

UnitedHealthcare MedicareDirect private fee-for-service

Reimbursement form for uncollectible/bad debt amounts

Use this form to request reimbursement for cost sharing of covered services you couldn't collect from a UnitedHealthcare MedicareDirect private fee-for-service (PFFS) member. Wait 120 days from the member's first bill before requesting reimbursement. You have up to 12 months to submit the request. Non-covered services are not eligible for reimbursement.

Instructions – List only the cost sharing amount for covered services under the member's MedicareDirect plan. Subtract any partial amounts collected from the member. We may ask for documentation of your billing and collection efforts. Submit this form to:

UnitedHealthcare MedicareDirect
P.O. Box 31353
Salt Lake City, UT 84131-0353



Connect with us through chat in the [UnitedHealthcare Provider Portal](#).
For additional contact information, visit [Contact us](#).

Health care professional name:	Prepared by:
Health care professional tax identification number (TIN):	Date prepared:

Patient name	Member ID/ Medicare Beneficiary Identifier (MBI)	Dates of service		Claim/audit number	Date first bill sent to member
		To	From		

Patient name	Write-off date	Remittance advice date	Deductible	Coinsurance	Total amount claimed