Join our network request submission - Ancillary providers and centers

Radiology center questionnaire

To join our network as a radiology center, email this completed questionnaire with any required documentation to **ancillarynetwork@uhc.com**. Include "Radiology center questionnaire" 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.

| Form 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/policiess | |
| Certificate or letter from the accreditation agency for within the last 36 months (e.g. ACR, IAC, etc.) (if ap | or all locations, including verification of survey completed plicable) |
| 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 the individual completing form | |
| 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: Tax Identification Number (TIN): National Provider Identifier (NPI): Billing Address: Fax: Phone: What modifiers do you use when submitting claims (check all that apply)?

00 - Global Billing (inclusive of image and read)

26 - Professional Only (reads only)

TC - Technical Component (image only)

Do you have multiple service locations?

No; move to next section

Yes. Download and complete roster then save completed roster for submission with completed questionnaire

Radiology center

MRI Center

X-ray and radiology center (e.g., minor and major radiology services, such as X-rays, CT scans, MRI scans, etc.)

Independent diagnostic testing facility (e.g., radiology services in addition to other outpatient services, such as labs or cardiac testing)

Independent diagnostic testing facility that only performs radiology services

Portable X-ray

Other

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

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

