

# UnitedHealthcare MedicareDirect Private Fee-for-Service (PFFS)

Reimbursement form for uncollectible/bad debt amounts

Please use this form to request reimbursement of any cost sharing for covered services you couldn't collect from the PFFS member. You must wait 120 days from the date the member received the first bill for each claim before requesting reimbursement. Requests may be submitted up to 12 months after that date. Charges for non-covered services are not eligible for bad debt reimbursement.

List only the amount of cost sharing for covered services under the member's UnitedHealthcare MedicareDirect benefit plan. Any partial amounts you've collected from the member should be subtracted. We may request documentation of your billing and collection efforts.

You can submit this form to:

**UnitedHealthcare MedicareDirect, P.O. Box 31353, Salt Lake City, UT 84131-0353.**

If you have any questions, call Provider Services at **877-842-3210**, 7 a.m. to 7 p.m. Central Time, Monday through Friday.

**Care Provider Name:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_

**Provider Tax ID:** \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_

Patient Name	Member ID/MBI	Dates of Service		Claim/Audit Number	Date First Bill Sent to Member	Write-Off Date	Remittance Advice Date	Deductible	Coinsurance	Total Amount Claimed
		From	To							