

Join our network request submission: Ancillary providers and centers

Radiology center questionnaire

To join our network as a radiology center, complete this questionnaire with any required documentation and visit UHCprovider.com/contact to connect with us through chat for submission instructions. An incomplete questionnaire or missing documentation may cause contracting delays.

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

Form completed by

Name:

Title:

Phone:

Email address:

Date completed:

Required attachments

Copy of Form W-9 signed within the last 3 months

Copy of current state license (if applicable)

Copy of Certificate(s) of Insurance (COI) for medical malpractice policy/policies

Copy of COI(s) for comprehensive general liability insurance policy/policies

Certificate or letter from the accreditation agency for all locations, including verification of survey completed within the last 36 months (ACR, IAC, etc.) (if applicable)

Completed roster (excel sheet), if applicable

Legal owners

Identify all names of legal owners and percent of ownership

DBA

Name:

Phone:

Address:

Contracting contact, if different than the individual completing form

Name:

Phone:

Address (if different):

Current UnitedHealthcare participation status

UnitedHealthcare commercial plans State(s):

UnitedHealthcare® Medicare Advantage State(s):

UnitedHealthcare Community Plan (Medicaid) State(s):

Doesn't participate in any of the plans listed above

Participation IDs

Medicare ID:

Community Plan (Medicaid) ID:

Tax identification number (TIN):

National provider identifier (NPI):

Billing

Address:

Phone:

Fax:

What modifiers do you use when submitting claims (check all that apply)?

00 – Global billing (inclusive of image and read)

26 – Professional only (reads only)

TC – Technical component (image only)

Do you have multiple service locations?

No; move to next section

Yes. Download and complete [roster](#) then save completed roster for submission with completed questionnaire.

Radiology center

Bone density – DEXA	Magnetic resonance imaging	Mammography	Ultrasound
Computed tomography (CT)	Magnetic resonance imaging (MRI) – breast	Mammography – mobile	X-ray
Computed tomography angiography (CTA)	Magnetic resonance imaging (MRI) – open	Positron emission tomography (PET)	Portable X-ray
Magnetic resonance angiography (MRA)	Magnetic resonance imaging (MRI) – upright	Radiation oncology	Other

Advanced imaging accreditation

If this location performs advanced imaging (e.g., CT, MRI, MRA, PET or nuclear medicine), please indicate if this location has been reviewed by any of the following accrediting authorities. Please also include a copy of the most recent accreditation report.

- American College of Radiology (ACR)
- The Joint Commission (TJC)
- RadSite
- Intersocietal Accreditation Commission (IAC)
- N/A (this location doesn't perform advanced imaging)

Is accreditation report attached?	Yes	No
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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.

