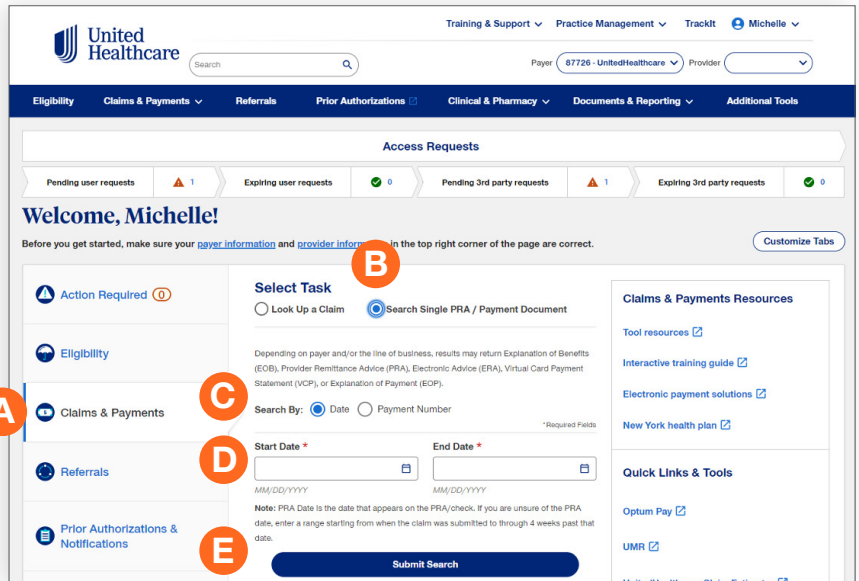


# Search for PRA

Search, view, and/or print Provider Remittance Advice (PRA) documents.

Sign in at [UHCprovider.com](https://UHCprovider.com)  
 • If not yet registered, consult [UHCprovider.com/newuser](https://UHCprovider.com/newuser)

- A. Select the **Claims & Payments** tab
- B. Select **Search Single PRA/Payment Document**
- C. Choose to search by **Date** or by **Payment Number**
- D. Enter the required information
- E. **Submit Search**



**Provider Remittance Advice (PRA) / Payment Documents Search Results**

If you are not seeing the results you expect, make sure your **payer information** and **provider information** in the top right corner of the page is correct.

**Search Results**

Showing 1 - 10 of 101 Results

Payment Date	Payment Number	PRA	VCP Statement
10/17/2023	906	<a href="#">View PRA</a>	
10/17/2023	588	<a href="#">View PRA</a>	
10/15/2023	B100023	<a href="#">View PRA</a>	

- Select a PRA from the results

UnitedHealthcare Community Plan  
 UnitedHealthcare Community & State  
 P.O. Box 5200  
 Kingstons NY 12402  
 PHONE: 1-866-962-9369

STD-PRA  
**PROVIDER REMITTANCE ADVICE**

UnitedHealthcare  
 Community Plan  
 New York

PAYMENT DATE: 10/15/23  
 PAYEE TAX NUMBER: 133  
 PAYEE ID: 00278  
 PAYEE NAME: COMMUNITY HEALTHCTR

PAYMENT NUMBER: 100023  
 PAYMENT AMOUNT: \$198.00  
 CRP ID: NYCD  
 RA REFERENCE ID: 100023

**PATIENT: SAM**

DATE OF SERVICE	DESCRIPTION OF SERVICE	UNITS	BILLED AMT	DISALLOW AMT	ALLOWED AMT	DEDUCT AMT	CORRY/COINS AMT	COB PMT AMT	WITHHOLD AMT	HLTD TO PROVIDER AMT	PATIENT RESP AMT	AUT#	SMC CODE	SP CO	BS & CD
10/22/23	billng code 96950-25 POS: Bill Type 11	1	\$360.00	\$20.75	\$339.25			\$0.00	\$0.00	\$339.25	\$0.00				0045
10/22/23	billng code 9074F POS: B 8 Type	1	\$20.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00				00248
10/22/23	billng code 3044F POS: B 8 Type	1	\$20.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00				00248
10/22/23	billng code 3044F POS: B 8 Type	1	\$20.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00				00248
10/22/23	billng code 3044F POS: B 8 Type	1	\$20.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00				00248
10/22/23	billng code 3945 POS: B 8 Type	1	\$11.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00				0016
10/22/23	billng code 8470 POS: B 1 Type	1	\$7.00	\$7.00				\$0.00	\$0.00	\$0.00	\$0.00				0016
10/22/23	billng code 8470 POS: B 1 Type	1	\$7.00	\$7.00				\$0.00	\$0.00	\$0.00	\$0.00				0016
	CLM NUMBER		\$476.00	\$455.75	\$39.25			\$0.00	\$0.00	\$39.25	\$0.00				0016
	SUBTOTAL		\$476.00	\$455.75	\$39.25			\$0.00	\$0.00	\$39.25	\$0.00				0016

- Review and save or print

**For more information**

Please consult our [Interactive Guides](#) under **UnitedHealthcare Provider Portal Tools**

