



Maternity Installment Payments Election Form

By signing this election form, you and your practice are opting to change your reimbursement methodology from a global payment to installment payments. This change will be effective for pregnancies that begin 30 days on or after the date we receive the completed, signed form. Please email your form to newjersey_pr_team@uhc.com.

Key points to remember

- Payments will be made after weeks 12 and 28 of gestation and after delivery.
- You'll be required to bill UnitedHealthcare, as outlined in N.J.A.C. 11:22-9, and continue to adhere to the contractual requirements outlined in your base contract.
- This election will pertain to all care providers billing under the same tax identification number (TIN).
- The installment arrangement you selected will automatically renew every year.

Name (please print)	
Signature	
Title	
Date	
TIN	
Address City, State and ZIP code	
Telephone number	
Email address	

Election changes

You can change your election at any time within the first 12 months of the effective date of your Election form, by notifying us in writing. After this, we must receive your written notice 90 days before your next automatic renewal date.

Questions?

If you have questions, please contact your network representative. If you aren't sure who to contact, go to **UHCprovider.com** > Menu > Contact Us > Find a Network Management Contact by State.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. Administrative services provided by United HealthCare Services, Inc. or their affiliates.