

Customer Issue Submission Form Instructions

When should I use this form?

You may use this form to submit information requested by UnitedHealthcare®, to submit a question about a claim or your coverage, or to file an appeal or complaint regarding a claim, coverage determination or service received.

How do I submit a request?

Please complete the attached form as follows:

Section I: Your information

- Enter the information specific to yourself, as the person completing the form. This person may or may not be the person who received medical services. Please remember to also complete the *Authorization For The Use and Disclosure of Information* form if you are not the patient, enrollee, parent/legal guardian, or provider of service. This form can be obtained from our website, myuhc.com® under the link "Claims Center."

Section II: Information from your Explanation of Benefits

- The items to be completed in this section can be found on your Explanation of Benefits received from UnitedHealthcare after your claim was processed or from your Medical ID card.
- The subscriber ID is a 9-digit number.
- The group number is a 5-7 character number.
- Demographic information such as your address cannot be updated via submission of this form. Please contact your employer with any updates to this information.

Section III: Reason for request

- Check the box that best describes your reason for the submission.
- If you are disputing a decision made by UnitedHealthcare regarding the handling of a claim or coverage for a health service, please include additional comments to explain your request or situation. You may attach additional pages as necessary.

Section IV: Submitting your request

- **Complete and submit only the form which appears on the following page.** Keep this instruction page for your records as well as a copy of the completed form.
- If your request is related to the handling of a claim, attach a copy of your Explanation of Benefits for each claim, if available. You may obtain a copy of your Explanation of Benefits on myuhc.com.
- If you are submitting additional information requested by UnitedHealthcare, please attach a copy of the letter received requesting this information, if available.
- If you have other documentation or items that may help us understand your request or better explain your situation, please attach these items also.
- If your group number is **192744, 194422, 197313, 229050, 393476, 401010, 503777, 707997, 722266, 722267, 722268, 722269, 722270, or 722271**, mail the form with any attachments to:
UnitedHealthcare Member Inquiry/Appeals PO Box 740816 Atlanta, GA 30374-0816.
- **All other group numbers**, mail the form with any related attachments to:
UnitedHealthcare Member Inquiry/Appeals PO Box 30432 Salt Lake City, UT 84130-0432.
- You will receive a written response to your submission within the timeframe required by law.

Customer Issue Submission Form

Date form completed: ____/____/____

SECTION I: YOUR INFORMATION

Name of person completing this form: Last _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip: _____ Phone (____) _____ - _____ Ext: _____

What is your relationship to the patient? Enrollee Parent/Legal Guardian Provider of Service

Other** _____

**If "other" is checked, please print and complete the form titled *Authorization For The Use and Disclosure of Information* and attach it to your request.

SECTION II: INFORMATION FROM YOUR EXPLANATION OF BENEFITS

Subscriber ID Number (9 digit number): _____ Group/Contract # (5 - 7 digits) _____

Enrollee Name: Last _____ First _____ MI _____

Patient Name: Last _____ First _____ MI _____

Patient's Date of Birth ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Date of Service: ____/____/____ Total Amount Charged \$_____ (required only if your request is about a claim)

Provider of Medical Services (as listed on your Explanation of Benefits): _____

SECTION III: REASON FOR REQUEST

I am submitting the additional information requested by UnitedHealthcare. This may include Coordination of Benefits, full-time student status information, medical records, accident information or other requested information. (Please attach the requested documents along with the letter you received requesting this information, if available.)

I have a question about how a claim was processed. (Please explain below.)

I am disputing a decision made by UnitedHealthcare regarding the handling of a claim or coverage for a health service, or I have a complaint regarding a claim, coverage determination or service received. (Please explain below.)

Additional comments to explain your request or dispute: **(required if boxes 2 or 3 are checked above; please attach additional pages if necessary):**

SECTION IV: SUBMITTING YOUR REQUEST

1. Complete this form to the best of your ability. Please do **not** submit new claims to be processed.
2. Attach a copy of your Explanation of Benefits, if available, as well as other items that may help us understand your request or dispute.
3. Mail this form along with attachments to the PO Box indicated for your group number on the instruction page.