

How to submit a claim through the Health Plan

How to know when to submit a claim and what happens when you do

As you're using your health plan, you may wonder how and why you may need to submit a claim. If you get your health insurance through your employer, here are some tips to help guide you.

In most cases, when you go to a network provider, you will not need to submit a claim for your care. However, there are a few occasions where submitting a claim on your own may be required, in order for you or the provider to receive reimbursement. Some examples include:¹

- **Dependent care.** If you have an FSA account that covers reimbursement for childcare or elder care, a claim must be submitted for that reimbursement.
- **Upfront billing.** You may need to submit your own medical claim if you go to a provider who collects payment up front rather than billing the insurance company.
- **Out-of-network.** We know that as much as you try to see a network provider, sometimes it's just not possible — like if you're on the road or in an emergency situation. Out-of-network providers can submit a claim on your behalf. However, if the provider is unwilling to do so, you may have to submit this claim on your own.

How to submit claims in 2 steps

1. Sign in to your health plan account to find your submission form

[Sign in to your member account](#) and go to the "Claims & Accounts" tab, then select the "Submit a Claim" tab. There, you'll be able to select the Medical Claims Submission form to download and print.

2. Submit your claim by mail

After you print and complete the Medical Claims Submission form, mail it with the claim details and receipts to the address on your health plan ID card.

Helpful hints

Here are some tips and tricks on how to make the claims process easy and efficient.

- Be sure to complete all of the applicable fields on the form. Ask your provider for the Provider Information or have them fill it out for you.
- Keep a copy of the form, claim details and receipts for your records.
- Send the claim as soon as possible, and as close to the date of service as possible.
- Complete a separate form for each claim.
- If you have other insurance or Medicare and it is primary to your UnitedHealthcare plan, include that corresponding Explanation of Benefits (EOB) with your claim.

What happens next

After your claim is processed, you'll receive an EOB. This explains the charges applied to your deductible (the amount you pay for covered services before your plan begins to pay), plus any charges you may owe the provider. Keep your EOB on file in case you need it in the future. You may also review your EOB information by [signing in to your member account](#).