

# Join our network request submission – Ancillary providers and centers

## Questionnaire

This questionnaire will determine if we have an immediate need for your services. If you're contracted with UnitedHealthcare, the legal name provided on this form will be the name used for claims and payments. Submissions with any other name could cause processing delays. If you have more than 1 service location, please provide additional National Provider Identifier (NPI) number(s) and ADA compliance details for each location.

After completing this form, visit [UHCprovider.com/contact](https://UHCprovider.com/contact) to connect with us through chat and receive submission instructions.

Legal name:		Tax ID number (TIN):					
NPI:		DBA:					
Billing/mailing address:							
Physical address (if different):							
County:		Phone:	Fax:				
Practice website URL:							
<b>States served</b>							
AL	CT	ID	ME	MT	NC	PR	VT
AK	DE	IL	MD	NE	ND	RI	VA
AZ	DC	IN	MA	NV	MP	SC	VI
AR	FL	IA	MI	NH	OH	SD	WV
AS	GA	KS	MN	HN	OK	TN	WI
CA	GU	KY	MS	NM	OR	TX	WY
CO	HI	LA	MO	NY	PA	UT	

Counties served:

**Services provided**

## Contracting contact info

Name:

Email:

Phone:

Provider Form W-9 attached? Yes

Provider email:

Do you provide ADA accommodations? If yes, please specify.

List of counties the provider serves:

Medicare certification number (if applicable): A Medicare certification number is required if you seek to participate in Medicare products.

Medicaid identification number (if applicable): A Medicaid ID is required if you seek to participate in Medicaid products.

Existing UnitedHealthcare contracts (include plan names and numbers):

Plans you're interested participating in:

UnitedHealthcare commercial plans      UnitedHealthcare® Medicare Advantage  
UnitedHealthcare Community Plan (Medicaid)      HCFA 1500      UB billing

Is your practice owned by a health system? If yes, please provide any relevant information. Yes No

## Questionnaire completed by (if different than provider)

Name:

Title:

Phone:

Email:

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.