

Remittance Advice for Period Ending 12-28-16

UNITEDHEALTHCARE SHARED SERVICES
 PO BOX 30783
 SALT LAKE CITY UT 84130-0783
 1-888-830-0179



CHOICE PLUS FOR UHSS

CUSTOMERNAME
 PROVIDER NAME
 PROVIDER ADDRESS
 CITY ST 123456-7890

FEDERAL TAX ID NO.
 NPI

Visit our website at
<https://uhss.umar.com>
 to obtain eligibility, benefit, and
 claim information on behalf of your
 patients 24 hours/day, 7 days/week.

Dates From/To	Service Code	Qty	Billed	Discount	Allowed	Deductible	Copay	Coinsurance	Ineligible	ANSI	Expl Code	Paid	Patient Responsibility
<p>EMPLOYEE: _____ PATIENT: _____ CLAIM ID: _____ ID# _____ UNITEDHEALTHCARE CHOICE PLUS</p> <p>ACCOUNT NUMBER: _____</p>													
<p>CLAIM TOTAL:</p>													
<p>PROVIDER TOTAL:</p>													