

Join our network request submission - Ancillary providers and centers

Independent diagnostic testing facilities questionnaire

To join our independent diagnostic testing facilities (IDTF) network, email this completed questionnaire with any required documentation to ancillarynetwork@uhc.com. Include "IDTF" and the facility name in the subject line. 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, submission instructions and more.

Questionnaire 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 of accreditation for your location(s), 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 individual completing questionnaire

Name:	Phone:
Address (if different):	

Taxonomy codes

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:

Billing

Address:

Phone:

Fax:

Do you have multiple service locations?

No; move to next section

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

Facility's claim preference

All claims must be submitted using the following selection to help avoid claim delays or denials. Any changes in billing submission type must be reported to us to for contractual amendment. Failure to do so can result in processing delays and/or claims denials.

1500 (HCFA 1500 / CMS-1500 / 1500 HICF)

UB (UB92 / UB04)

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

IDTF overview

Please describe the complete nature of your IDTF: