

Claim reconsideration

If you disagree with a claim reimbursement decision, you may contest it by submitting comments, documents or other information that shows why you believe the decision should be changed.

Most participating providers are required to submit claim reconsiderations electronically.


To initiate additional review of the claim, sign in to the **UnitedHealthcare Provider Portal** and go to Claims & Payments > Look up a Claim and enter the claim information. Then, click Act on a Claim.

For step-by-step support, visit our **Claims guide**.

Health care professionals who are exempt from the digital submission requirement are still encouraged to submit electronically. If this is not possible, use the form below. This form is not to be used for submitting bulk or multiple claims for reconsideration but rather one claim at a time.

Notes:

- **Please submit a separate form for each claim**
- **No new claims should be submitted with this form**
- **Do not use this form for formal appeals or disputes. Continue to use your standard process.**



Questions?
For chat options and contact information, visit UHCprovider.com/contactus.

Member information			
Date form completed:		Member ID:	
Control/Claim #		Date of service:	Billed amount:
Member last name:	First name:		MI:
Street address:		State:	ZIP code:
Patient last name:	First name:		Middle initial:
Physician/health care professional information			
Tax ID number (TIN):		Phone number (with area code):	
Email:			

Physician/health care professional information (cont.)		
Physician or other health care professional name (as listed on provider remittance advice (PRA)/explanation of benefits (EOB))		
Last name:	First name:	Middle initial:
Street address:		
City:	State:	ZIP code:
Facility/group name:	Contact person:	
Expected amount owed:	Contact fax number (with area code):	
Reason for request		
1. Previously denied or closed as "Exceeds Filing Time"		
2. Previously denied or closed for "Additional Information"		
3. Previously denied or closed for "Coordination of Benefits" information		
4. Resubmission of a corrected claim		
5. Previously processed, but rate applied incorrectly resulting in overpayment/underpayment (network providers, check your fee schedules)		
6. Resubmission of "Prior Notification Information"		
7. Resubmission of a claim with "Bundled" services		
8. Other (explain below)		
Comments:		
Required attachments		
• Copy of PRA or EOB		

You may have additional rights under individual state laws. Please review the provider website, your provider administrative guide or your provider agreement/contract if you need more information.

After completing the entire form, please mail it to UnitedHealthcare.

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.

