

UnitedHealthcare MedicareDirect private fee-for-service

Reimbursement form for uncollectible/bad debt amounts

Please use this form to request reimbursement of any cost sharing for covered services you couldn't collect from a UnitedHealthcare MedicareDirect private fee-for-service (PFFS) member. You must wait 120 days from the date the member received the first bill for each claim before requesting reimbursement. Requests may be submitted up to 12 months after that date. Charges for non-covered services are not eligible for bad debt reimbursement.

List only the amount of cost sharing for covered services under the member's MedicareDirect benefit plan. Any partial amounts you've collected from the member should be subtracted. We may request documentation of your billing and collection efforts. You can submit this form to:

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



If you have questions, connect with us through chat 24/7 in the **UnitedHealthcare Provider Portal**.

Health care professional name:

Prepared by:

Health care professional TIN:

Date prepared:

| Patient name | Member ID/MBI | Dates of service | | Claim/audit number | Date first bill sent to member |
|--------------|---------------|------------------|------|--------------------|--------------------------------|
| | | To | From | | |
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| Patient name | Write-off date | Remittance advice date | Deductible | Coinsurance | Total amount claimed |
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