Claim Form Instructions

HMO

What If You Get a Bill?
If you are billed for a Covered Health Care Service provided or authorized by your PCP or Network Medical Group or if you receive a bill for Emergency or Urgently Needed Services, you should do the following:

1. Call the Provider, then let them know you have received a bill in error and you will be forwarding the bill to UnitedHealthcare.

2. Give the Provider your UnitedHealthcare Health Plan information, including your name and UnitedHealthcare Member number.

3. Forward the bill to:
UnitedHealthcare of California
Claims Department
P.O. Box 30968
Salt Lake City, UT 84130-0968

Include your name, your UnitedHealthcare Health Plan ID number and a brief note that indicates you believe the bill is for a Covered Health Care Service. The note should also include the date of service, the nature of the service and the name of the Provider who authorized your care. No claim form is required. If you need additional help, call our Customer Service department.

Bills From Out-of-Network Providers
If you receive a bill for a Covered Health Care Service from a Physician who is not one of our Network Providers, and the service was prior authorized and you have not exceeded any applicable benefit limits, UnitedHealthcare will pay for the service, less the applicable Co-payment/Deductible. (Prior authorization is not required for Emergency Health Care Services and Urgently Needed Services. See **Section 3. Emergency Health Care and Urgently Needed Services**.) Out-of-Network Providers may not send you a bill for Emergency Health Care Services. You are only required to pay the Co-payment/Deductible amount shown in your *Schedule of Benefits*. You may also submit a bill to us if an Out-of-Network Provider has refused payment directly from UnitedHealthcare.
If you receive Covered Health Care Services in a Network contracting health care facility but from an Out-of-Network individual health professional, you are only required to pay the Co-payment/Deductible amount specified in your Schedule of Benefits. A Network "contracting health facility" includes, but not limited to, a licensed hospital; ambulatory surgery center or other outpatient setting, lab, radiology or imaging center. You should not be billed more than the amounts shown on your Schedule of Benefits.
You should file a claim within 90 days, or as soon as reasonably possible, of receiving any services and related supplies. Forward the bill to:
UnitedHealthcare of California
Claims Department
P.O. Box 30968
Salt Lake City, UT 84130-0968
Include your name, UnitedHealthcare Health Plan ID number and a brief note that indicates your belief that you have been billed for a Covered Health Care Service. The note should also include the date of service, the nature of the service and the name of the Provider who authorized your care. No claim form is required.
UnitedHealthcare will make a determination within 30 working days from the date UnitedHealthcare receives a claim containing all information reasonably needed to decide the claim. UnitedHealthcare will not pay any claim that is filed more than 180 calendar days from the date the services or supplies were provided. UnitedHealthcare also will not pay for excluded services or supplies unless authorized by your PCP, your Network Medical Group or directly by UnitedHealthcare.
Any payment assumes you have not exceeded your benefit limits. If you have reached or exceeded any applicable benefit limit, these bills will be your responsibility.

International Emergency Health Care Services and Urgently Needed Services
If you are out of the country and require Urgently Needed Services, you should still, if possible, call your PCP or Network Medical Group. Follow the same instructions outlined above. If you are out of the country and experience an Emergency Medical Condition, either use the available emergency response system or go directly to the nearest hospital emergency room. Following receipt of Emergency Health Care Services, please notify your PCP or Network Medical Group within 24 hours, or as soon as reasonably possible, after initially receiving these services.
Note: Under certain circumstances, you may need to initially pay for your Emergency Health Care Services or Urgently Needed Services. If this is necessary, please pay for such services and then contact UnitedHealthcare at the earliest opportunity. Be sure to keep all receipts. A receipt is credit card receipts, cancelled checks, bank statements, credit card statements, and/ or wire transfers. Additionally, all copies of relevant medical documentation, including official provider invoices, should be retained. You may need these receipts and documentation to be properly reimbursed. For more information on submitting claims to UnitedHealthcare, please refer to **Section 6** in this *Combined Evidence of Coverage and Disclosure Form*.

Section 5: How to File a Claim

If You Receive Covered Health Services from a Network Provider

We pay Network providers directly for your Covered Health Services. If a Network provider bills you for any Covered Health Service, contact us. However, you are responsible for meeting any applicable deductible and for paying any required Copayments and Coinsurance to a Network provider at the time of service, or when you receive a bill from the provider.

If You Receive Covered Health Services from a Non-Network Provider

When you receive Covered Health Services from a non-Network provider, you are responsible for requesting payment from us.

Notice of Claim: Written notice of claim must be furnished to us within 20 days after a covered loss occurs or begins, or as soon thereafter as reasonably possible.

Proof of Loss: Written proof of loss must be furnished to us within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give poof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required. If your claim relates to an Inpatient Stay, the date of service is the date your Inpatient Stay ends.

Claim Forms: Upon receipt of a written notice of a claim, we will provide you with claim forms for filing proof of loss. If we do not provide claim forms to you within 15 days after we receive written notice of a claim from you, you will have deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the timeframe for fling a proof of loss (as described above), written proof covering the occurrence, the character and the extent of the loss for which the claim is made.

As a third alternative, you may provide us with the following specific information in lieu of the claim form:

- The Subscriber's name and address.
- The patient's name and age.
- The number stated on your ID card.
- The name and address of the provider of the service(s).
- The name and address of any ordering Physician.
- A diagnosis from the Physician.
- An itemized bill from your provider that includes the *Current Procedural Terminology* (*CPT*) codes or a description of each charge.
- The date the health condition began.
- A statement indicating either that you are, or you are not, enrolled for coverage under any other health insurance plan or program. If you are enrolled for other coverage you must include the name of the other carrier(s).

The above information should be filed with us at the address on your ID card. When filing a claim for Outpatient Prescription Drug Benefits, your claims should be submitted to:

Optum Rx
COC17.CER.I.11.LG.CA 53
Attn: Claims Department
P.O. Box 29077
Hot Springs, AR 71903

Time of Payment of Claim: Subject to due written proof of loss, all indemnities for loss for which this Policy provides payment will be paid (to the Subscriber) as they accrue and any balance remaining unpaid at termination of the period of liability will be paid (to the Subscriber) immediately upon receipt of due written proof.

Payment of Claims to the Subscriber: Subject to any written direction of the Subscriber in an application or otherwise all or a portion of any indemnities provided by this Policy on account of hospital, nursing, medical or surgical service may, at our option, and unless the Subscriber requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.