# Join our network request submission: Ancillary providers and centers

## Ground and air ambulance questionnaire

**Please note, UnitedHealthcare does not directly contract for non-emergency medical transportation (NEMT) services.** To join our network as a ground and air ambulance provider, complete this questionnaire with any required documentation and visit **UHCprovider.com/contact** to connect with us through chat for submission instructions.

This questionnaire will determine if we have an immediate need for your services. If you're contracted with UnitedHealthcare, the legal name provided on this form will be the name used for claims and payments. Submissions with any other name could cause processing delays. If you have more than 1 service location, please provide additional National Provider Identifier (NPI) number(s) and ADA compliance details for each location.

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

| Legal name: | Tax ID number (TIN): |
|---|---|
| NPI: | DBA: |

Billing/mailing address:

Physical address (if different):

| County: | Phone: | Fax: |
|---|---|---|

Practice website URL:

States served:

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

Counties served:

- ☐ A0427 - Advanced Life Support – Emergency transport
- ☐ A0426 - Advanced Life Support – Non-emergency transport
- ☐ A0429 - Basic Life Support – Emergency transport
- ☐ A0428 - Basic Life Support – Non-emergency transport
- ☐ A0430 - Air Transport – Fixed wing
- ☐ A0431 - Air Transport – Rotary Wing
- ☐ A0433 – Advanced Life Support - Level 2 (ALS2)
- ☐ A0433 – Advanced Life Support - Level 2 (ALS2)
- ☐ A0434 – Specialty Care Transport (SCT)
- ☐ A0130 – Wheelchair Van
- ☐ T2005 – Stretcher Van
- ☐ Other



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## Contracting contact info

Name:

Email: | Phone:

Provider Form W-9 attached? ☐ Yes

Provider email:

Do you provide ADA accommodations? ☐ Yes ☐ No If yes, please specify.

List of counties the provider serves:

Medicaid identification number:

Medicare identification number:

Air ambulance? ☐ Yes ☐ No

Air ambulance accreditations:

Existing UnitedHealthcare contracts (include plan names and numbers):

Plans you're interested participating in:

☐ UnitedHealthcare commercial plans ☐ UnitedHealthcare® Medicare Advantage

☐ UnitedHealthcare Community Plan (Medicaid) ☐ HCFA 1500 ☐ UB billing

Is your practice owned by a health system? If yes, please provide any relevant information. ☐ Yes ☐ No

## Questionnaire completed by (if different than provider)

Name: | Title:

Phone: | Email:



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