Health Claim Transmittal

UnitedHealthcare

A United Hoalth Group Company

A. GUIDELINES FOR SUBMITTING CLAIMS TO UNITEDHEALTHCARE

- Please clip (do not staple) all bills to the completed from and mail them to UnitedHealthcare at the address listed on your ID card.
- Please make sure all bills include a diagnosis code, procedure code, date of service, place of service, and cost.
- Please submit all claims to UnitedHealthcare in a timely manner.
- Please notify your employer of address changes.
- Please include your Subscriber Number or Social Security Number on all documents.
- B. SUBSCRIBER/EMPLOYEE INFORMATION

Subscriber # or SSN: – –		Phone # ()			
Employer Name:		Group Number (on ID card):			
Last Name:	First Name:	MI:	Date of Birth: / /		
Home Address:		I,,	New Address? Yes 🗆 No 🗆		
City:		State:	ZIP Code:		
Spouse Last Name:	First Name:	MI: Spouse Date of Birth			

C. PATIENT INFORMATION (if different from Subscriber/Employee)

Subscriber # or SSN:		Phone #: ()			
Last Name: First Name:		MI:	Date of Birth: / /			
Home Address	:			New Address? Yes 🗆 No 🗆		
City:			State:	ZIP Code:		
Sex: M 🗆 F🗆	Relationship to Subscriber:	Full Time Student: Yes 🗆 No 🗆	School Name:	School Phone: ()		

D. ACCIDENT INFORMATION

Work Accident: Yes 🗆 No🗆	Auto Accident: Yes 🗆	No 🗆	Other: Yes 🗆	No 🗆	Date of Accident:	/	1
How did the accident happen?							

E. OTHER INSURANCE

Is the patient covered by another insurance plan?	Yes 🗆 No 🗆 If yes, please complete the following information.			
Name of person carrying other insurance:	Date of Birth: / /			
SSN: – –	Name of Other Insurance Carrier:			
Policy Number:	Employer Name:			
ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.				
Signature	Date (mm/dd/yyyy)			
F. Assignment of Benefits				
Please sign below only if you want UnitedHealthcare	e to pay benefits directly to the provider of medical services.			
Signature	Date (mm/dd/yyyy)			