



UnitedHealthcare Medicare Out-of-Network Dental Claims Submission

UnitedHealthcare is committed to making claims submission easier for our members. If a member asks for information on how to submit their claim, please advise them of the three steps in the outline below. There is no requirement for members to use an actual American Dental Association (ADA) claim form.

Steps for Claims Submission

- Members should only submit a claim if the servicing dental provider refuses
- The claim submission must contain the following information:
 - Full member name and member ID number
 - Full provider name and address
 - List of dental services rendered with the corresponding ADA code(s)
 - Proof of payment in the form of a receipt, check copy, EOB, or a ledger statement from the provider showing a positive payment against the services rendered
- Mail all required claim information as follows:
 - Non-SNP plan members: **P.O. Box 30567, Salt Lake City, UT 84130**
 - SNP-plan members need to call the Customer Service number on the back of their card to determine the appropriate address to send the claim (because SNP plans could be on one of two claims platforms and there is no member-facing documentation that identifies the dental claims platform)

Additional Information

- If the claim submission is not submitted with the above required documentation, the claim will be rejected; instructions on the missing information required to process the claim will be provided
- Payment will be sent to the address listed in the member's account
 - If we have the wrong address on file, the member needs to have their address updated with member services prior to payment being issued/re-issued
- When a member chooses to be seen by an Out-of-Network dentist they may be billed for charges above what the plan pays, this includes services listed as \$0 copayment
- Members have 365 days from date of service to submit a claim
- Member claims are paid within 30 days
- All normal claim processing rules apply:
 - Frequency limitations
 - Eligibility
 - Valid ADA codes
 - Only services listed in the Explanation of Coverage (EOC) will be considered for coverage
- The member will receive an Explanation of Payment (EOP) with their check

Thank you for continuing to be a Partner in Care and helping our members take advantage of the health care benefits they deserve.

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