



## Single Paper Claim Reconsideration Request Form

This form is to be completed by physicians, hospitals or other health care professionals for paper Claim Reconsideration Requests for our members.

- NOTE**
- Please submit a separate Claim Reconsideration Request form for each request.
  - No new claims should be submitted with this form.
  - Do not use this form for formal appeals or disputes. Continue to use your standard appeals process for formal appeals or disputes.

Please refer to the attached Claim Reconsideration Reference Guide, your provider administrative manual or our provider website for additional details including where to send paper Claim Reconsideration Requests. You may verify the member's address using the eligibility search function on the website listed on the member's health care ID card.

Physician     Hospital     Other Health Care Professional (Lab, Durable Medical Equipment (DME), etc.)

### Member information

### Date form completed \_\_\_\_\_

Member ID	Control / Claim #	Date of Service	Billed Amount
Member Last Name		First Name	MI
Street Address		State	Zip
Patient: Last Name		First Name	MI

### Physician/Health care professional information

Tax Identification Number (TIN): \_\_\_\_\_ Phone Number (with area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician or other Health Care Professional Name(as listed on Provider Remittance Advice (PRA)/Explanation of Benefits (EOB))

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility/Group Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Expected amount owed \_\_\_\_\_ Contact Fax Number (with area code) \_\_\_\_\_

**Reason for request:** *(More information on the definition reasons listed below and what documentation needs to be submitted can be found on the Claim Reconsideration Request definition sheet on UnitedHealthcareOnline.com)*

- 1. Previously denied / closed as "Exceeds Filing Time"
- 2. Previously denied / closed for "Additional Information"
- 3. Previously denied / closed for "Coordination of Benefits" information
- 4. Resubmission of a corrected claim
- 5. Previously processed but rate applied incorrectly resulting in over/underpayment (Network Providers - Check your fee schedules)
- 6. Resubmission of "Prior Notification Information"
- 7. Resubmission of a claim with "Bundled" services
- 8. Other *(explain below)*

**Please include what you are expecting from UnitedHealthcare regarding this Claim Reconsideration Request to close this out in your practice management system, including dollar amount if possible.**

**Comments**

### Required attachments

- Copy of PRA or EOB
- Claim Form is **ONLY** required for Corrected Claims Submissions
- Other required attachments as listed above

You may have additional rights under individual state laws. Please review the provider website, your provider administrative guide or your provider agreement/contract if you need more information.