



# Maximizing Efficiency with the UHC Provider Portal

2026 IHCP Works Annual Seminar

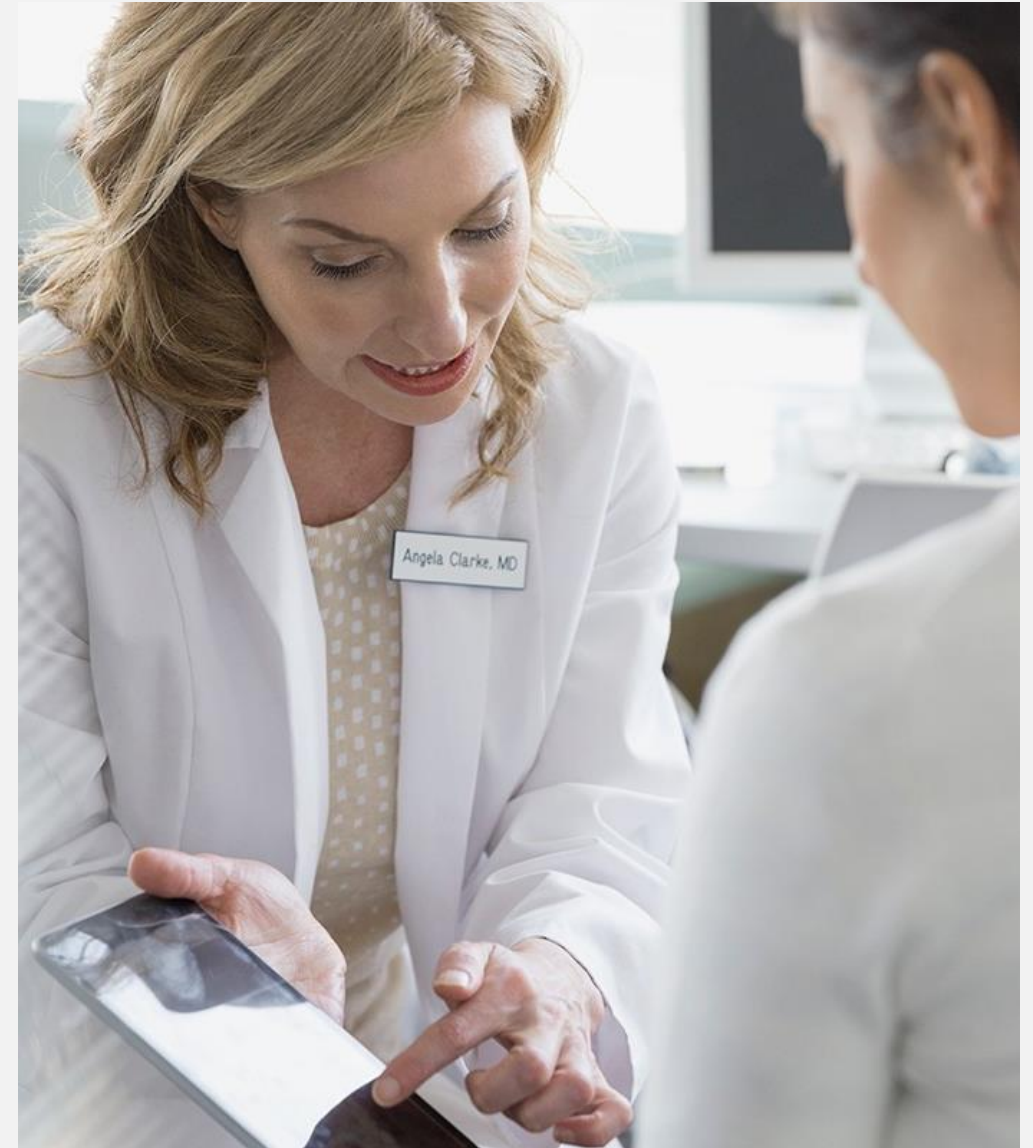
Presented by David Hoover, Associate Director of Provider Services

United  
Healthcare

# Agenda

**Save time, get better documentation and reduce paper by using our online tools.**

- Check eligibility and benefits information
- Submit prior authorization requests
- Access items in Document Library
- Access claims information like status updates, reconsiderations and appeals
- And more





## Welcome health care professionals

We invite you to use this website, created especially for health care professionals, to find resources that can help you as you care for your patients. Here you can find our medical policies, stay up to date on the latest news or get training on our many tools and benefit plans. This website is **there for what matters** to health care professionals like you.

# [UHCprovider.com](https://UHCprovider.com)

Your portal sign-in options must be updated to include passkey (for maximum security), authenticator and/or a verified phone number.





# Welcome to One Healthcare ID

**Move from risky passwords to secured passwordless authentication.**

New experience which is feasible, flexible and reliable with one click.



Get Started

Do not bookmark this login page. Instead, bookmark [UHCprovider.com](https://UHCprovider.com) then click "Sign In" next time you want to log in.

English ▼

## Sign In

One Healthcare ID or Email Address

aprovider.com



Forgot One Healthcare ID?

Continue

or

Create One Healthcare ID

Manage My One Healthcare ID



Chat with support



Help Center

### Access Requests

Pending user requests

0

Expiring user requests

0

Pending 3rd party requests

0

Expiring 3rd party requests

0

## Welcome, Gail!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

[Customize Tabs](#)

★ Action Required 99+

Eligibility

Claims &amp; Payments

Referrals

Prior Authorizations &amp; Notifications

Documents &amp; Reporting

UnitedHealthcare Updates  
Updated 1/30/26

### Action Required

View and take action on items below that required attention.

☒ Show only items that require action

Claims  
**Documentation Edits**  
These expire within 5 days **31 Expiring Soon**

Claims  
**Rejected Claims**  
These expire within 5 days **1897 Expiring Soon**

Claims  
**Reconsiderations** **32 Require Action**

Claims  
**Pending Claims** **710 Require Action**
**Admission**  
These expire within 3 days **26 Expiring Soon**
**Discharge**  
These expire within 3 days **36 Expiring Soon**
**Emergency**  
These expire within 3 days **89 Expiring Soon**
**Prior Authorizations**  
Additional clinical records needed **7 Require Action**
**SSBCI**  
Special Supplemental Benefits **19 Require Action**

## Your Featured News

UnitedHealthcare news includes updates for care providers, practice managers, facilities and hospitals.

# TrackIt

## Benefits and Features:

- Serves as your daily to-do list
- Your personal assistant to manage email notifications
- An automatic reminder tells you we are missing some information
- View appeal decision letters, prior authorization and clinical letters
- Take action on claims, prior authorizations, referrals
- Upload documents
- And more

*Access from your Action Required tab or the TrackIt link.*

United Healthcare

Training & Support Practice Management **TrackIt 61** Jill

Payer 87726 - UnitedHealthcare Provider Medical Center

Eligibility Claims & Payments Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

Access Requests

Pending user requests 0 Expiring user requests 0 Pending 3rd party requests 0 Expiring 3rd party requests 0

Welcome, Jill!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct. [Customize Tabs](#)

**Action Required 61**

Eligibility

Claims & Payments

Referrals

Prior Authorizations & Notifications

Documents & Reporting

UnitedHealthcare Updates  
Updated 11/1/25

**Action Required**  
View and take action on items below that required attention.

☐ Show only items that require action

|                                                                    |                   |
|--------------------------------------------------------------------|-------------------|
| Claims<br><b>Documentation Edits</b><br>These expire within 5 days | 3 Expiring Soon   |
| Claims<br><b>Rejected Claims</b><br>These expire within 5 days     | 3 Expiring Soon   |
| Claims<br><b>Pended Tickets</b>                                    | 0 Require Action  |
| Claims<br><b>Reconsiderations</b>                                  | 1 Requires Action |
| Claims<br><b>Pending Claims</b>                                    | 52 Require Action |
| Claims<br><b>Appeal Tickets</b>                                    | 0 Require Action  |

|                                                            |                   |
|------------------------------------------------------------|-------------------|
| Admission                                                  | 0 Expiring Soon   |
| Discharge                                                  | 0 Expiring Soon   |
| Emergency                                                  | 0 Expiring Soon   |
| Prior Authorizations<br>Additional clinical records needed | 2 Require Action  |
| SSBCI<br>Special Supplemental Benefits                     |                   |
| My Practice Profile                                        | 54 Days to Attest |
| Document Library Teams View                                | 0 New Documents   |



## Access Requests

Pending user requests

☒ 0

Expiring user requests

☒ 0

Pending 3rd party requests

☒ 0

Expiring 3rd party requests

☒ 0

## Welcome, Jill!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

[Customize Tabs](#)
☒ Action Required 61

☐ Eligibility

☐ Claims & Payments

☐ Referrals

☐ Prior Authorizations & Notifications

☐ Documents & Reporting

☐ UnitedHealthcare Updates  
Updated 11/1/25

### Action Required

View and take action on items below that required attention.

☐ Show only items that require action

Claims  
**Documentation Edits**  
These expire within 5 days

3 Expiring Soon

Claims  
**Rejected Claims**  
These expire within 5 days

3 Expiring Soon

Claims  
**Pended Tickets**

0 Require Action

Claims  
**Reconsiderations**

1 Requires Action

Claims  
**Pending Claims**

52 Require Action

Claims  
**Appeal Tickets**

0 Require Action

Admission

0 Expiring Soon

Discharge

0 Expiring Soon

Emergency

0 Expiring Soon

Prior Authorizations

Additional clinical records needed

2 Require Action

SSBCI

Special Supplemental Benefits

My Practice Profile

54 Days to Attest

Document Library Teams View

0 New Documents



Training & Support

Practice Management

Search



Payer

87726 - UnitedHealthcare

Provider

Eligibility

Claims & Payments

Referrals

Prior Authorizations

Clinical & Pharmacy

Documents & Reporting

## Access Requests

Pending user requests



0

Expiring user requests



0

Pending 3rd party requests



0

Expiring

## Welcome, Jill!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

Action Required **61**

Eligibility

Claims & Payments

Referrals

Prior Authorizations & Notifications

Documents & Reporting

UnitedHealthcare Updates  
Updated 11/1/25

### Action Required

View and take action on items below that required attention.

☐ Show only items that require action

Claims

Documentation Edits

These expire within 5 days

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Rejected Claims

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3 Expiring Soon

Claims

Pended Tickets

0 Require Action

Claims

Reconsiderations

1 Requires Action

Claims

Pending Claims

52 Require Action

Claims

Appeal Tickets

0 Require Action

Admission

Discharge

Emergency

Prior Authorizations

Additional clinical records needed

SSBCI

Special Supplemental Benefits

My Practice Profile

Document Library Teams View

## TrackIt

Claims: **59** Require Action

Documentation Edits **1**

3 Require Action

3

Rejected Claims

3 Require Action

3

Pending Claims

52 Require Action

54

Reconsiderations

1 Requires Action

67

Pended Tickets

5

Appeal Tickets

77

Your Flagged Claims **1**

0

☒ Prior Authorizations & Notifications: **2** Require Action

☐ Referrals: **0** Require Action

☐ Document Library Teams View: **0** Require Action

☐ Admission/Discharge/Emergency: **0** Require Action

☐ SSBCI (Special Supplemental Benefits): **0** Require Action

## TrackIt

### Claims

Currently Viewing Claims

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page is correct.

Total of 7 tabs. [Customize Tab Order](#)

Color Key: ▲ Requires Action

Documentation Edits: 6 6 Rejected Claims: 99+ 99+ Pending Claims: 99+ 99+ Reconsiderations: 99+ 19 Pended Tickets: 42 Appeal Tickets: 99+ Your Flagged Claims: 0

### Pending Claims

Pending claims are claims that require additional information in order to process the claim. Once Action Required button is clicked, depending on the line of business, either Add Document page will open where documents can be attached or the Claims Summary page will open and Add Attachments button at bottom of page will allow documents to be added.

The action button will say Action Required when we are needing additional information to process this claim. Once documentation has been added the button will change to say either Add Document and you will be able to continue to add more documents, if you choose to do so, until the claim is processed or it will move from this page to Pended Ticket page. If there is a failure in saving the document within our system, the button will say Retry Document so that you can add the document again for processing.

#### Filter(s):

Hidden Claims (0), Action Required 473, Retry Document 6,  
Add Document (25)

Showing 1 - 10 of 505 results

Use the column [to sort the table](#)



Results per page 10
< 1 of 20 >

|                      | First Service Date | First Name | Last Name | Claim Number | Patient Account Number | Processed Date | Member ID | Attachment Status | Line of Business | Action                         |
|----------------------|--------------------|------------|-----------|--------------|------------------------|----------------|-----------|-------------------|------------------|--------------------------------|
| <a href="#">&gt;</a> | 09/24/2025         | JANIS      |           |              |                        | 11/04/2025     |           | Not Available     | Medicare         | <span>▲ Action Required</span> |

Code Description: Please submit a description of this procedure along with the office/operative notes so we can consider this claim.

Code: 539

|                      |            |         |  |  |  |            |  |               |          |                                |
|----------------------|------------|---------|--|--|--|------------|--|---------------|----------|--------------------------------|
| <a href="#">&gt;</a> | 10/09/2025 | RICHARD |  |  |  | 11/04/2025 |  | Not Available | Medicare | <span>▲ Action Required</span> |
|----------------------|------------|---------|--|--|--|------------|--|---------------|----------|--------------------------------|

# Eligibility & Benefits

## Benefits and Features:

- Check member eligibility
- View, download, save the ID card
- Find the member's cost share
- Determine network and tier status
- View coverage details and limits
- View detailed benefits information
- View previous member benefit plans
- View preventive care opportunities
- Determine if referrals, notification and prior authorization are needed
- Therapy accumulator information
- And more

The screenshot displays the United Healthcare web portal. At the top, the United Healthcare logo is on the left, and navigation links for Training & Support, Practice Management, and TrackIt (with a 61 badge) are on the right. A search bar is located below the logo. The top right corner shows the Payer (87726 - UnitedHealthcare) and Provider (Mercy Gilbert Medical Center) information. A dark blue navigation bar contains links for Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. Below this, a section titled 'Access Requests' shows four categories: Pending user requests, Expiring user requests, Pending 3rd party requests, and Expiring 3rd party requests, each with a green checkmark and a '0' count. A 'Welcome, Jill!' message is followed by a note to verify payer and provider information. A sidebar on the left lists various actions: Action Required (61), Eligibility (highlighted with an orange circle), Claims & Payments, Referrals, Prior Authorizations & Notifications, Documents & Reporting, and UnitedHealthcare Updates. The main content area is titled 'Verify Eligibility & Benefits' and includes a search for a single member with radio buttons for Single Policy (selected) and Multiple Policies. It also features a dropdown for 'Select Your Eligibility Search Criteria' and fields for Member ID and Date of Birth. A 'Search for Multiple Members' button is present. Below these are options for 'Search Range' (Predefined Date selected) and 'Select a Policy Date Range' (Today's Date 11/03/2025). A large blue button at the bottom says 'Verify Eligibility'. On the right, there are sections for 'Eligibility & Benefits Resources' with links to tool resources, training guide, drug lists, and health plan, and 'Quick Links & Tools' with links to UMR, FlexWork, Optum VA Community Care Network, and Optum Physical Health.



## Access Requests

Pending user requests ✓ 0
 Expiring user requests ✓ 0
 Pending 3rd party requests ✓ 0
 Expiring 3rd party requests ✓ 0

## Welcome, Jill!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

[Customize Tabs](#)

★ Action Required 61

🛡️ Eligibility

💰 Claims & Payments

📄 Referrals

📋 Prior Authorizations & Notifications

📁 Documents & Reporting

📅 UnitedHealthcare Updates  
Updated 11/1/25

## Verify Eligibility & Benefits

Search for a Single Member:

☒ Single Policy
 ☐ Multiple Policies ?

Select Your Eligibility Search Criteria \* \*Required Fields

Member ID & Date of Birth ▼

Member ID \*

Date of Birth \*

MM/DD/YYYY

+ Search for Multiple Members

Search Range: ☒ Predefined Date ☐ Custom Date

Select a Policy Date Range \*

Today's Date 11/03/2025 ▼

Verify Eligibility

## Eligibility & Benefits Resources

[Tool resources](#) 🔗

[Interactive training guide](#) 🔗

[Drug lists and pharmacy](#) 🔗

[Arizona health plan](#) 🔗

## Quick Links & Tools

[UMR](#) 🔗

[FlexWork](#) 🔗

[Optum VA Community Care Network](#) 🔗

[Optum Physical Health](#) 🔗

## Eligibility Details



### Patient Demographics

| Patient Details         |                      | Language                                  | Other Plan Members (0)                                                                                  |
|-------------------------|----------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Name                    | Address (Subscriber) | Translation and ASL Services<br><b>No</b> | If other members exist on this plan, please conduct a new search with the specific patient information. |
| Gender<br><b>Female</b> | Date of Birth        | Written Preference<br><b>English</b>      |                                                                                                         |
|                         |                      | Verbal Preference<br><b>English</b>       |                                                                                                         |
|                         |                      | Text Presentation Type<br><b>-</b>        |                                                                                                         |

| Service Coordinator Information                                             |              |       |
|-----------------------------------------------------------------------------|--------------|-------|
| Name ⓘ                                                                      | Phone Number | Email |
| Check UnitedHealthcare CommunityCare Application for Care Staff Information | 877-842-3210 | -     |



### Policies

Bailey A Patient Subscriber Date of Birth: Gender: Female Member ID Selected: New Search

Policy Selected: HMOPOS-AARP Medicare Advantage Essentials From Uhc Active(01/01/2026 - Present) Service Dates Requested: 03/18/2026 - 03/18/2026 Modify Search

Patient Demographics Policies Coordination of Benefits Care Provider Deductibles & Maximums Coverage Detailed Benefits

Policies

Policies Medical ( HMOPOS-AARP Medicare Advantage Essentials From Uhc ) Active, 01/01/2026 - Present

UNITEDHEALTHCARE

MedicalActive01/01/2026 - PresentSubscriberMember ID Selected:

Payer Status: Primary

|                                 |                                                    |                                                                      |                                                      |
|---------------------------------|----------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|
| Member ID                       | Plan Name                                          | Group                                                                | Plan Type                                            |
|                                 | HMOPOS-AARP Medicare Advantage Essentials From Uhc |                                                                      | Health Maintenance Organization(HMO) - Medicare Risk |
| Funding Type                    | State of Issue                                     | Product                                                              | Coordination of Benefits Status                      |
| Fully Insured                   | MO                                                 | HMO                                                                  | -                                                    |
| Medicare Beneficiary Identifier | CMS Contract Number                                | Special supplemental benefits for the chronically ill (SSBCI) status |                                                      |
|                                 |                                                    | Not applicable - not included in plan                                |                                                      |

View ID Card

Find a Provider

Find a Claim

Plan Requirements

Claims Submission

Search



Payer

87726 - UnitedHealthcare

Provider

Jamie Doctor



Eligibility

Claims & Payments

Referrals

Prior Authorizations

Clinical & Pharmacy

Documents & Reporting

Additional Tools

Admin Home

View Recent Search Results

Print / Generate a Reference Number

Bailey A Patient

Subscriber Date of Birth:

Gender: Female

Member ID Selected:

New Search

Policy Selected: HMOPOS-A

## Member ID Cards



8/2026 Modify Search

Patient Demographics Policies

Policies

Policies Medical ( HMOPOS-AARF

UNITEDHEALTHCARE

Medical Active 01/01/2

Member ID

Funding Type

Fully Insured

Medicare Beneficiary Identifi

MEDICAL

Member ID:

Group #:

### Member Information

Name

Date of Birth

Effective Dates

Policy Status

Mary

07/01/2024 - 12/31/2024

Active

#### Front of Card

United Healthcare

Member: MARY

Member ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Dependents  
STEVEN  
ANDREW  
JOSEPH

Payer ID 87726

DED IND/FAM \$600/\$1800  
OON: \$900/\$2700

COPI IND/FAM \$4600/\$9200  
OON: \$9200/\$18400

UnitedHealthcare Choice Plus  
Administered by United HealthCare Services, Inc.

0502

#### Back of Card

Printed: 07/26/24

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: myuhc.com 800-463-8667  
Cancer Resource Services: 866-936-6002

For Providers: UHCprovider.com 877-842-3210  
Medical Claims: PO Box 740800, Atlanta GA 30374-0800

Payer Status: Primary

enance

(HMO) - Medicare Risk

of Benefits Status

View ID Card

Find a Provider

Find a Claim

Plan Requirements

Claims Submission

Feedback

Chat

Payer  
 87726 - UnitedHealthcare >

Provider  
 Medical Center >

- Eligibility
- Claims & Payments
- Referrals
- Prior Authorizations
- Clinical & Pharmacy
- Documents & Reporting
- Additional Tools

Admin > Home > Mary

[View Recent Search Results](#)
[Print / Generate a Reference Number](#)

Mary

Subscriber | Date of Birth: 07/07/1907 | Gender: Female | Member ID Selected:

New Search

Policy Selected: Choice Plus • Active (07/01/2024 - 12/31/2024) • Service Dates Requested: 10/29/2024 - 10/29/2024 [Modify Search](#)

[Patient Demographics](#) | [Policies](#) | [Care Provider](#) | [Deductibles & Maximums](#) | [Coverage](#) | [Detailed Benefits](#)



## Detailed Benefits



### Search or Browse Detailed Benefits

Search for details about this member's medical benefits.

Search for related procedures or treatments

Or browse related services by category. Expand categories below to see related services

[Expand All](#)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z | [Reset](#)

#### Filter Results

Deductibles (2)



Family Planning (5)



Hospital Services (20)



Maternity Care (4)



Mental Health (9)



Training Tips

Feedback

Chat



Search

Payer 87726 - UnitedHealthcare Provider Medical Center

Mary Subscriber Date of Blrth: 07/07/1907 Gender: Female Member ID Selected: New Search

Policy Selected: Choice Plus Active (07/01/2024 - 12/31/2024) Service Dates Requested: 10/29/2024 - 10/29/2024 Modify Search

Patient Demographics Policies Care Provider Deductibles & Maximums Coverage Detailed Benefits

|                                                             |                                                                     |                                                          |                |  |
|-------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------|--|
| A B C D E F G H I J K L M N O P Q R S T U V W X Y Z   Reset |                                                                     |                                                          | Filter Results |  |
|                                                             |                                                                     |                                                          | Search         |  |
| Deductibles (2)                                             |                                                                     |                                                          |                |  |
| Family Planning (5)                                         |                                                                     |                                                          |                |  |
| Hospital Services (20)                                      |                                                                     |                                                          |                |  |
| Accessing Benefits                                          | Ambulance Services (Emergency)                                      | Ambulance Services (Non-Emergency)                       |                |  |
| Bariatric Resource Services (BRS)                           | Bariatric (Obesity - Weight Loss) Surgery                           | Colonoscopy - Diagnostic                                 |                |  |
| Emergency Health Services - Outpatient                      | Hospital - Inpatient Stay                                           | Minor Lab, X-Ray and Diagnostic - Outpatient             |                |  |
| Major Diagnostic and Imaging - Outpatient                   | Mammograms and other Breast Imaging - Diagnostic                    | Physician Fees for Surgical and Medical Services         |                |  |
| Scopic Procedures - Outpatient Diagnostic and Therapeutic   | Skilled Nursing Facility/Inpatient Rehabilitation Facility Services | Surgery - Outpatient                                     |                |  |
| Therapeutic Treatments - Outpatient Chemotherapy            | Therapeutic Treatments - Outpatient Dialysis                        | Therapeutic Treatments - Outpatient Intravenous infusion |                |  |
| Therapeutic Treatments - Outpatient Radiation Therapy       | Urgent Care Center Services                                         |                                                          |                |  |
| Maternity Care (4)                                          |                                                                     |                                                          |                |  |
| Mental Health (9)                                           |                                                                     |                                                          |                |  |



Search 

Payer  
87726 - UnitedHealthcare >

Provider  
Medical Center >

Mary

▾ Subscriber | Date of Birth: 07/07/1907 | Gender: Female | Member ID Selected:

New Search

Policy Selected: Choice Plus •  Active (07/01/2024 - 12/31/2024) • Service Dates Requested: 10/29/2024 - 10/29/2024 [Modify Search](#)

### UHC Network

10% co-insurance

After you pay the deductible

**You do not need to get prior authorization before getting this care.**

Your doctor will get prior authorization, if needed, to see if services are:

Covered under your plan

Needed to treat your health conditions

Provided at the most cost-effective site of service setting for your care



### Benefit Details

#### What is outpatient surgery?

Surgery that does not require an overnight stay.

Benefits under this section include:

Facility

Supplies

Equipment

Physician services for anesthesiologists, pathologists and radiologists

For more information about other doctor fees, see *Physician Fees for Surgical and Medical Services* benefit section.

**Need help understanding health care terms?**

## Mary

[Subscriber](#) | [Date of Birth](#)

Policy Selected

[Patient Demographics](#) | [Policies](#) | [Care Provider](#)

### UHC Network

10% co-insurance

After you pay the deductible

### You do not need to get prior authorization

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Covered under your plan

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For more information about other doctor fees, see *Physician Fees for Surgical and Medical Services* benefit section.

Need help understanding health care terms?

## Print Page or Save as PDF

### Would you like to generate a Reference Number?

Generating a reference number saves a copy of your print request so it can be accessed by Provider Services should you need to contact them regarding this member.

☐ Yes ☒ No

Please uncheck any sections you do not want to print or save.

☒ Eligibility Header (this is always included)

☒ Patient Demographics

☒ Policies

☒ Care Provider

☒ Deductibles & Maximums

☒ Coverage

☒ Detailed Benefits

Print

Save as PDF

**Diagnosis**

**Service line summary**

Assigned servicing provider: **MEDICAL CENTER**
**Notification or Prior Authorization is not required for the requested services**

Decision ID #: D12312345

The number above acknowledges your inquiry and our response. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with the Health Plan.

[Return to prior authorization/advance notification landing page](#)
**Prior authorization is NOT REQUIRED for your selected place of service**

Code sequence

**Primary**

Procedure code

**S3841**

Genetic testing for retinoblastoma

Associated diagnosis code

**N97.9**

Female infertility, unspecified

Start/end dates

**03/13/2026 -**
**03/12/2027**

Service details

**Diagnostic Testing**

Count

**1**

Standard of measure

**Units**

Frequency

**Time(s)**

Total

**1**
[Go to prior authorizations landing page](#)

## ✓ Service line summary

Assigned servicing provider: **JOHN SMITH** [Edit](#)

## ✓ Contact Information

It is important that you provide the contact information of the individual who can provide additional clinical information and assist with discharge planning activities, if applicable.

### Initial contact information

[Edit](#)

First name

Taylor

Last name

Sample

Phone number + ext.

(555) 123-4567

Fax number

—

### Follow-up contact information

First name \*

Taylor

Last name \*

Sample

Provider phone number + ext \*

(555) 123-4567 + \_\_\_\_

Fax number \*

Enter a value

Email

Role \*

Department

Facility medical record number

Member phone number + ext

[Confirm and next](#)
[Cancel](#)
[Save as draft](#)


Contact information


Recommended documentation

## Add clinical documentation

Based on the codes you entered, recommended clinical documentation for medical review will appear below.  
Please note: Not all codes will return documentation recommendations.

Recommended clinical documentation for medical review for the procedure codes entered in this request.

Save list as pdf or print for future reference

- Pertinent physical examination of the relevant joint
- Severity of pain and details of functional disability(ies) interfering with activities of daily living (ADLs)
- Upon request, we may require the specific diagnostic image(s) that shows the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan; consultation with requesting surgeon may be of benefit to select the optimal images.  
**NOTE:** When requested, diagnostic images must be labeled with the:
  - Date taken
  - Applicable case number obtained at time of notification, or member's name and ID number on the image(s)
- Upon request, diagnostic imaging must be submitted, faxes will not be accepted

View full list of recommended clinical documentation

## Accepted files

The maximum file size that can be attached is 100MB, but you can attach multiple files. Acceptable file types are bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff and txt. Filename can contain only: a-z, A-Z, 0-9, space, underscore and dash/hyphen.

Please refer to the "Policy information" column within the procedure code section to determine what specific clinical documents are required.



Drag your file here

or

Browse

Submit prior authorization

Cancel

Save as draft

Eligibility ▾

Claims ▾

Referrals ▾

Prior Auth ▾

Clinical &amp; Pharmacy ▾

Documents &amp; Reporting ▾

Additional Tools

[Home](#) > [Prior authorizations & notifications Search Results](#) [Prior authorizations & notifications](#) > [Create new submission](#) >

Prior authorization/notification case: A001293234

 Print

## Prior authorization/notification case: A001293234

 Flag case

Start a new task

 Thank you for your online prior authorization/notification submission.

**The prior authorization/notification reference number is: A001293234**

The prior authorization/notification case information was transmitted on MM/DD/YYYY at HH:MM AM CDT. Please print this page for your records.

The **reference number** above acknowledges **receipt** of your notification or prior authorization request. Please write this number down and refer to it for future inquiries. Coverage and payment for an item or service is governed by the member's benefit plan document, and, if applicable, the provider's participation agreement with Health Plan.

Please note that if you wish to cancel these services at any time, or if you have any questions, please contact us by calling the number on the back of the member's ID card. Thank you.

Notification is not a verification, guarantee of benefits, or clinical determination. Payment of services is based on your participation agreement with us and the enrollee's benefit plan at the time services are provided.

A Notification may be considered late if not submitted within one business day after the date of admission or submitted per your participation agreement. Please reference your agreement for further information in this regard.

### Recommended documentation

#### Add clinical documentation

 Based on the codes you entered, recommended clinical documentation for medical review will appear below.  
**Please note: Not all codes will return documentation recommendations.**

Recommended clinical documentation for medical review for the procedure codes entered in this request.

# Prior authorizations and advance notifications

[Create new/view existing](#)

[Check requirements by code](#)

## Create a new request or view existing request status

Currently selected provider: **Medical Center** [Edit](#)

 **Required \***

### What task would you like to do?

☒ Create a new request ☐ View an existing request status

### What category applies to the services being performed?

Select a service category \*

## Your draft and saved cases

### Your draft cases

[View all](#)

Draft cases will be saved for 14 calendar days from the last update date.

| Edit                                                                               | Member name    | Expiration Date | Delete                                                                               |
|------------------------------------------------------------------------------------|----------------|-----------------|--------------------------------------------------------------------------------------|
|  | Bailey Patient | 03/18/2026      |  |

### Your flagged cases

[View all](#)

These are cases that you have flagged. When reviewing a case, you can add it to the flagged case list by clicking the "Flag case" button in the top right corner.

| Member name       | Provider name | Delete |
|-------------------|---------------|--------|
| No data available |               |        |

## Guidelines and additional resources

[Prior authorization guidelines](#) 

[Provider administrative guides](#) 

[Site help guide](#) 

[Radiology notification and authorization](#) 

[Cardiology notification and authorization](#) 

[Gastroenterology Endoscopy Prior Authorization](#) 

[Oncology prior authorization](#) 

[Specialty pharmacy notification and authorization](#) 

[Request a peer-to-peer review](#) 

## Prior authorizations and advance notifications

[Create new/view existing](#)
[Check requirements by code](#)

### Create a new request or view existing request status

 Currently selected provider: **Medical Center** [Edit](#)
☐ **Required**

#### What task would you like to do?

☐

Create a new request

☒

View an existing request status

#### What category applies to the services being performed?

Select a service category

Standard medical (not listed below)

Genetic molecular testing

Inpatient admission notifications

Skilled nursing

Cardiology

Gastroenterology endoscopy

Oncology

Physical health (physical therapy, occupational therapy, speech therapy and chiropractic)

Radiology

Radiation oncology

Specialty pharmacy

#### Our flagged cases

[View all](#)

These are cases that you have flagged. When reviewing a case, you can add it to the flagged case list by clicking the "Flag case" button in the top right corner.

**Member name**
**Provider name**
**Delete**

No data available

[Training & Support](#) ▾[Practice Management](#) ▾[TrackIt](#)[Jill](#) ▾

Payer

[87726 - UnitedHealthcare](#) >

Provider

[Medical Center](#) >[Eligibility](#)[Claims & Payments](#) ▾[Referrals](#)[Prior Authorizations](#)[Clinical & Pharmacy](#) ▾[Documents & Reporting](#) ▾[Additional Tools](#)[Create new/view existing](#)[Check requirements by code](#)

## Create a new request or view existing request status

Currently selected provider: **Medical Center** [Edit](#)

Required \*

### What task would you like to do?

☐

Create a new request

☒

View an existing request status

### What category applies to the services being performed?

Select a service category \*

Standard medical (not listed below)



### How would you like to find existing requests/Decision IDs?

**Additional in-progress cases for Rocky Mountain Health Plan members may be available. [Click here to view](#)**

To search for completed Rocky Mountain Health Plan cases, use the Search by provider or member options below.

Search by \*

Selected provider

Reference number

Member

[Submit search](#)

## Your draft and saved cases

Your draft cases

[View all](#)

Your flagged cases

[View all](#)[Feedback](#)

## Existing Submission results

**Additional in-progress cases for Rocky Mountain Health Plan members may be available. [Click here to view](#)**

To search for completed Rocky Mountain Health Plan cases, use the Search by provider or member options below.

Your case(s) with a service date +/- 14 days from today is displayed below. To search a case outside of this range, you may change the search parameters or select another search option.

[Table Settings](#)

Selected provider: Medical Center [Change search criteria](#)

Results per page

5

<

3 of 523

>

Showing 11 - 15 of 2612 results

| > | Reference number           | Last name | First name | Service setting     | Service dates         | Case status | Case status reason                   | Overall coverage status   | Documents |
|---|----------------------------|-----------|------------|---------------------|-----------------------|-------------|--------------------------------------|---------------------------|-----------|
| > | <a href="#">K000123123</a> | Example   | Gloria     | Outpatient          | 02/28/2026-02/28/2026 | Open        | Submitted prior authorization case   | Additional Info Requested |           |
| > | <a href="#">K000345345</a> | Demo      | Shanelle   | Outpatient Facility | 02/28/2026-05/29/2026 | Open        | Submitted prior authorization case   | In Process                |           |
| > | <a href="#">K000456456</a> | Sample    | Gloria     | Outpatient          | 02/28/2026-05/29/2026 | Open        | Submitted prior authorization case   | Additional Info Requested |           |
| > | <a href="#">A000123456</a> | Patient   | Emanuel    | Outpatient          | 02/28/2026-02/28/2026 | Closed      | Case was managed and is now complete | Covered/Approved          |           |
| > | <a href="#">K000123456</a> | Demo      | Taylor     | Outpatient          | 02/28/2026-03/01/2026 | Open        | Submitted prior authorization case   | Additional Info Requested |           |

Showing 11 - 15 of 2612 results

[Previous](#)

1

2

3

4

5

...

523

Next

>

Please note: For inpatient cases, the reflected coverage status is for facility admissions and any requested procedures. It is not a guarantee of payment for ongoing services.

**Your draft and saved cases**

## Existing Submission results



**Additional in-progress cases for Rocky Mountain Health Plan members may be available. [Click here to view](#)**

To search for completed Rocky Mountain Health Plan cases, use the Search by provider or member options below.

Your case(s) with a service date +/- 14 days from today is displayed below. To search a case outside of this range, you may change the search parameters or select another search option.

[Table Settings](#)

Selected provider: Medical Center [Change search criteria](#)

Results per page

5



1 of 461



Showing 1 - 5 of 2303 results

| > | Reference number | Last name ^ | First name ^ | Service setting | Service dates ^       | Case status ^         | Case status reason             | Overall coverage status | Documents |
|---|------------------|-------------|--------------|-----------------|-----------------------|-----------------------|--------------------------------|-------------------------|-----------|
| ▼ | A003618987       | Sample      | Harold       | Inpatient       | 03/10/2026-03/11/2026 | Anticipated Admission | AN complete awaiting admission | Case Received - Pending |           |

Facility code

FAC

MEDICAL CENTER

Coverage status

Pending

Start/end date

03/10/2026 - 03/11/2026

Decision date

—



**Coverage determination is reflected for the facility admission and isn't a guarantee of payment for ongoing services.**

Code sequence

Primary

Procedure code

21255

RECONSTRUCT LOWER JAW BONE

Decision date

—

Coverage status

Pending

[View full list of recommended clinical documentation](#)

### Accepted Files

The maximum file size limit that can be attached is 100MB, but you can attach multiple files. Acceptable file types are bmp, doc, docx, gif, jpg, jpeg, pdf, png, tiff and txt. Filename can contain only: a-z, A-Z, 0-9, space, underscore and dash/hyphen.



Drag your file(s) here

or

[Open File Browser](#)

Max. file size: 100MB

You will be notified of the coverage determination for this request when the review is complete. You can also obtain status by returning to this site and selecting the Notification Status feature.

| Date       | File name                 | Status         | Actions                |
|------------|---------------------------|----------------|------------------------|
| 03/03/2026 | Sample documentation.docx | Pending upload | <a href="#">Delete</a> |



The file(s) above cannot be changed or deleted once attached.

[Confirm attachment](#)
[Back to top](#)
[Cancel](#)
[Request case cancellation](#)
[Update](#)

# Document Library

## Benefits and Features:

- View and print your documents
- Assign, manage and comment on documents using Teams View
- Download letters and provider remittance advice (PRAs) for up to 24 months
- Search any 90-day period, for up to 2 years
- Customize your view
- Manage multiple documents at once
- See your most recently added documents
- Mark letters and documents as read/unread for yourself or archive to show others it has been managed
- And more

United Healthcare

Training & Support Practice Management TrackIt 61 Jill

Payer 87726 - UnitedHealthcare Provider Medical Center

Search

Eligibility Claims & Payments Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

Access Requests

Pending user requests 0 Expiring user requests 0 Pending 3rd party requests 0 Expiring 3rd party requests 0

Welcome, Jill!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct. [Customize Tabs](#)

Action Required

Eligibility

Claims & Payments

Referrals

Prior Authorizations & Notifications

**Documents & Reporting**

UnitedHealthcare Updates Updated 11/1/25

Recently Added

Documents below are listed in the order of the date they were placed in Document Library with the most recent at the top.

5 Unread

| Document Type               | Primary ID | Folder             | Provider Name |
|-----------------------------|------------|--------------------|---------------|
| Commercial/Zero-Dollar PRAs | 1234       | Payment Documents  |               |
| Commercial/Detailed PRAs    | 2345       | Payment Documents  |               |
| Commercial/Detailed PRAs    | 234567     | Payment Documents  |               |
| Commercial/Detailed PRAs    | 23456      | Payment Documents  |               |
| Medicaid Prior Auth/Denied  | 5678       | Prior Auth Letters |               |

\*The date the document is placed in Document Library is considered the date sent (UTC).  
\*If you can't find the file you are looking for then it was likely faxed or not sent to document library.  
[View More Recently Added](#)

Documents & Reporting Resources

[Tool resources](#)

[Interactive training guide](#)

[Reports and quality programs](#)

Quick Links & Tools

[Report Center](#)

[Physician Performance Based Compensation Program](#)



## Access Requests

Pending user requests

1

Expiring user requests

0

Pending 3rd party requests

0

Expiring 3rd party requests

0

## Welcome, Jill!

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct.

[Customize Tabs](#)
★ Action Required 61
🛡️ Eligibility

💰 Claims & Payments

🔄 Referrals

📋 Prior Authorizations & Notifications

📄 Documents & Reporting

📅 UnitedHealthcare Updates  
Updated 11/1/25

### Action Required

View and take action on items below that required attention.

☒ Show only items that require action

Claims  
**Documentation Edits**  
These expire within 5 days

3 Expiring Soon

Claims  
**Rejected Claims**  
These expire within 5 days

3 Expiring Soon

Claims  
**Reconsiderations**
1 Requires Action

Claims  
**Pending Claims**
52 Require Action
**Prior Authorizations**  
Additional clinical records needed

2 Require Action

## Your Featured News

UnitedHealthcare news includes updates for care providers, practice managers, facilities and hospitals.



Chat

[Training Tips](#)
[Feedback](#)

## Documents

### Document Library

This is a secure file storage and distribution service that provides centralized access to reports and letters.

## Reporting

### Hospital Performance Based Compensation Program



Hospital Performance-Based Compensation (HPBC) program provides an incentive to hospitals for quality and efficiency improvements in the delivery of health care affecting the overall health members and cost of health care.

### Physician Performance Based Compensation Program



UnitedHealthcare is committed to providing physicians with actionable, patient-specific information that will help them deliver the best possible clinical care while empowering them to meet personal and professional goals through our Physician Performance Based Compensation Program (PPBC).

### Report Center

View capitation, ECap/UCap capitation, claim, quality, and provider roster / profile reports.

### UHC Insights



UnitedHealthcare Insights delivers key performance metrics in a solution that is easy to navigate, understand and take action. It consolidates reporting from multiple applications into a single interactive interface - making it easier than ever to discuss clinical and operational opportunities with UnitedHealthcare.

### UnitedHealthcare West Reports



View capitation, claims withheld, medical drug benefits, settlement, shared risk claims, eligibility, and patient management reports.

 [Prior Authorizations & Notifications](#)

 [Documents & Reporting](#)

 [UnitedHealthcare Updates](#)  
Updated 11/1/25

These expire within 5 days

Claims  
[Reconsiderations](#)

1 Requires Action

Claims  
[Pending Claims](#)

52 Require Action

## Your Featured News

UnitedHealthcare news includes updates for care providers, practice managers, facilities and hospitals.



## Document Library

[Document Library](#) [Teams View](#)
[Document Library Home](#)
[Folders](#)
[Appeals and Disputes](#)
[Claim Letters](#)
[Management Documents](#)
[Overpayment Documents](#)
[Provider Payment Documents](#)
[Payments from Members](#)
[Prior Auth Letters](#)
[835 Files](#)
[VCP Archive](#)
[All Files](#)
[Archive](#)

Currently showing documents created in the last 90 days. Use [Advanced Search](#) to find documents created in the last 2 years.

Please note, Document Library currently does not receive letters from Medica.

### Provider 1 | 000000002

#### Search

#### Quick Search

☐ Search all TINs

Search Files By \*

 Member ID

First Date \*

 12/19/2025

Last Date \*

 03/18/2026

Max date range search is 90 days up to two years in the past.

You are searching for documents related to [TIN 000000002](#) [Edit](#)

Or:

#### Advanced Search

☒ Search with Member ID

☐ Search without Member ID

Member ID \*

Member DOB \*

 mm/dd/yyyy

First Service Date

 mm/dd/yyyy

Last Service Date

 mm/dd/yyyy

### Recently Added

## Document Library

Document Library Teams View

Document Library Home

Folders

Appeals and Disputes

Claim Letters

Management Documents

Overpayment Documents

Provider Payment Documents

Payments from Members

Prior Auth Letters

835 Files

VCP Archive

All Files

Archive

Currently showing documents created in the last 90 days. Use [Advanced Search](#) to find documents created in the last 2 years.

### Claim Letters Medical Center

#### Search

Claim Number

12/19/2025

03/18/2026

Search

First Date  
Max date range search is up to 90 days only.

Last Date

Advanced Filter

8 Unread Bulk Actions

Table Settings

Results per page

10

1 of 1

Showing 1 - 8 Of 8 Results

| <input type="checkbox"/> | Document Type                     | Date Created | Claim No. | NPI | Member Name | Actions |
|--------------------------|-----------------------------------|--------------|-----------|-----|-------------|---------|
| <input type="checkbox"/> | Commercial/Action Required        | 01/06/2026   |           |     |             |         |
| <input type="checkbox"/> | Commercial/Copy of Member Letters | 01/06/2026   |           | --- |             |         |
| <input type="checkbox"/> | Commercial/Action Required        | 01/06/2026   |           |     |             |         |
| <input type="checkbox"/> | Commercial/Copy of Member Letters | 01/06/2026   |           | --- |             |         |
| <input type="checkbox"/> | Commercial/Action Required        | 01/06/2026   |           |     |             |         |
| <input type="checkbox"/> | Commercial/Action Required        | 01/06/2026   |           |     |             |         |

**Medica Self-Insured - A Third Party Administrator  
for Self-Funded Group Medical Plans**  
MEDICA  
PO BOX 30990  
SALT LAKE CITY, UT 84130-0990  
(877) 842-3210



|                         |                 |
|-------------------------|-----------------|
| <b>Patient:</b>         | Curtis          |
| <b>Date of Service:</b> | 09/09/2009      |
| <b>Provider:</b>        | M.D.            |
| <b>Claim ID:</b>        | 90000           |
| <b>Member:</b> Curtis   |                 |
| <b>Member ID:</b>       | 90000           |
| <b>Plan Name:</b>       | COMPANIES, INC. |
| <b>Plan #:</b>          | 530/A /001      |

|            |             |
|------------|-------------|
| Account #: | POSTCARD    |
| Control #: | AA1/ELIG002 |

M.D.  
PO BOX 8  
BELFAST ME 04915

December 6, 2019

Dear M.D.:

Patient: Curtis  
Provider: M.D.

Date of Service: 09/09/2009

We received a claim for the above named patient. According to our records, this patient has not been enrolled for coverage. Therefore, no benefits are available for the expenses submitted.

If the patient should be enrolled under a Medica employer group plan, contact the employer group. If the patient should be enrolled under another type of Medica plan, contact Medica or your broker.

If you have questions, please contact one of our Customer Care Professionals at the number listed above.

Sincerely,  
Your Service Representative



uments created in the last 90 days. Use [Advanced Search](#) to find documents created in the last 2

## Medical Center

▼

12/19/2025

03/18/2026

Search

First DateLast Date

Max date range search is up to 90 days only.

 **Advanced Filter**

Table Settings

Results per page

10 ✓

< 1 of 1 >

Showing 1 - 8 Of 8 Results

| ⌵ | Date Created | ⌵ | Claim No. | ⌵ | NPI | ⌵ | Member Name | ⌵ | Actions                                                                               | ⌵ |
|---|--------------|---|-----------|---|-----|---|-------------|---|---------------------------------------------------------------------------------------|---|
|   | 01/06/2026   |   |           |   |     |   |             |   |  |   |
|   | 01/06/2026   |   |           |   | --- |   |             |   |  |   |
|   | 01/06/2026   |   |           |   |     |   |             |   |  |   |
|   | 01/06/2026   |   |           |   | --- |   |             |   |  |   |
|   | 01/06/2026   |   |           |   |     |   |             |   |  |   |
|   | 01/06/2026   |   |           |   |     |   |             |   |  |   |

Pending user requests

1

Expiring user requests

0

## Welcome, Gail!

Before you get started, make sure your [payer information](#) and [provider information](#)

★ [Action Required](#) 99+

🌂 [Eligibility](#)

💰 [Claims & Payments](#)

🕒 [Referrals](#)

📄 [Prior Authorizations & Notifications](#)

📁 [Documents & Reporting](#)

📅 [UnitedHealthcare Updates](#)  
Updated 10/1/25

## Verify Eligibility

Search for a Single Member:

☒ Single Policy ☐ Multiple Policies

Select Your Eligibility Search Criteria

Member ID & Date of Birth

Member ID\*

Date of Birth\*

MM/DD/YYYY

[+ Search for Multiple Members](#)

Search Range: ☒ Predefined Date ☐ Custom Date

Select a Policy Date Range\*

Today's Date 10/28/2025

Verify Eligibility

[Manage Users](#)

[Manage 3rd Parties](#)

[CAQH ProView](#)

Allows you to share and maintain personal information collected for credentialing, claims processing, quality assurance and member services.

[My Practice Profile](#)

This lets you view, update and attest to the care provider demographic information UnitedHealthcare members see for your organization.

[Onboard Pro](#)

Allows you to submit requests for participation with the UnitedHealthcare Network and helps you through the credentialing and contracting process.

[UnitedHealthcare Facility Practice Profile](#)

This application is no longer available for submission of demographic changes. Please refer to your Administrative Guide by clicking on the UnitedHealthcare Facility Practice Profile link above.

[Health plan](#)

[Quick Links & Tools](#)

[UMR](#)

[FlexWork](#)

[Optum VA Community Care Network](#)

# My Practice Profile

My Practice Profile makes it easy to update the following information:

- Office address(es) and hours
- Phone, fax, email address, and website
- Provider accepting patients / panel status
- Telehealth services
- Hospital and group affiliations
- Languages spoken
- Area of Expertise
- Provider date of birth
- Add and remove physicians from your TIN
- National provider identifier (NPI) number
- Professional licenses and degrees
- And more

The screenshot shows the 'Practice profile' page of a web application. At the top is a navigation bar with tabs: Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. Below this is a breadcrumb trail: Home > My Practice Profile > Practice profile. A status bar indicates 'Days to attest' with a warning icon and '8 days'. The main heading is 'Practice profile', followed by a sub-navigation bar with links: Dashboard, Practice profile (active), Transaction status, Data warnings (19), Help and guides, and Roster upload. The main content area is titled 'Provider 1' with a tax ID '000000002' and a 'Choose another Tax ID' link. There are buttons for 'Do Not Attest' and 'Attest'. Below these are buttons for 'Add Provider', 'Add Group', 'Add location', and 'Download Roster'. The page is divided into four tabs: 'Provider Demographics' (active), 'Provider Locations', 'Group/Facility/Ancillary Demographics', and 'Group/Facility/Ancillary Locations'. Under 'Provider Demographics', there is a 'Displaying:' dropdown set to 'All providers' and a 'Reset Filters' link. It shows 'Showing 1 - 10 of 130 Results'. A table lists providers with columns: Actions, Last Name, First Name, Middle Name, Suffix, Gender, and Provider NPI. The table contains two rows: 'SAMPLE' (CAMERON, A, MALE) and 'DEMO' (CHRIS, A, FEMALE, 1234567890).

| Actions | Last Name      | First Name     | Middle Name    | Suffix | Gender | Provider NPI   |
|---------|----------------|----------------|----------------|--------|--------|----------------|
|         | Type to Refine | Type to Refine | Type to Refine |        |        | Type to Refine |
|         | SAMPLE         | CAMERON        | A              |        | MALE   |                |
|         | DEMO           | CHRIS          | A              |        | FEMALE | 1234567890     |



## My Practice Profile

[Dashboard](#) | [Practice profile](#) | [Transaction status](#) | [Data warnings](#)  19 | [Help and guides](#) | [Roster upload](#)

### Dummy Provider 1

Tax ID: 000000002

[Change to a different Tax ID](#)[View and edit this profile](#)

### My Practice Profile lets you manage your medical provider demographic data

This tool lets you view, update, and confirm your care provider information. Keeping your data updated ensures patients can find the services they need.

## Practice profile

[Dashboard](#) | [Practice profile](#) | [Transaction status](#) | [Data warnings](#) 19 | [Help and guides](#) | [Roster upload](#)

### Dummy Provider 1

000000002 [Choose another Tax ID](#)

Do Not Attest

Attest

Add Provider

Add Group

Add location

Download Roster

#### Provider Demographics

#### Provider Locations

#### Group/Facility/Ancillary Demographics

#### Group/Facility/Ancillary Locations

Displaying:

All providers

[Reset Filters](#)

Showing 1 - 10 of 133 Results

Results  
Per Page

10

&lt; Pg

1

of 14 &gt;

| Actions | Last Name                                   | First Name                                  | Middle Name                                 | Suffix               | Gender               | Provider NPI                                |
|---------|---------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------|----------------------|---------------------------------------------|
|         | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Type to Refine"/> |
|         | AFOBIYEYE                                   | JOHNSON                                     |                                             | <input type="text"/> | MALE                 |                                             |
|         | ALPERT                                      | ALISON                                      | HF                                          | <input type="text"/> | FEMALE               |                                             |
|         | BSARUAT                                     | MARCH                                       | MAY                                         | <input type="text"/> | MALE                 | 1999900099                                  |
|         | CDDCCBNDNCC                                 | PREVIOUS                                    | T                                           | <input type="text"/> | FEMALE               |                                             |

## Practice profile

[Dashboard](#)
[Practice profile](#)
[Transaction status](#)
[Data warnings](#) 19
[Help and guides](#)
[Roster upload](#)

### Dummy Provider 1

000000002 [Choose another Tax ID](#)
[Add Provider](#)
[Add Group](#)

#### Provider Demographics

Displaying:

All providers

Showing 1 - 10 of 123 Results

| Actions | Last Name                                   | First Name                                  | Middle Name                                 | Suffix                                      | Gender                                      | Provider NPI                                |
|---------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|
|         | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> |
|         |                                             | ALISON                                      | HF                                          | <input type="text" value="Type to Refine"/> | FEMALE                                      | <input type="text" value="Type to Refine"/> |
|         |                                             | CDDCCBNDNCC                                 | PREVIOUS                                    | T                                           | FEMALE                                      | <input type="text" value="Type to Refine"/> |
|         |                                             | CDNDBCMBCDSS                                | CDCNC                                       | LISA                                        | MALE                                        | <input type="text" value="Type to Refine"/> |
|         |                                             | CDNVBMBNDSIU                                | BHDHVVDMNAB                                 | T                                           | FEMALE                                      | <input type="text" value="Type to Refine"/> |

### Request profile data

Note: Files will only be available for 14 days after download. After that, they'll be archived and no longer accessible.


**Request download**

Tax ID 000000002

[Request](#)

Tip: Always use the most recently downloaded file to avoid accidentally overwriting current records with outdated information.

Example: If you downloaded a file a week ago and just requested a new one today, be sure to use the newer version. Even if the older file looks similar, it might not include the latest updates and could cause data to be overwritten.

### Your My Practice Profile data is ready.

**Organization name:** Dummy Provider 1

**Tax ID number (TIN) ending in:** 0002

**File request date:** November 05, 2025

**File request time:** 1:48 pm CST

Your practice demographic data file is available for download.

1. **Sign in** to [UHCprovider.com](#), click "Sign in" at the top-right corner. Enter your One Healthcare ID.
2. **Navigate to My Practice Profile.** Once logged in, go to "Practice management" at the top of the dashboard, then select "My Practice Profile."
3. **Confirm your organization and tax ID number (TIN)** and click on "View and edit profile."
4. **Click the Request data button.**

[Go to My Practice Profile](#)


You have 14 days to download the data once it becomes available.

### Learn more about My Practice Profile

## Practice profile

[Dashboard](#) | [Practice profile](#) | [Transaction status](#) | [Data warnings](#) 19 | [Help and guides](#) | [Roster upload](#)

### Request profile data

Note: Files will only be available for 14 days after download. After that, they'll be archived and no longer accessible.



#### Request download

Tax ID 000000002

[Request](#)


#### Download request is ready

Requested 11/05/2025 at 01:48 PM by Jill

Expires in 13 days.

[Download](#)

Tip: Always use the most recently downloaded file to avoid accidentally overwriting current records with outdated information.

Example: If you downloaded a file a week ago and just requested a new one today, be sure to use the newer version. Even if the older file looks similar, it might not include the latest updates and could cause data to be overwritten.

[Do Not Attest](#)
[Attest](#)
[Add location](#)
[Download Roster](#)
[Provider Locations](#)
[Group/Facility/Ancillary Demographics](#)
[Group/Facility/Ancillary Locations](#)
[Reset Filters](#)

Results  
Per Page

10

< Pg 1 of 14 >

[First Name](#)
[Middle Name](#)
[Suffix](#)
[Gender](#)
[Provider NPI](#)






JOHNSON

MALE

ALPERT

HF

FEMALE

MARCH

MAY

MALE

1999900099

PREVIOUS

T

FEMALE

# Roster upload

[Dashboard](#) | [Practice profile](#) | [Transaction status](#) | [Data warnings](#)  19 | [Help and guides](#) | [Roster upload](#)

## Dummy Provider 1

000000002 [Choose another Tax ID](#)

## Roster upload

This tool allows managers of approved medical providers and groups to complete bulk updates or submit full rosters. Check which [organization types](#) cannot be updated with this tool. You may not add new providers with this tool unless you are a credentialing [delegate](#).

 [Download template](#)
[+ Add new medical provider](#)
[+ Add facility or ancillary provider in Onboard Pro](#) 

### File restrictions

The maximum file name character limit including spaces is 70 characters.



Drag your Excel (.xlsx) or PDF file here

or

[Open File Browser](#)

Max. file size: 20 MB | Max. files: 1

## Submission status tracker

[Find a submission](#)

## Practice profile

[Dashboard](#) | [Practice profile](#) | [Transaction status](#) | [Data warnings](#) **19** | [Help and guides](#) | [Roster upload](#)

### Dummy Provider 1

000000002 [Choose another Tax ID](#)

Do Not Attest

Save Changes

Submit Changes **1**

+ Add Provider

+ Add Group

+ Add location

Download Roster

#### Provider Demographics

#### Provider Locations

#### Group/Facility/Ancillary Demographics

#### Group/Facility/Ancillary Locations

Displaying:

All providers

[Reset Filters](#)

Showing 1 - 10 of 133 Results

Results Per Page

10

&lt; Pg 1 of 14 &gt;

| Actions | Last Name                                   | First Name                                  | Middle Name                                 | Suffix                        | Gender                        | Provider NPI                                |
|---------|---------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------|-------------------------------|---------------------------------------------|
|         | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value="Type to Refine"/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value="Type to Refine"/> |
|         |                                             | AFOBIY                                      | JOHNSON                                     | <input type="text" value=""/> | MALE                          |                                             |
|         |                                             | ALPERT                                      | ALISON                                      | HF                            | FEMALE                        |                                             |
|         |                                             | BSARUAT                                     | MARCH                                       | MAY                           | MALE                          | 1999900099                                  |
|         |                                             | CDDCCBNDNCC                                 | PREVIOUS                                    | T                             | FEMALE                        |                                             |

## Provider Details

[Dashboard](#)
[Practice profile](#)
[Transaction status](#)
[Data warnings](#) **19**
[Help and guides](#)
[Roster upload](#)

### Personal Information

[Name](#)
[Personal Details](#)
[Identification Numbers](#)
[Race and Ethnicity](#)

### Qualifications

[Specialties](#)
[Areas of Expertise](#)
[Degree](#)
[Medical Licenses](#)
[Drug Enforcement Agency / Chemical Dispensing License](#)
[Medical School](#)
[Cultural Competency Training](#)

### Practice Information

[Group Information](#)

All fields marked with an asterisk (\*) are required.

### Previous T Cddccbndncc

[Cancel](#)
[Confirm Changes](#)

#### Name

Last Name \*

First Name \*

Middle Name/Initial

Optional

Suffix

Optional

#### Personal Details

Gender \*

Date of Birth \*

MM/DD/YYYY

#### Identification Numbers

NPI

NPI Effective Date

No NPI data on file

[+ Add NPI](#)

Transaction status

Demographic Updates

Onboarding Requests

Search by Request Number

Go

Submission Timeframe

All Time

Submission Status

All Submissions

Reset Filters



Print List

Click Expand to see transaction status for individual providers.

Showing 1 - 100 of 941 Results

Results Per Page 100 < Pg 1 of 10 >

| Expand | Request Number | Submitter Name | Submission Date (YYYY-MM-DD) | Status                   |
|--------|----------------|----------------|------------------------------|--------------------------|
| ▼      | GL100001249847 | Dana           | 2025-11-03                   | Complete                 |
| ▼      | GL100001245620 | Dana           | 2025-10-30                   | In progress View details |
| ▼      | GL100001228623 | Dana           | 2025-10-09                   | Complete                 |
| ▼      | GL100001211380 | Dana           | 2025-09-22                   | Complete                 |
| ▼      | GL100001207705 | Dana           | 2025-09-09                   | In progress View details |

# Onboard Pro

**Onboard Pro is the first step to request participation in our network.**

- Submit a new request for group or individual practitioner
- Add an individual or group to an existing contract
- Bulk upload up to 50 providers for credentialing in up to 10 states
- Update or terminate a contract
- Pulls information from Council for Affordable Quality Healthcare (CAQH) in participating states including Indiana
- And more



## Welcome, Gail!

Before you get started, make sure your [payer information](#) and [provider information](#)

★ Action Required 99+

Eligibility

Claims & Payments

Referrals

Prior Authorizations & Notifications

Documents & Reporting

UnitedHealthcare Updates  
Updated 10/1/25

## Verify Eligibility

Search for a Single Member:

☒ Single Policy ☐ Multiple Policies

Select Your Eligibility Search Criteria

Member ID & Date of Birth

Member ID\*

+ Search for Multiple Members

Search Range: ☒ Predefined Date ☐ Custom Date

Select a Policy Date Range\*

Today's Date 10/28/2025

Verify Eligibility

[Manage Users](#)

[Manage 3rd Parties](#)

[CAQH ProView](#)

Allows you to share and maintain personal information collected for credentialing, claims processing, quality assurance and member services.

[My Practice Profile](#)

This lets you view, update and attest to the care provider demographic information UnitedHealthcare members see for your organization.

[Onboard Pro](#)

Allows you to submit requests for participation with the UnitedHealthcare Network and helps you through the credentialing and contracting process.

[UnitedHealthcare Facility Practice Profile](#)

This application is no longer available for submission of demographic changes. Please refer to your Administrative Guide by clicking on the UnitedHealthcare Facility Practice Profile link above.

[UMR](#)

[FlexWork](#)

[Optum VA Community Care Network](#)

[Optum Physical Health](#)

1

2

<

>

## Onboard Pro

# Hospital

Filter By



Tax Identification Number

[Don't see a submission?](#)

Add a new care provider or facility or recredentialing a facility or add HCBS using the below actions dropdown menu.

Actions 

Provider 

Facilities 

Ancillary Community Support Services 

+ Add Facility

 Recredentialing

Onboard Pro

Medical Center

Actions

Provider

Facilities

Ancillary Community Support Services

+ Add Provider

Bulk Upload

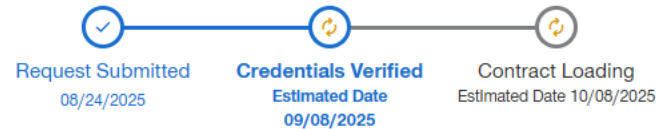
Tax Identification Number:

Don't see a submission?

Krista

NPI:  
Specialty: Nurse Practitioner, Family  
TIN:  
Submitted By:  
Practice State: Alaska

Reference Number  
CR-200000336640

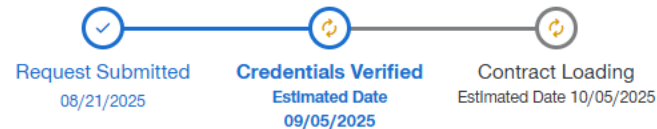


Quick View

Bernadette J.

NPI:  
Specialty: Acupuncturist  
TIN:  
Submitted By:  
Practice State: Alaska

Reference Number  
CR-200000336195



Quick View

## Add a New Provider

### Type of Add

**Provider**

I'd like to add a provider



### Care Setting

In what environment does the professional provide care?

Select all that apply.

**Office or clinic**

I practice in an office, or clinic setting.

**Mobile health clinic (MHC)**

I work in clinic on wheels setting, offering services outside traditional facilities.

**Virtually**

I meet with patients remotely, using secure video or phone platforms.

**Hospital or in-patient facility**

I provide care in a hospital or in-patient facility or birthing center setting.

**Home-based care**

I work directly with individuals in home-based or community environments.

**Remote diagnostics**

I review labs and imaging from a separate location, not where the patient is seen.



### New Provider

**CAQH**

Yes, I have CAQH ID

**No CAQH ID or unsure if needed?**

Check to see if you need one.



## Onboard Pro

### Application Sections

 [Practitioner Information](#) 

 [Locations](#) 

 [Licenses](#) 

 [Hospital Affiliations](#) 

 [Insurance Policies](#) 

 [Attachments](#) 

### Review & Submit

[Submission](#) 

### Locations

 Saved

Must meet the following requirements:

Add at least one primary location, must Include Billing and Place of Service. 

All care settings types need to be assigned at least once to a location. 

0 of 2 requirements met

Add Location 

Add Credentialing

Add Mailing

Back

Next



## Welcome health care professionals

We invite you to use this website, created especially for health care professionals, to find resources that can help you as you care for your patients. Here you can find our medical policies, stay up to date on the latest news or get training on our many tools and benefit plans. This website is **there for what matters** to health care professionals like you.

[Feedback](#)

# UHCprovider.com – Tools and Resources





## Digital tools

[UnitedHealthcare Provider Portal](#)[Application Programming Interface \(API\)](#)[Electronic Data Interchange \(EDI\)](#)

## Additional resources

[Forms](#)[Education and Training](#)[Resource Library](#)[Network News](#)[Emergency Alerts](#)

## Welcome health care professionals

We invite you to use this website, created especially for health care professionals, to find resources that can help you as you care for your patients. Here you can find our medical policies, stay up to date on the latest news or get training on our many tools and benefit plans.

### Explore our 2026 Individual Exchange plans

Discover our updates for 2026, view sample member ID cards, access our quick reference guide and more.

[See what's new](#)



## Healthcare Professional Education and Training

We provide a full range of interactive self-paced guides. We've organized them by category to help you find what you need.

### Self-paced trainings

[Digital solutions](#) >[Plans and products](#) >[Clinical tools](#) >[Delegated providers](#) >[Smart Edits](#) >[State Specific Training](#) >

### Featured courses



**Getting Started with  
UnitedHealthcare**



**UnitedHealthcare Provider  
Portal Overview**



**Special Needs Plan (SNP)  
Model of Care Training for**



## Healthcare Professional Education and Training ▾

[Clinical Tools](#)[Delegate Providers](#)[Digital Solutions Training and Guides](#)[Plans and Products](#)[Smart Edits Training](#)[State Specific Training](#)

## Digital Solutions Training and Guides

Learn how you can save time, get better documentation and reduce paper by using our online self-service tools.



### Find what you need fast

When reviewing an interactive self-paced guide, simply click MENU to see all content included. Then, select the topic you need for quick reference. Use the forward arrow to advance to the next page in order or use the HOME icon to switch topics at any time.

## Portal Tools

[Expand All](#) [Access and Registration](#) ▾[UnitedHealthcare Provider Portal Tools](#) ▾

## Electronic Connectivity: EDI and API

[Expand All](#)

[Home](#) > [Contact us](#)

## Contact us

As a health care professional, you can get the support and information you need from UnitedHealthcare in a variety of ways. You can choose from chat, the UnitedHealthcare Provider Portal and more to help you find the information you need. From technical support and provider network management to a specific state's health plan, you can select the options that work best for your needs.

**Are you a member looking for health plan or provider information?**



Sign in to [myuhc.com](#)

## Self-service and chat options



### Looking for patient- and practice-specific information?

You can find the following information in the UnitedHealthcare Provider Portal:

- Eligibility and coverage
- Claims and payments
- Prior authorizations
- Referrals, letters, reports and more

[Sign in](#)

### Questions? Chat with us.

Health care professionals can get real time answers to questions about a wide range of topics including:

- Claims
- Eligibility and prior authorization
- Credentialing and onboarding
- Technical support

Connect with us 24/7. To get started, sign in to the portal with your One Healthcare ID. Then, select the chat icon at the bottom-right corner of the page.

[Chat now](#) [Chat](#)



## I'm looking for...

Members

Find a doctor

Join our network

Pharmacy

24/7 behavioral health and substance use support line

Technical support for providers and staff

## Contact us

[myuhc.com](https://myuhc.com) [uhc.com/find-a-doctor](https://uhc.com/find-a-doctor) [UHCprovider.com/join](https://UHCprovider.com/join)

UnitedHealthcare commercial and UnitedHealthcare Medicare Advantage plans  
800-711-4555

OptumRx fax (non-specialty medications)  
800-527-0531

OptumRx fax (specialty medications)  
800-853-3844

877-614-0484

**UnitedHealthcare Provider Portal support**

For access and functionality questions, chat with us 24/7. [Sign in](#) with your One Healthcare ID to chat with an advocate. Support is also available by calling 866-842-3278, option 1.

**Electronic Data Interchange support**

For Electronic Data Interchange (EDI) inquiries, complete the automated transaction support [form](#) or email [supportedi@uhc.com](mailto:supportedi@uhc.com).

**Community Plan EDI support**

Please email [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com) or call 800-210-8315.

**Application Programming Interface support**

For general Application Programming Interface (API) support, email [APIconsultant@uhc.com](mailto:APIconsultant@uhc.com).

For Extended X12 support, email [supportedi@uhc.com](mailto:supportedi@uhc.com).

[Optum technical support](#)

## Contact us

### Chat with us

Skip the phone and start a chat with one of our provider advocates. They can provide instant support on the following topics:

- Joining the network (credentialing and contracting)
- Eligibility and benefits
- Prior authorization
- Claims
- Portal technical support

Connect with us 24/7. To get started, select the chat button at the bottom-right corner of the page.



### Call us

#### Accessibility Information

We're committed to ensuring that our experiences are accessible to individuals with disabilities. If you need assistance using our website, mobile applications or a PDF on the website, we're here to help.

 Please call **844-386-7491**, TTY 711

## Document Library

Document Library ☒ Teams View

Document Library Home

Folders

Appeals and Disputes

Claim Letters

Management Documents

Overpayment Documents

Provider Payment Documents

Payments from Members

Prior Auth Letters

835 Files

VCP Archive

All Files

Archive

Currently showing documents created in the last 90 days. Use [Advanced Search](#) to find documents created in the last 2 years.

Please note, Document Library currently does not receive letters from Medica.

### Provider 1 | 000000002

#### Search

#### Quick Search

☐ Search all TINs

Search Files By \*

Member ID

First Date \*

12/19/2025

Last Date \*

03/18/2026

Max date range search is 90 days up to two years in the past.

You are searching for documents related to [TIN 000000002](#) [Edit](#)

Or:

#### Advanced Search

☒ Search with Member ID

☐ Search without Member ID

Member ID \*

Member DOB \*

mm/dd/yyyy

First Service Date

mm/dd/yyyy

Last Service Date

mm/dd/yyyy

#### Recently Added

Message us

Today

Hello, I'm your UnitedHealthcare virtual assistant. As we work on your question, please know I'm still learning new skills. If I can't help you today, I'll connect you to an advocate who can.

To get started, please select or type the topic you need help with.

Please note: our chat will automatically close after 30 minutes of inactivity. You can start a new chat if this occurs.

Claims

Eligibility & Benefits

Prior Authorization

Portal Tech Support

Provider Onboarding

Type your message

Training Tips

Feedback

# Contact Us

- Go to the Indiana homepage linked in the header
- Open the carrot in the middle of the screen for “Contact Us”
- Scroll to find your applicable provider type

The screenshot displays a user interface for the 'Contact Us' section. It features three light gray rectangular cards arranged horizontally. The first card is titled 'Prior Authorization and Notification Resources' and contains a 'Learn More' button. The second card is titled 'Current Policies and Clinical Guidelines' and also contains a 'Learn More' button. The third card is titled 'Provider Administrative Manual and Guides' and contains a 'Learn More' button. Below these cards, on the right side, is a link that says 'Expand All' followed by a plus icon. At the bottom of the section, there is a horizontal bar. On the left side of this bar, the text 'Contact Us' is enclosed in a red rectangular box. On the right side of the bar, there is a small square button with a downward-pointing arrow, also enclosed in a red rectangular box.

**Prior Authorization and Notification Resources**  
[Learn More](#)

**Current Policies and Clinical Guidelines**  
[Learn More](#)

**Provider Administrative Manual and Guides**  
[Learn More](#)

[Expand All](#) ⊕

**Contact Us**

▼





# Thank you

