

Attestation form

UnitedHealthcare Community Plan of Virginia

Please use this form in lieu of an explanation of benefits for Cardinal Care coordination of benefits. When you complete the form, upload it into the UnitedHealthcare Provider Portal when you submit the claim.

Type of attestation* (choose one):

Medicaid-only provider
Non-covered Medicare/commercial service
Out-of-network for primary payer

Provider name:*	Provider NPI:*
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Member name:*

Member Medicaid number:	Member date of birth:*
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Provider signature:*	Date of form completion:*
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*Required data for form acceptance

