

# Join our network request submission – Ancillary providers and centers

## Questionnaire

This questionnaire will determine if we have an immediate need for your services. If you're contracted with UnitedHealthcare, the legal name provided on this form will be the name used for claims and payments. Submissions with any other name could cause processing delays. If you have more than 1 service location, please provide additional National Provider Identifier (NPI) number(s) and ADA compliance details for each location.

After completing this form, visit [UHCprovider.com/contact](https://UHCprovider.com/contact) to connect with us through chat and receive submission instructions.

Legal name:	Tax ID number (TIN):	
NPI:	DBA:	
Billing/mailling address:		
Physical address (if different):		
County:	Phone:	Fax:
Practice website URL:		

### States served

AL	CT	ID	ME	MT	NC	PR	VT
AK	DE	IL	MD	NE	ND	RI	VA
AZ	DC	IN	MA	NV	MP	SC	VI
AR	FL	IA	MI	NH	OH	SD	WV
AS	GA	KS	MN	HN	OK	TN	WI
CA	GU	KY	MS	NM	OR	TX	WY
CO	HI	LA	MO	NY	PA	UT	

Counties served:

### Services provided

## Contracting contact info

Name:

Email:

Phone:

Provider Form W-9 attached?  Yes

Provider email:

Do you provide ADA accommodations? If yes, please specify.

List of counties the provider serves:

Medicare certification number (if applicable): A Medicare certification number is required if you seek to participate in Medicare products.

Medicaid identification number (if applicable): A Medicaid ID is required if you seek to participate in Medicaid products.

Existing UnitedHealthcare contracts (include plan names and numbers):

Plans you're interested participating in:

UnitedHealthcare commercial plans  UnitedHealthcare® Medicare Advantage

UnitedHealthcare Community Plan (Medicaid)  HCFA 1500  UB billing

Is your practice owned by a health system? If yes, please provide any relevant information.  Yes  No

## Questionnaire completed by (if different than provider)

Name:

Title:

Phone:

Email:

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.