

Medicare Advantage Claim Payment Dispute Request Form

For Non-Contracted Care Providers

Please use this form to request a payment review when you are disputing the amount paid on a claim for a member enrolled in a UnitedHealthcare Medicare Advantage health benefit plan.

You can also find dispute and appeal rights at UHCprovider.com/plans > Choose your state > Medicare > Select plan name > Tools & Resources. Submitting an appeal for denied services that resulted in a zero payment is a separate process and is also explained in your provider remittance advice (PRA).

Submission Instructions

- Submit your request to us within 120 calendar days of your PRA notification date.
- Send this form to the address listed on your PRA.
- Please don't include any new claims with this form.
- Please use a separate dispute form for each claim payment dispute.
- Information about the claim payment dispute process for contracted care providers is in the Administrative Guide at UHCprovider.com/guides.

Date: _____

Care Provider Information

I am a: Physician Hospital/Facility Other health care professional

Care Provider Name (listed on the PRA): _____

Tax Identification Number (TIN): _____ Phone Number: _____ Email: _____

Address: _____

Group/Facility Name (if applicable): _____ Contact Name: _____

Claim and Member Information

Control/Claim Number: _____ Date of Service: _____ Billed Amount: _____

Member Name: _____

Member Address: _____

Reason for dispute:

- Bundling issues
- Payment rate
- Diagnosis related group (DRG) payment
- Other (please explain in Comments)



Please include the following documentation with your request:

- A statement indicating the reason for the dispute
- A copy of the original claim
- A copy of the PRA showing the disputed claim payment
- Additional information, clinical records or documentation to support your dispute

Comments

What is your proposed resolution to the disputed claim payment? (include a specific action from UnitedHealthcare or dollar amount, if applicable)

What Happens Next?

UnitedHealthcare has 30 calendar days to review and respond to payment disputes after we receive this form. We use the documentation you submit along with the member's benefit plan coverage and Medicare reimbursement guidelines to review the disputed payment.

We're Here to Help

If you have questions, please call Provider Services at **877-842-3210**. Thank you.

