UnitedHealthcare
Medicare Solutions

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 > 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)

Enrollee ID:	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:		

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:

Review Process and Timeframes

UnitedHealthcare has 30 calendar days to review and respond to payment disputes. If you do not receive a response within this timeframe, or if, after completing the UnitedHealthcare provider dispute resolution process, you believe that we have reached an incorrect decision regarding your payment dispute, you have the right to request an independent decision from the Centers for Medicare and Medicaid Services (CMS) Payment Dispute Resolution Contractor, C2C Solutions, Inc. (C2C). You have 180 days from the UnitedHealthcare's redetermination of the unfavorable dispute outcome to submit to C2C. C2C can receive payment dispute decision requests via the following media:

• Email. If the submission and associated documents do not contain any protected health information (PHI), or all PHI has been redacted, the payment dispute decision request can be submitted to a dedicated email box at PDRC@C2Cinc.com. Otherwise, you may submit payment dispute decision requests (including associated documents such as claims forms that may contain PHI) via the methods outlined below:

• Fax. Fax electronic payment dispute decisions to 904-361-0551.

• Mail. Providers can mail hard copy requests for payment dispute reconsideration to the following address:

> C2C Solutions, Inc.
> Payment Disputes Resolution Contractor
> P.O. Box 44017
> Jacksonville, Florida 32231-4017

Note: If the submission and associated documents contain any protected health information (PHI) or any PHI has not been redacted, the payment dispute decision request can **only** be submitted via fax or mail.

Before submitting a request to C2C, please visit their website: C2Cinc.com > Home Page > QIC PDRC for additional information. C2C will take approximately 180 calendar days to review and respond to payment disputes.