

Private Fee-for-Service Plans 2019 Quick Reference Guide

UnitedHealthcare® MedicareDirect (PFFS) is a Medicare Advantage private fee-for-service plan offered by UnitedHealthcare. Members can use any care provider who agrees to accept the plan's terms and conditions of payment. For more information, please go to UHCprovider.com/plans > Choose your state > Medicare > UnitedHealthcare® MedicareDirect (PFFS).

Customer Service

You can check member eligibility, benefits, copays and claims status online. You'll need to sign up at UHCprovider.com/newuser. Or, you can call us at **877-842-3210**. We're available from 7 a.m. to 7 p.m. Central Time, Monday through Friday.

Claims Submissions

Use **UnitedHealthcare Payer ID 87726** to submit claims electronically. Check with your clearinghouse to make sure they're connected to UnitedHealthcare. If you have questions about electronic data interchange (EDI), please call the EDI Support Line at **800-842-1109**.

You can also submit CMS-1500 or CMS-1450 (UB-04) claim forms by mail to:

**UnitedHealthcare MedicareDirect
P.O. Box 31353
Salt Lake City, UT 84131-0353**

Electronic Payments

To enroll in electronic payments, go to UHCprovider.com/EPS.

Interim Rate Letters

Fax interim rate letters and updates to Reimbursement Services at **866-943-9811**.

Care Provider Dispute Resolution

You have the right to file a written dispute if you disagree with a claims payment. You can find the claims dispute form at UHCprovider.com/plans > Choose your state > Medicare > UnitedHealthcare® MedicareDirect (PFFS) > Tools & Resources > Medicare Advantage Non-Contracted Provider Claim Payment Dispute Request Form.

Mail the form and any supporting documentation to:

**UnitedHealthcare MedicareDirect
Payment Disputes, P.O. Box 30997
Salt Lake City, UT 84130-0997**

Sample Member ID Card

UnitedHealthcare®
Health Plan (80840): **911-87726-04**
Member ID: 999999999-00 Group Number: 34318
Member:
MEMBER R SAMPLE Payer ID: 87726
Medicare^R
Prescription Drug Coverage X
RxBIN: 610097
RxPCN: 9999
RxGp: COS
Copay: PCP \$25 Spec \$50 ER \$90
H5435 PBP# 024 UnitedHealthcare MedicareDirect Rx (PFFS)
Medicare limiting charges apply.

Customer Service Hours: 8 am - 8 pm 7 days/week Printed: 11/13/2018
For Members
Website: www.UHC MedicareSolutions.com
Customer Service: 1-866-579-8774 TTY 711
For Providers
www.UHCprovider.com 1-877-842-3210
Medical Claims Address: P.O. Box 31353, Salt Lake City, UT 84131-0353
UHC NO Referral Required
For Pharmacists 1-877-889-6510
Pharmacy Claims OptumRx P.O. Box 29045, Hot Springs, AR 71903

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.