

Free-standing laboratory

Go to UHCprovider.com/join > **Ancillary providers** for more details on joining our network, including required documentation, participation instructions and more.

Facility legal name:	Tax ID number (TIN):	
National Provider Identifier (NPI) number:	DBA:	
Contact name and title:		
Billing/mailling address:		
Physical address (if different):		
Phone:	Fax:	
Email:	Claims valuation:	
Practice website URL:	CLIA number:	
Insurance summary of limits:		
College of American Pathologists certified:	Yes	No
Have you successfully completed the UnitedHealthcare credentialing process?		
Yes (If yes, date approved)	No	

AL	CT	ID	ME	MT	NC	PR	VT
AK	DE	IL	MD	NE	ND	RI	VA
AZ	DC	IN	MA	NV	MP	SC	VI
AR	FL	IA	MI	NH	OH	SD	WV
AS	GA	KS	MN	NJ	OK	TN	WI
CA	GU	KY	MS	NM	OR	TX	WY
CO	HI	LA	MO	NY	PA	UT	

States in which you have Medicaid certification

AL	CT	ID	ME	MT	NC	PR	VT
AK	DE	IL	MD	NE	ND	RI	VA
AZ	DC	IN	MA	NV	MP	SC	VI
AR	FL	IA	MI	NH	OH	SD	WV
AS	GA	KS	MN	NJ	OK	TN	WI
CA	GU	KY	MS	NM	OR	TX	WY
CO	HI	LA	MO	NY	PA	UT	

Does your organization have Medicaid ID numbers for all service locations? Yes No

Does your organization have Medicare certification for all service locations? Yes No

Please check all lab services offered by your lab:

Anatomic pathology (88000-88099)	Microbiology (87001-87999)
Chemistry (82000-84999)	Organ or disease-oriented panels (80047-80076)
Consultations (clinical pathology) (80500-80502)	Other procedures (89049-89240)
Cytogenetic studies (88230-88299)	Reproductive medicine procedures (89250-89398)
Cytopathology (88104-88199)	Surgical pathology (88300-88399)
Drug testing (80100-80103)	Therapeutic drug assays (80150-80299)
Evocative/suppression testing (80400-80440)	Tissue typing (86805-86849)
Hematology and coagulation (85002-85999)	Transfusion medicine (86850-86999)
Immunology (86000-86849)	
In vitro transcutaneous lab procedures (88720-88741)	

Does your lab offer tests that are proprietary or exclusive to your laboratory?

Yes (If yes, provide a description of the test, indications for use, the FDA registration or FEI number and the FDA proprietary name)

No

Does your lab offer hospital-based pathology services?

Yes (If yes, include a list of hospitals (name and location) your lab services)

No

Does your lab send out tests to other labs to be performed?

Yes (If yes, include a list of tests and where the test is sent)

No

Can you submit test results in HL7 v2.5.1 format with reference ranges and LOINC codes (where assigned)? Yes No

Is the lab associated with a health system?

Yes (If yes, provide the hospital system name:)

What tests are performed inpatient % , outpatient % , non-patient %

No

Are lab services covered under the Health System Agreement? Yes No

Does your facility have HITRUST, SOC2 Level 2 or other data security certification?

Yes (If yes, include certification documents demonstrating the level of information security maintained in the lab and administrative systems)

No

States with active UnitedHealthcare contracts

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How does your facility submit claims?

CMS-1500	Professional services only
HCFA	Technical services
UB-94	Only global billing

Please list claims dollars paid to you by UnitedHealthcare and/or its affiliated companies, whether par or non-par, for the past 12 months:

Amount: Paid from to (date range)

Professional liability/malpractice liability insurance

Corporate entity on declaration sheet:

Carrier name:	Effective date:	Expiration date:
Amount of coverage per occurrence:	Amount of coverage aggregate:	

Acceptable forms of accreditation (check all that apply and provide copy of the certification(s)):

American Commission for Health Care, Inc. (ACHC)
College of American Pathologists (CAP)
Commission on Office Laboratory Accreditation (COLA)
Community Health Accreditation Program (CHAP)
Joint Commission on Accreditation of Healthcare Organization (JCAHO)
CMS (Medicare/Medicaid) or State Agency Review or Certification
National Committee for Quality Assurance (NCQA)
California Dept of Public Health license (CA ID)
Clinical Laboratory Improvement Amendments (CLIA) (Include certification including
Lab Certification Code(s) for the approved tests)
Clinical Laboratory Evaluation Program (CLEP)
Other:

Has the facility been reviewed for accreditation? Yes No

If yes, please answer the following questions:

Name of accreditation organization:

What were the results of the review?

Approved Denied Provisional

What was the date of last approval?

Year of your next scheduled survey?

If facility was denied or received a provisional accreditation, please explain.

Has facility been reviewed for Medicare certification?

Yes (If yes, date of last site visit?)

No

Signature:

Printed name:

Title:

I attest that information entered is accurate and valid and that I have attestation authority.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.