

# Join our network request submission - Ancillary providers and centers

## Ground and air ambulance questionnaire

**Please note, UnitedHealthcare does not directly contract for NEMT services.** To join our network as a ground and air ambulance provider, email this completed questionnaire with any required documentation to [ancillarynetwork@uhc.com](mailto:ancillarynetwork@uhc.com).

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.

Go to [UHCprovider.com/join](https://UHCprovider.com/join) > **Ancillary providers** for more details on joining our network, including required documentation, submission instructions and more.

Legal name: \_\_\_\_\_ Tax ID number (TIN): \_\_\_\_\_

NPI: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing/ mailing address: \_\_\_\_\_

Physical address (if different): \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice website URL: \_\_\_\_\_

### States served

AL	CO	GU	KS	MI	NV	ND	PR	UT
AK	CT	HI	KY	MN	NH	MP	RI	VT
AZ	DE	ID	LA	MS	HN	OH	SC	VA
AR	DC	IL	ME	MO	NM	OK	SD	VI
AS	FL	IN	MD	MT	NY	OR	TN	WV
CA	GA	IA	MA	NE	NC	PA	TX	WI

Counties served: \_\_\_\_\_

### Services provided

- |   |  |
|---|--|
| A0427 - Advanced Life Support – Emergency transport     | A0431 - Air Transport – Rotary Wing            |
| A0426 - Advanced Life Support – Non-emergency transport | A0433 – Advanced Life Support - Level 2 (ALS2) |
| A0429 - Basic Life Support – Emergency transport        | A0434 – Specialty Care Transport (SCT)         |
| A0428 - Basic Life Support – Non-emergency transport    | A0130 – Wheelchair Van                         |
| A0430 - Air Transport – Fixed wing                      | T2005 – Stretcher Van                          |
|   | Other  |

### 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:

Medicaid identification number:

Air ambulance? Yes No

Air ambulance accreditations:

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.

