

# Private Fee-For-Service plans

2023 quick reference guide

Need to contact us? Use this reference guide for quick access to a variety of helpful resources.

UnitedHealthcare® MedicareDirect is a Medicare Advantage Private Fee-For-Service (PFFS) plan offered by UnitedHealthcare. Members can see any care provider who agrees to accept the PFFS plan's terms and conditions of payment. For more information, go to [UHCprovider.com/plans](https://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](https://UHCprovider.com/newuser). Or you can call us at **877-842-3210**. We're available from 7 a.m.–7 p.m. CT, Monday–Friday.

You'll be prompted to enter the patient's date of birth, date of service and member ID number.



## Claims submission

**To submit claims online** using the UnitedHealthcare Provider Portal, go to [UHCprovider.com](https://UHCprovider.com) and click on the "Sign In" button in the top-right corner.

**To submit claims electronically** using electronic data interchange (EDI), use UnitedHealthcare Payer ID **87726**. Check with your clearinghouse to make sure they're connected to UnitedHealthcare.

If you have questions about EDI, please call the EDI Support Line at **800-842-1109**.

**To submit paper claims by mail**, complete CMS-1500 or CMS-1450 (UB-04) claim forms and 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](https://UHCprovider.com/EPS).



## Interim rate letters

Fax interim rate letters and updates to Reimbursement Services at **866-943-9811** or by email at [rpi\\_irl@uhc.com](mailto:rpi_irl@uhc.com).



## Care provider dispute resolution

You have the right to file a written dispute if you disagree with a claims payment. Be sure to include appropriate documentation to support your payment dispute, such as the provider remittance advice (PRA). Submit the dispute to:

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



## Sample ID cards

**UnitedHealthcare**  
UnitedHealthcare Medicare Direct Rx (PFFS)

**John A Sample**

Member Number  
123456789-00

RxBIN	RxPCN	RxGRP
610097	9999	COS

Group Number: 35618 H5435-024-000

Copay: PCP \$*x* Specialist \$*x*

**UCard™**

**MedicareR**  
Prescription Drug Coverage

*SAMPLE*

For Members: UHC.com/Medicare  
Customer Service: 1-888-888-8888, TTY 711

Printed Date: 99/99/200X  
Plan Year: 200X

For Providers: UHCprovider.com  
Provider Service: 1-877-842-3210

Medicare limiting charges apply.

Payer ID: 87726  
Medical Claim Address: P.O. Box 31353, Salt Lake City, UT 84131-0353  
Pharmacy Claims: OptumRX P.O. Box 650287, Dallas, TX 75265-0287  
For Pharmacists: 1-877-889-6510

**Card #:** 9999 9999 9999 99999 **Security Code:** 9999

*SAMPLE*

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