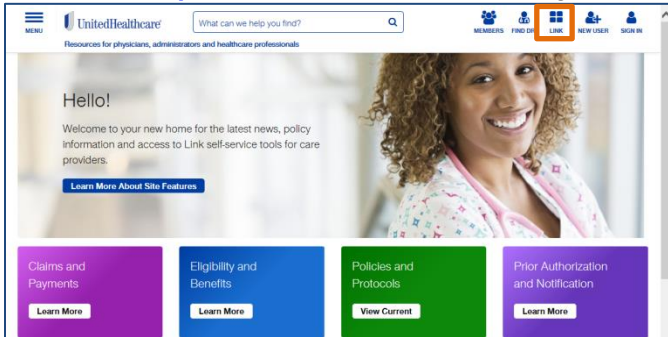


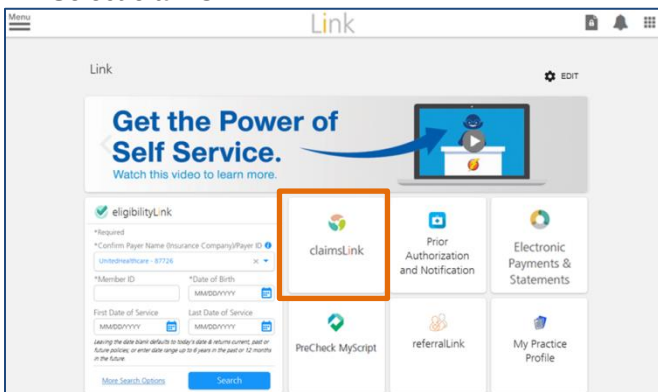
**claimsLink** is where you can look up claim status and payment information to understand how a claim was paid. Providers in states other than MD and CA may also submit processed claims for reconsideration or appeal a decision. This guide will review how to submit and check the status of a reconsideration request.

### Get Started

1. From [UHCprovider.com](https://UHCprovider.com), click **Link** and sign in

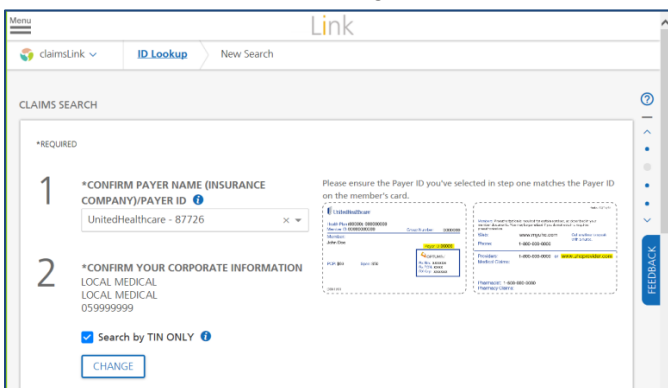


2. Select **claimsLink**

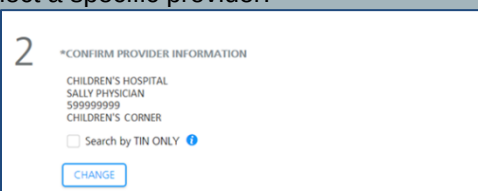


### Confirm Information

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



**NOTE:** If **Search by TIN ONLY** is not checked, then you must select a specific provider.



### Claim Search

#### Select Search Type

- If by **Member search**, select one of the first three choices and enter the appropriate **Member Information**

**NOTE:** Other search options include **Provider Only Search** which will return a maximum of 1000 claims. If there is an error, choose a single option instead of **All** and/or narrow the date range.

#### Service Date Range

- If by **Predefined Range**, click the appropriate radio button
- If by **Custom Range**, enter **Start Date** and **End Date**
- Click **Submit Search**

## Flagged Claims

If there are previously **Flagged Claims**, a message will appear at step 3 and those flagged claims will be located below the Service Date Range.

3 Look for your flagged claims and tickets [here](#) or enter search criteria below.

SEARCH FOR CLAIMS BY

☒ Member ID & Date of Birth

☐ Member ID & Name

☐ Member Name & Date of Birth

☐ Provider Only Search  
(Search by Claim Status)

☐ Claim Number

☐ Patient Account Number

SEARCH INFORMATION

\*MEMBER ID

\*DATE OF BIRTH

\*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 CLEAR SEARCH

SEARCH FOR STATUS BY

☐ Claim Reconsideration  
(Search Using Reconsideration Ticket Number)

☐ Pending Claim Ticket Search  
(Search Using Pend Ticket Number)

FLAGGED CLAIMS

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

| FIRST SERVICE DATE | FIRST NAME | LAST NAME | CLAIM NO.  | MEMBER ID | PROCESSED DATE | BILLED AMOUNT | PAID AMOUNT | LAST UPDATED | STATUS  |
|--------------------|------------|-----------|------------|-----------|----------------|---------------|-------------|--------------|---------|
| 08/16/2018         | PAUL       | F         | 23223232   | 92222222  | 09/11/2018     | \$159.40      | \$0.00      | 10/17/2018   | Pending |
| 08/18/2017         | HALUE      | L         | 6765765765 | 96666666  | 08/30/2017     | \$216.56      | \$0.00      | 10/17/2018   | Denied  |

REFRESH

You may have up to 20 claims flagged at a time.

## Review Claim Information

### 1. Review the claim

New Search / Search Results / Claim #4564564564

SUMMARY

SEARCH SUMMARY

| PROVIDER                         | PATIENT                        | PATIENT DOB                    |
|----------------------------------|--------------------------------|--------------------------------|
| HOSPITAL                         | HOLLY BROWN                    | 02/22/1922                     |
| TAX ID NUMBER<br>599999999       | MEMBER ID<br>911111111         | PATIENT ACCOUNT NUMBER<br>5000 |
| FIRST SERVICE DATE<br>07/21/2016 | URC CLAIM NUMBER<br>4564564564 |                                |

SEARCH THIS PATIENT IN: [Eligibility & Benefits](#)

## Submit a Reconsideration Request/Corrected Claim

- To submit a reconsideration request, if not satisfied with the outcome, or to submit a corrected claim, click **View or Act On Your Claim**

ACTIONS

[VIEW OR ACT ON YOUR CLAIM](#)

**Note:** If there is an open reconsideration request, this button will allow you to **View Claim Reconsideration**

**Note:** Maryland and California providers should continue to follow your existing processes to submit reconsideration requests.

### 2. Click **Create a Claim Reconsideration**

New Search / Search Results / Claim #4564564564

SUMMARY

SEARCH SUMMARY

| PROVIDER                         | PATIENT                        | PATIENT DOB                    |
|----------------------------------|--------------------------------|--------------------------------|
| HOSPITAL                         | HOLLY BROWN                    | 02/22/1922                     |
| TAX ID NUMBER<br>599999999       | MEMBER ID<br>911111111         | PATIENT ACCOUNT NUMBER<br>5000 |
| FIRST SERVICE DATE<br>07/21/2016 | URC CLAIM NUMBER<br>4564564564 |                                |

SEARCH THIS PATIENT IN: [Eligibility & Benefits](#)

ASSESSMENT

CLAIM RECONSIDERATION

When should you submit a Claims Reconsideration request?  
You should submit a Claims Reconsideration request when you believe a claim was paid incorrectly. Situations for reprocessing include, but are not limited to:

- Amount is different than what provider expected
- Claim was filed in a timely manner, when provider has proof
- Claim was denied for no authorization, when provider has an authorization number
- Difference in Coordination of Benefits (COB) information

[CREATE CLAIM RECONSIDERATION](#)

### 3. Review the **Request Details**

### 4. Complete the **Provider Information**

New Search / Search Results / Claim #4564564564

INSTRUCTIONS

This form is to be completed by physicians, hospitals or other health care professionals to request a claim reconsideration for members enrolled in benefit plans administered by UnitedHealthcare.  
**NOTE:** A separate request must be filed out for each claim reconsideration. Do not use this form for formal appeals or disputes. Continue to use your standard appeals process for formal appeals and disputes.

CREATE RECONSIDERATION

SEARCH SUMMARY

| PROVIDER                            | PATIENT                    | PATIENT DOB                    |
|-------------------------------------|----------------------------|--------------------------------|
| HOSPITAL                            | BOB PATIENT                | 02/22/1922                     |
| TAX ID NUMBER<br>599999999          | MEMBER ID<br>911111111     | PATIENT ACCOUNT NUMBER<br>5000 |
| FIRST DATE OF SERVICE<br>07/21/2016 | CLAIM NUMBER<br>4564564564 | INSURANCE TYPE<br>Commercial   |

SEARCH THIS PATIENT IN: [eligibility](#)

REQUEST DETAILS

| MEMBER INFORMATION                        |                                                    | PROVIDER INFORMATION                       |                                   |
|-------------------------------------------|----------------------------------------------------|--------------------------------------------|-----------------------------------|
| MEMBER ID<br>911111111                    | SUBSCRIBER<br>HOWARD PATIENT<br>1234 WYCLIFFE ROAD | BILLING PROVIDER<br>HOSPITAL               | TAX ID NUMBER<br>599999999        |
| PATIENT NAME<br>BOB PATIENT<br>02/12/1992 |                                                    | SERVICING PROVIDER<br><input type="text"/> |                                   |
| CLAIM INFORMATION                         |                                                    | CONTACT INFO                               |                                   |
| CLAIM NUMBER<br>4564564564                | PATIENT ACCOUNT NUMBER<br>5000                     | FIRST NAME<br><input type="text"/>         | LAST NAME<br><input type="text"/> |
| FIRST DATE OF SERVICE<br>07/21/2016       | BILLED AMOUNT<br>\$ 1,414.40                       | PHONE NUMBER<br>(999) 999-9999             | EMAIL<br><input type="text"/>     |

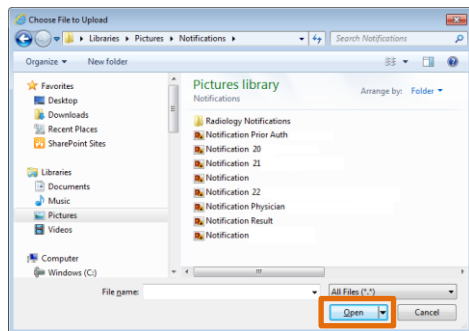
- Choose a **Request Reason** from the pull-down menu (options include Submission of a Corrected Claim)

## Submit a Reconsideration Request (continued)

- Enter the **Requested Amount** – the full amount you expect for the claim, regardless of any payment already received
- Explain the situation by adding a **New Comment**

- You may Drag and Drop attachments or click **Select files from your computer** (Corrected Claim Submissions require attaching the corrected claim)

- Choose the desired file from your directory and click **Open**



- When complete, click **Submit**

SUBMIT

- You will receive a Confirmation screen with the **Ticket Number**

## Check Reconsideration Status

- At the beginning of the Claim Search, click the radio button for **Claim Reconsideration**
- Choose a **Search Type**
- Enter the **Ticket Number** or **Date Range**

- Click **Submit Ticket Search**
- Review the Reconsideration Request
- If desired and the status is not "processed", you may update the request

**Note:** If the reconsideration request has been fully processed, it will show **Re-open** instead of Update.

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