



## UnitedHealthcare Medicare Advantage Plan Claim Payment Dispute Request Form for Non-Participating Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted Medicare providers may file a payment dispute regarding a Medicare Advantage plan payment determination if the provider disagrees with the amount paid, including issues related to bundling of services. To dispute a claim payment, providers must submit a written request within 120 calendar days of the remittance notification date. **This form should not be used for appeals.** Non-contracted provider Medicare claim appeals must be handled through the proper appeals process. Refer to the process outlined in your Provider Remittance Advice (PRA).

**Instructions:** This form is to be completed by **non-contracted Medicare** physicians, hospitals or other health care professionals to request a review of a claim payment dispute for members enrolled in UnitedHealthcare Medicare plans. Providers who are contracted with UnitedHealthcare Medicare plans should refer to the UnitedHealthcare Administrative Guide found at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies & Protocols for information about resolving disputes.

**Please send all Claim Payment Dispute requests to the address on your Provider Remittance Advice (PRA).**

... Physician ... Hospital ... Other healthcare professional (Lab, DME, etc)

|                                  |       |                      |                       |                |
|----------------------------------|-------|----------------------|-----------------------|----------------|
|                                  |       | Control / Claim #:   | Date of Service:      | Billed Amount: |
| Enrollee Name:                   | Last: |                      | First                 | MI             |
| Street Address                   |       |                      | State                 | Zip            |
| Patient Name:                    | Last: |                      | First                 | MI             |
| Tax Identification Number (TIN): |       | Phone Number: (    ) |                       | email address: |
| Last                             |       |                      | First                 | MI             |
| Street Address                   |       |                      | City                  | State ZIP      |
| and/or Facility/GroupName        |       |                      | Contact Person / Fax: |                |

Date Form Completed: \_\_\_\_\_

**No new claims should be submitted with this form. Please submit a separate form for each claim.**

**Physician/health care professional information**

Provider Name (as listed on PRA/EOB) : \_\_\_\_\_

**Reason for request:**

1. Bundling Issues
2. Disputed rate of payment
3. DRG payment disputes
4. Other (Please explain below in Comments section)

**Required attachments:**

- A statement indicating factual or legal basis for the dispute
- A copy of the original claim
- A copy of the provider remittance notice showing the claim payment
- Any additional information, clinical records or documentation to support the dispute

Please include what you are expecting from UnitedHealthcare to close UnitedHealthcare's portion of this claim in your practice management system, including dollar amount if possible.

**Comments:**

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**Review Process and Timeframes**

UnitedHealthcare has 30 calendar days to review and respond to payment disputes. We will carefully review the documentation submitted, our payment policies, the patient's benefit plan and Medica reimbursement guidelines when making a final payment determination.

UnitedHealthcare's reimbursement policies are available online at <[www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)>. In addition, you can reference this website to check patient eligibility, review claim status, and submit claims and more.

At UnitedHealthcare, we make every effort to respond clearly and completely to your concerns. If you have further questions, you may use our automated telephone response system or speak with a Provider Services representative at <1-877-842-3210>.

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