

# Medical Claim Form

## Direct Member Reimbursement Request

**General instructions:** Make sure you and your physician or other health care professional fill out this form completely in order for you to receive timely reimbursement for paid medical services.

- Type or print requested information.
- Ask your provider(s) to help you complete all information in Part II.
- Attach itemized receipts or claim forms for each service. (Do not staple items.)
- A separate reimbursement request form should be completed for each patient.
- Please keep a copy of each itemized bill or receipt for your records.
- Do not submit a form if your physician or other health care professional is also filing a claim to UnitedHealthcare for the same service.

### PART I – Member information

Last name	First name	Middle initial	Member ID #	Member birth date (mm/dd/yy) / /
Street address		City	State	Zip ( )
Patient name (if different from member)		Patient birth date (mm/dd/yy) / /		Phone

### PART II – Service information

Date (mm/dd/yy) / /	Place of service	Codes for procedures, services, or supplies	Diagnosis Code	Charges	Number of units
				<b>Total Charges</b>	<b>Amount paid by you</b>

Provider Name	Provider Tax ID number
Street address	City State Zip

For questions or assistance, please call the number on the back of your ID card. If all information has been correctly submitted, you can expect your claim to be processed within 30 business days of receipt by UnitedHealthcare. THIS IS NOT A GUARANTEE OF PAYMENT. Actual payment for covered services will be paid at the appropriate level according to your plan benefit.

#### Before you submit your claim.....

1. Be sure that all fields are completed.
2. Make photocopies of all receipts and completed forms. Receipts will not be returned.
3. Write your UnitedHealthcare member ID number on all paperwork you submit.
4. A separate claim form should be completed for each patient.

#### Mail to:

UnitedHealthcare of the River Valley  
P.O. Box 5230  
Kingston, New York 12402-5230