

# Claim reconsideration form

If you disagree with a claim reimbursement decision, you can challenge it by providing comments, documents or other information to explain why you think the decision should be changed.

You can submit a claim reconsideration request through the UnitedHealthcare Provider Portal:


- Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In at the top-right corner
- In the menu, select **Claims & Payments > Look up a Claim** and enter your search criteria
- Find your claim and click on the claim number to see details
- Scroll down to the Act on a Claim section and select Explore available actions. Select claim lines > click Next > select Create a reconsideration (if available) > click Next
- Complete the fields, attach supporting documents and submit

For step-by-step training, visit our [Claims interactive guide](#).

If electronic submission isn't possible, use the following form. This form is for submitting 1 claim at a time, not for bulk or multiple claims.

## Notes:

- **Please submit a separate form for each claim**
- **Do not submit new claims with this form**
- **Do not use this form for formal appeals or disputes. Continue to use your standard process.**



**Questions?**  
For chat options and contact information, visit [Contact us](#)

## Member information

Date form completed:		Member ID:	
Control/Claim #		Date of service:	Billed amount:
Member last name:	First name:		Middle initial:
Street address:		State:	ZIP code:
Patient last name:	First name:		Middle initial:

## Physician/health care professional information

Tax ID number (TIN):	Phone number (with area code):
Email:	



## Physician/health care professional information (cont.)

### Physician or other health care professional name as listed on provider remittance advice (PRA)/explanation of benefits (EOB)

Last name:	First name:	Middle initial:
Street address:		
City:	State:	ZIP code:
Facility/group name:	Contact person:	
Expected amount owed:	Contact fax number (with area code):	

### Reason for request

1. Previously denied or closed as Exceeds Filing Time
2. Previously denied or closed for Additional Information
3. Previously denied or closed for Coordination of Benefits information
4. Resubmission of a claim that has been corrected
5. Previously processed, but rate applied incorrectly resulting in overpayment/underpayment (network providers, check your fee schedules)
6. Resubmission of Prior Notification Information
7. Resubmission of a claim with Bundled services
8. Other (explain in Comments)

### Comments:

### Required attachments

- Copy of PRA or EOB

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

After completing the entire form, please mail to UnitedHealthcare using the address listed on the PRA.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.