

**claimsLink** is where you can look up claim status and payment information to understand how a claim was paid (claims processed within the last two years are available). You may also submit processed claims for reconsideration, including submitting corrected claims. This guide will review how to submit and check the status of a reconsideration request.

### Get Started

- From [UHCprovider.com](http://UHCprovider.com), click **Link** and sign in

- Select **claimsLink**

### Confirm Information

- Confirm the **Payer Name**
- Confirm, or if needed, change **Provider Information**

**NOTE:** The Provider Information defaults to **Search by TIN ONLY**, if available. (Contact your Password Owner or ID Administrator to ensure your Access Profile is set to **All Tax-IDs-Specialties**).

### Claim Search

#### Select Search Type

- If by **Member ID**, enter the **Member Information**

- If by **Quick Search**, choose **Paid**, **Denied** or **Both**

**NOTE:** The **Quick Search** will return a maximum of 450 claims. If there is an error, choose **Paid** or **Denied** instead of **Both** and/or narrow the date range. You must also be able to **Search by TIN Only** (see above) to have the **Quick Search** option.

#### Service Date Range

- If by **Predefined Range**, click the appropriate radio button

## Claim Search (continued)

- If by Custom Range, enter **Start Date** and **End Date**

\*SELECT SERVICE DATE RANGE

Predefined Range  
Search the past 30, 60, 90, or 120 days.

Custom Range  
Search any 30-day period up to 18 months ago.

\*START DATE

\*END DATE

- Click **Submit Search**

**NOTE:** Previously **Flagged Claims** will appear below the Service Date Range.

FLAGGED CLAIMS

Click on the claim number to review the claim, or click the to unflag the claim (removing it from the list).

FIRST SERVICE DATE	FIRST NAME	LAST NAME	CLAIM NO.	MEMBER ID	PROCESSED DATE	BILLED AMOUNT	PAID AMOUNT	LAST UPDATED	STATUS
07/21/2016	HOLLY	BROWN	4564564564	911111111	07/27/2016	\$ 1,414.40	\$ 1,120.20	08/15/2016	Finalized

## Review Claim Information

- Review the claim

Link

New Search / Search Results / Claim #4564564564

SUMMARY

SEARCH SUMMARY

PROVIDER <b>HOSPITAL</b>	PATIENT <b>HOLLY BROWN</b>	PATIENT DOB <b>02/22/1922</b>
TAX ID NUMBER <b>599999999</b>	MEMBER ID <b>911111111</b>	PATIENT ACCOUNT NUMBER <b>5000</b>
FIRST SERVICE DATE <b>07/21/2016</b>	URC CLAIM NUMBER <b>4564564564</b>	

SEARCH THIS PATIENT BY: [Eligibility & Benefits](#)

## Submit a Reconsideration Request/Corrected Claim

- To submit a reconsideration request, if not satisfied with the outcome, or to submit a corrected claim, click **View or Act On Your Claim**

ACTIONS

**Note:** If there is an open reconsideration request, this button will allow you to **View Claim Reconsideration**

- Click **Create a Claim Reconsideration**

Link

New Search / Search Results / Claim #4564564564

SUMMARY

SEARCH SUMMARY

PROVIDER <b>HOSPITAL</b>	PATIENT <b>HOLLY BROWN</b>	PATIENT DOB <b>02/22/1922</b>
TAX ID NUMBER <b>599999999</b>	MEMBER ID <b>911111111</b>	PATIENT ACCOUNT NUMBER <b>5000</b>
FIRST SERVICE DATE <b>07/21/2016</b>	URC CLAIM NUMBER <b>4564564564</b>	

SEARCH THIS PATIENT BY: [Eligibility & Benefits](#)

ASSESSMENT

**CLAIM RECONSIDERATION**

When should you submit a Claims Reconsideration request?  
You should submit a Claims Reconsideration request when you believe a claim was paid incorrectly. Situations for reprocessing include, but are not limited to:

- Amount is different than what provider expected
- Claim was filed in a timely manner, when provider has proof
- Claim was denied for no authorization, when provider has an authorization number
- Difference in Coordination of Benefits (COB) information

## Submit a Reconsideration Request (continued)

- Review the **Request Details**
- Complete the **Amount Requested** and **Contact Info**

Link

New Search / Search Results / Claim #4564564564

INSTRUCTIONS

This form is to be completed by physicians, hospitals or other health care professionals to request a claim reconsideration for members enrolled in benefit plans administered by UnitedHealthcare.  
**NOTE:** A separate request must be filled out for each claim reconsideration. Do not use this form for formal appeals or disputes. Continue to use your standard appeals process for formal appeals and disputes.

CREATE RECONSIDERATION

SEARCH SUMMARY

PROVIDER <b>HOSPITAL</b>	PATIENT <b>HOLLY BROWN</b>	FIRST DATE OF SERVICE <b>07/21/2016</b>
TAX ID NUMBER <b>599999999</b>	MEMBER ID <b>911111111</b>	URC CLAIM NUMBER <b>4564564564</b>

SEARCH THIS PATIENT BY: [Eligibility & Benefits](#)

REQUEST DETAILS

<p><b>MEMBER INFORMATION</b></p> <p>MEMBER ID <b>911111111</b></p> <p>PATIENT NAME <b>HOLLY K BROWN</b></p> <p>DOB <b>04/12/1993</b></p>	<p><b>PROVIDER INFORMATION</b></p> <p>BILLING PROVIDER <b>HOSPITAL</b></p> <p>SERVICING PROVIDER <b>HOSPITAL</b></p> <p>TAX ID NUMBER <b>599999999</b></p>
<p><b>CLAIM INFORMATION</b></p> <p>CLAIM NUMBER <b>4564564564</b></p> <p>FIRST DATE OF SERVICE <b>07/21/2016</b></p>	<p>PATIENT ACCOUNT NUMBER <b>5000</b></p> <p>BILLED AMOUNT <b>\$ 1,414.40</b></p>

\*AMOUNT REQUESTED (\* = REQUIRED ENTRY)

"I don't know"

CONTACT INFO

FIRST NAME  LAST NAME

PHONE NUMBER  EMAIL

- Choose a **Request Reason** from the pull-down menu (options include Submission of a Corrected Claim)
- Explain the situation by adding a **New Comment**

Link

ADDITIONAL INFORMATION

\*REQUEST REASON

Previously denied for no Authorization

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field above, and include any additional comments you would like in the Comment field.

\*NEW COMMENT

This claim was denied for no authorization. However, there is an authorization, # 123. See attached. Please reconsider.

- Add appropriate attachments by clicking **Add File** (Corrected Claim Submissions require attaching the corrected claim)

ATTACHMENTS

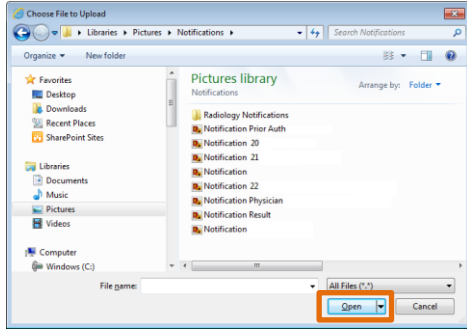
Add supporting documents for your request by clicking on the Add File button below. The maximum file size is 25MB. The following file types are supported: pdf, txt, png, jpg, jpeg, bmp, gif, tiff, doc, docx

You will not be able to delete this file once it is uploaded.

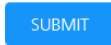
FILE NAME	DATE POSTED	OPERATOR
<input type="button" value="ADD FILE"/>		

## Submit a Reconsideration Request (continued)

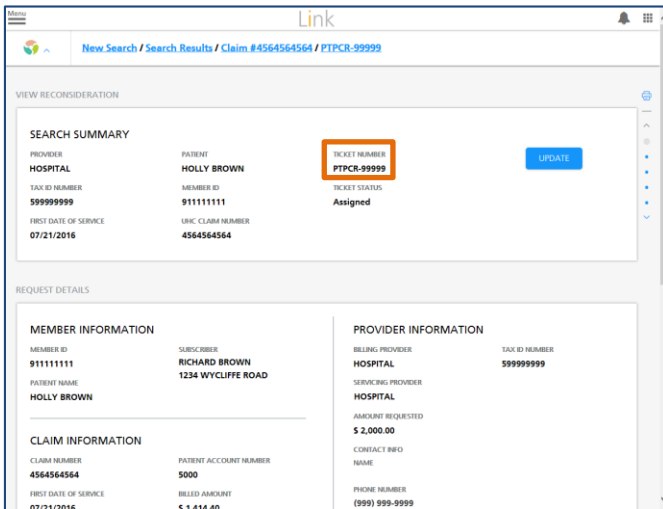
- Choose the desired file from your directory and click **Open**



- When complete, click **Submit**

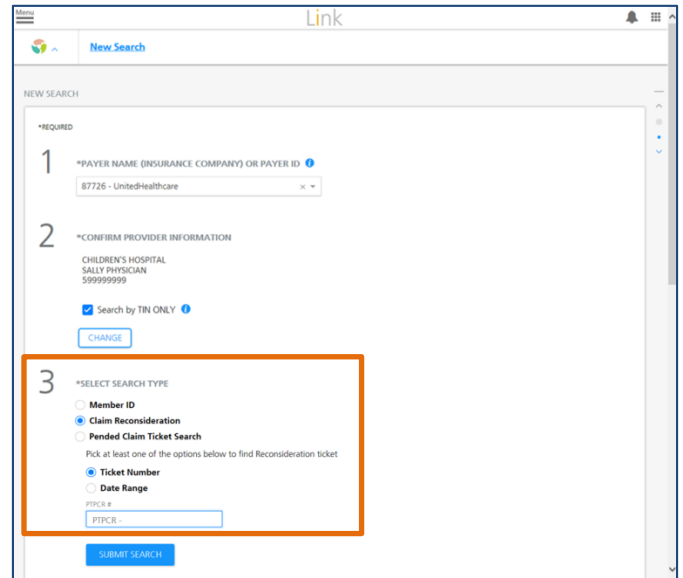


- You will receive a Confirmation screen with **Reference (Ticket) Number**

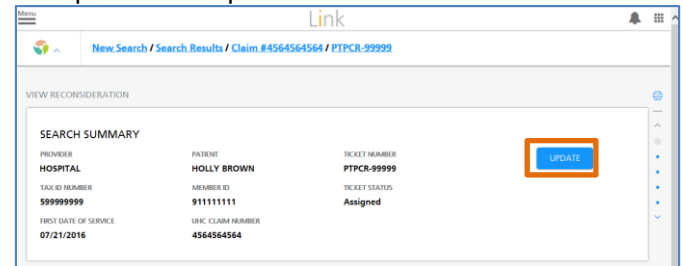


## Check Reconsideration Status

- At the beginning of the Claim Search, click the radio button for **Claim Reconsideration**
- Choose a Search Type
- Enter the **Reference (Ticket) Number** or **Date Range**
- Click **Submit Ticket Search**



- Review the Reconsideration Request
- If desired and the status is not "processed", you may update the request



**Note:** If the reconsideration request has been fully processed, it will show **Re-open** instead of Update.

## Additional Help Resources are available at the Link Resource Library and UHC on Air

