UnitedHealthcare®

MEDICARE/DSNP

MISDIRECTED COVERSHEET

Managed Care Risk Entity Payer ID:

_____

RETURN TO: _____

_____

_____

Note: Refer to the UnitedHealthcare Care Provider Administrative Guide for the appropriate address.

Managed Care Risk Entity Received Date:

_ _ / _ _ / _ _

Received by (EDI or Paper): _____

For efficient handling, please include one coversheet per claim.