Are you an out-of-network care provider who needs to contact us? Use this reference guide for quick access to a variety of resources about UnitedHealthcare Group Medicare Advantage (PPO) plans.

Quick Facts for Out-of-Network Care Providers

- For most UnitedHealthcare Group Medicare Advantage (PPO) plans, a member pays the same out-of-pocket costs for network and out-of-network care providers.
- UnitedHealthcare Group Medicare Advantage (PPO) plans are open access with no referrals required. Members don’t need UnitedHealthcare prior authorization or notification to use out-of-network care providers.
- If you participate in Medicare but don’t accept Medicare assignment, you’ll be reimbursed up to the Medicare limiting charge when you file claims.

Link and UHCprovider.com

Link’s self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans – without the extra step of calling for information. Use Link to perform secure online transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner. If you aren’t registered yet, go to UHCprovider.com and select “New User” to begin registration. To learn more about using Link, please visit UHCprovider.com/link.

Provider Services

Phone: 877-842-3210

Call to confirm member eligibility and benefits, check claims status and more.

Claims Submission

Electronic Claims: Please submit electronic claims using the Claim Submission tool on Link. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner.

Payer ID: 87726

Paper Claims: Mail claims to the address on the back of the member’s ID card. We pay according to the Centers for Medicare & Medicaid Services (CMS) guidelines. Member cost-sharing applies.

Member Appeal Rights

Members can learn about their appeal and grievance rights in their Certificate of Coverage/Evidence of Coverage or by calling the member number on the back of their ID card.

Interim Rate Letters

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

Cancer Centers

We pay for out-of-network cancer centers according to the CMS Medicare Advantage Payment Guide for Out-of-Network Payment. Member cost-sharing applies.

Sample Member ID Card

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