CMS-1450 (UB-04) claim forms and mail to:
UnitedHealthcare MedicareDirect
P.O. Box 31353
Salt Lake City, UT 84131-0353

Electronic Payments

To enroll in electronic payments,
go to UHCprovider.com/EPS.

Interim Rate Letters

Fax interim rate letters and updates to
Reimbursement Services at 866-943-9811.

United Healthcare

Care Provider Dispute Resolution

You have the right to file a written dispute if you disagree with a claims payment. You can find the claims dispute form at UHCprovider.com/plans > Choose Your State > Medicare > UnitedHealthcare MedicareDirect > Tools & Resources > Medicare Advantage Non-Contracted Provider Claim Payment Dispute Request Form.

Mail the form and any supporting documentation to:
UnitedHealthcare MedicareDirect
Payment Disputes
P.O. Box 30997
Salt Lake City, UT 84130-0997

Sample Member ID Card

Health Plan (99999): **999-99999-99**
Member ID: **999999999**   Group Number: **XXXXX**
Member:
MEMBER SAMPLE
PCP Name: Payer ID:
SAMPLE, M.D., PROVIDER   **XXXXX**
PCP Phone: **(999) 999-9999**

MedicareRx
Prescription Drug Coverage

RxBIN: 610097
RxPCN: 9999
RxGrp: COS

Copay: PCP $XX   ER $XX
Spec $XX

H9999-999-999

UnitedHealthcare MedicareDirect Rx (PFFS)
Medicare limiting charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week   Printed: xx/xx/xxxx

For Members
Website: www.memberurl.com
Customer Service: 1-999-999-9999 TTY 711
NurseLine: 1-999-999-9999 TTY 711
Behavioral Health: 1-999-999-9999 TTY 711

For Providers   www.providerurl.com   1-999-999-9999
Medical Claim Address: P.O. Box 99999, Healthcare, US 99999-9999

UHC

NO Referral Required

For Pharmacists 1-999-999-9999
Pharmacy Claims OptumRx P.O. Box 999999, Healthcare, US 99999-9999

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

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