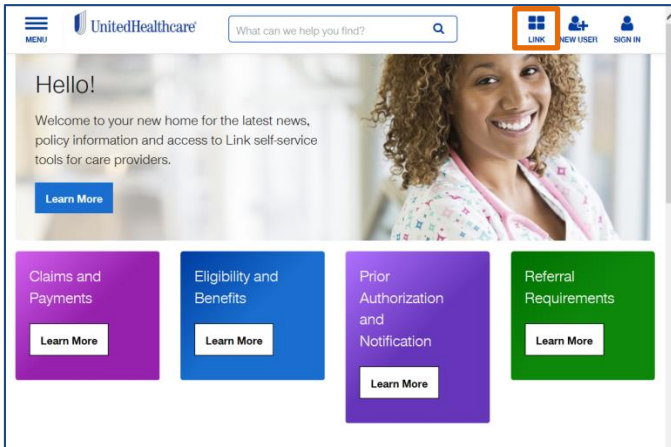


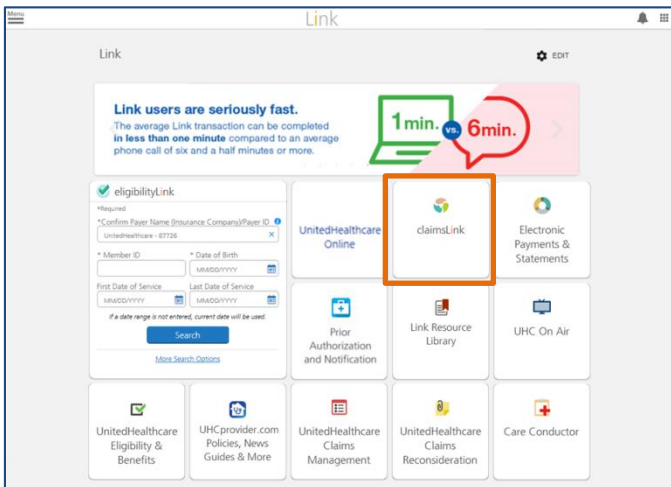
claimsLink is where you can look up claim status and payment information, to understand how a claim was paid (claims processed within the last 18 months are available). **Remittance Advice Documents** (or **Explanation of Benefits (EOB)**) are available for printing and you may submit processed claims for reconsideration.

Get Started

1. From UHCprovider.com, click **Link** and sign in



2. Select **claimsLink**



Confirm Information

1. Confirm the **Payer Name/ID**
2. Confirm, or if needed, change **Provider Information**

*REQUIRED

1 *PAYER NAME (INSURANCE COMPANY) OR PAYER ID ⓘ
87726 - UnitedHealthcare

2 *CONFIRM PROVIDER INFORMATION
CHILDREN'S HOSPITAL
SALLY PHYSICIAN
599999999
CHILDREN'S CORNER
☐ Search by TIN ONLY ⓘ
CHANGE

NOTE: The Provider Information defaults to **Search by TIN ONLY**, if available. (Contact your Password Owner or ID Administrator to ensure your Access Profile is set to **All Tax-IDs-Specialties**).

2 *CONFIRM PROVIDER INFORMATION
CHILDREN'S HOSPITAL
SALLY PHYSICIAN
599999999
☒ Search by TIN ONLY ⓘ
CHANGE

Claim Search

Select Search Type

- If by **Member ID**, enter the **Member Information**

3 *SELECT SEARCH TYPE
☒ **Member ID** (Search Using Member ID and Date of Birth)
☐ **Quick Search** (Paid & Denied Claim Search by TIN ONLY)
☐ **Claim Reconsideration** (Search Using Reconsideration Ticket Number)
☐ **Pended Claim Ticket Search** (Search Using Pend Ticket Number)
*MEMBER ID: [] *DATE OF BIRTH: [] CLAIM NUMBER: []
LAST NAME: [] FIRST NAME: [] POLICY NUMBER: []
RESET

- If by **Quick Search**, choose **Paid, Denied or Both**

3 *SELECT SEARCH TYPE
☐ **Member ID** (Search Using Member ID and Date of Birth)
☒ **Quick Search** (Paid & Denied Claim Search by TIN ONLY)
☐ **Claim Reconsideration** (Search Using Reconsideration Ticket Number)
☐ **Pended Claim Ticket Search** (Search Using Pend Ticket Number)
*SELECT ADJUDICATED CLAIM STATUS
☒ **Both** ☐ **Paid** ☐ **Denied**

NOTE: The **Quick Search** will return a maximum of 450 claims. If there is an error, choose **Paid** or **Denied** instead of **Both** and/or narrow the date range. You must also be able to **Search by TIN Only** (see above) to have the **Quick Search** option.

Claim Search (continued)

Service Date Range

- If by Predefined Range, click the appropriate radio button

*SELECT SERVICE DATE RANGE

☒ **Predefined Range**
Search the past 30, 60, 90, or 120 days.

☐ **Past 30 Days** 01/04/2017 - 02/03/2017

☐ **Past 60 Days** 12/05/2016 - 02/03/2017

☐ **Past 90 Days** 11/05/2016 - 02/03/2017

☐ **Past 120 Days** 10/06/2016 - 02/03/2017

☐ **Custom Range**
Search any 30-day period up to 18 months ago.

[SUBMIT SEARCH](#)

- If by Custom Range, enter **Start Date** and **End Date**

*SELECT SERVICE DATE RANGE

☐ **Predefined Range**
Search the past 30, 60, 90, or 120 days.

☒ **Custom Range**
Search any 30-day period up to 18 months ago.

*START DATE *END DATE

[SUBMIT SEARCH](#)

- Click **Submit Search**

NOTE: Previously **Flagged Claims** will appear below the Service Date Range.

FLAGGED CLAIMS

Click on the claim number to review the claim, or click the to unflag the claim (removing it from the list).

[REFRESH](#)

FIRST SERVICE DATE	FIRST NAME	LAST NAME	CLAIM NO.	MEMBER ID	PROCESSED DATE	BILLED AMOUNT	PAID AMOUNT	LAST UPDATED	STATUS
07/21/2016	HOLLY	BROWN	4564564564	911111111	07/27/2016	\$ 1,414.40	\$ 1,120.20	08/19/2016	Finalized

Access Remittance Advice Documents (EOB)

- Under the **Related Documents** section, click on available dates for **Remittance Advice Documents (EOB)**

RELATED DOCUMENTS

LETTERS
Letters are not available online.

REMITTANCE ADVICE DOCUMENTS

DATE
08/03/2016

- Review the Remittance Advice and print if desired

UnitedHealthcare Services, Inc.
P.O. BOX 14 0800
ATLANTA, GA 30374 0800
PHONE: 1-877-842-9210

**PROVIDER
REMITTANCE ADVICE**

HOSPITAL
PO BOX 14
BOSTON, MA 02241

PAYMENT DATE: 08/03/16
TIN: 000000000
NPI: 1000000000
PAYEE NAME: HOSPITAL
PAYMENT NUMBER:
PAYMENT AMOUNT: \$1,598,828.32

PATIENT: A

SUBSCRIBER ID:	A	SUBSCRIBER NAME:	C	CLAIM NUMBER:	
CLAIM DATE:	07/22/16-07/22/16	DATE RECEIVED:	07/27/16	PRODUCT:	CHCYC+
SEND PROVIDER ID:		SEND PROVIDER:	HOSPITAL		

PATIENT CONTROL NUMBER	PATIENT ID	AUTHOR/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ ADT	CLM ADJ PGM CD	CLM ADJ PGM CD	CLM ADJ PGM CD	PAYMENT AMOUNT	PATIENT RESPONSIBILITY
					\$214.45					\$1.50	\$213.95

LINE	CD	DATES OF SERVICE	SUR PROCD BY	ADD PROCD BY	MOD	REV	UNITS	ADJ QTY	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	CLM ADJ PGM CD	CLM ADJ PGM CD	PAYMENT AMOUNT	REMARKS
001		07/22/16-07/22/16	90281	90281			1		\$4.41	\$4.41	\$1.43	001	001	\$1.43	CU
									\$13.57	\$13.57	\$1.43	001	001	\$1.43	CU
									\$20.06	\$20.06	\$1.43	001	001	\$1.43	CU

Additional **Help Resources** are available at the **Link Resource Library** and **UHC on Air**

My Dashboard

Link users are seriously fast.
The average Link transaction can be completed in **less than one minute** compared to an average phone call of six and a half minutes or more.

eligibilityLink

*Required
*Confirm Basic Name Insurance Company/Plan ID:

*Member ID: *Date of Birth:

First Date of Service: Last Date of Service:

Using the date listed defaults to today's date & returns current active policies. If searching for a past policy or you are unsure, enter a date up to 18 months old.

[More Search Options](#) [Search](#)

My Practice Profile

claimsLink

Electronic Payments & Statements

UnitedHealthcare Online

Link Resource Library

Care Conductor

ICD 10 Lookup Tool

UMR

UHCprovider.com Policies, News Guides & More

referralLink Florida Community Plan

UHC On Air