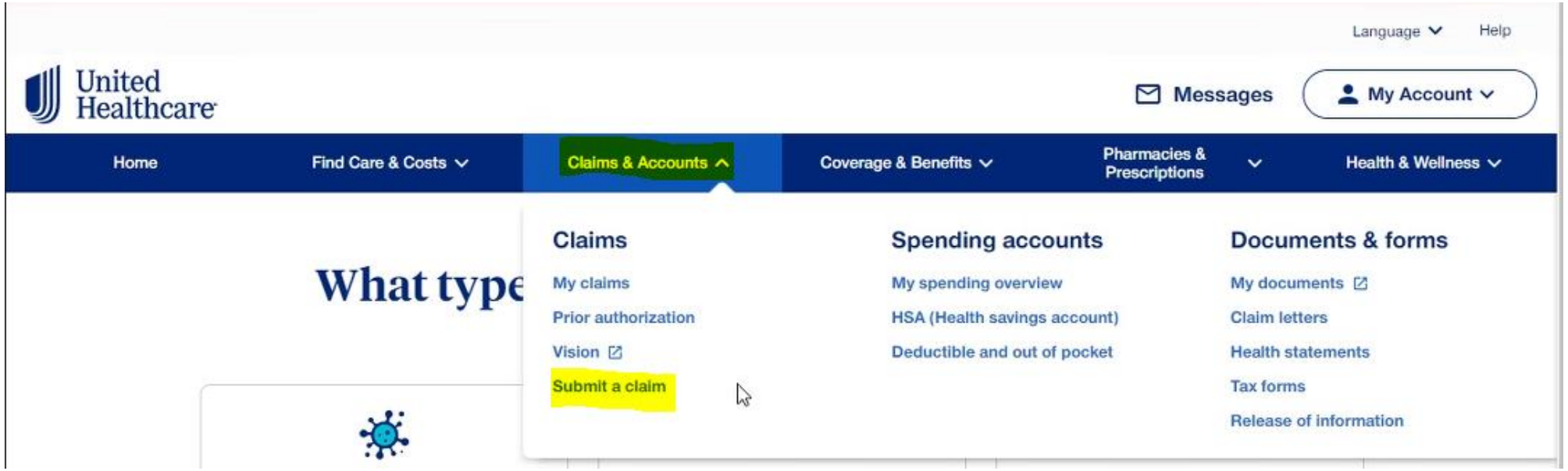
Medical Reimbursement Member Experience

United Healthcare

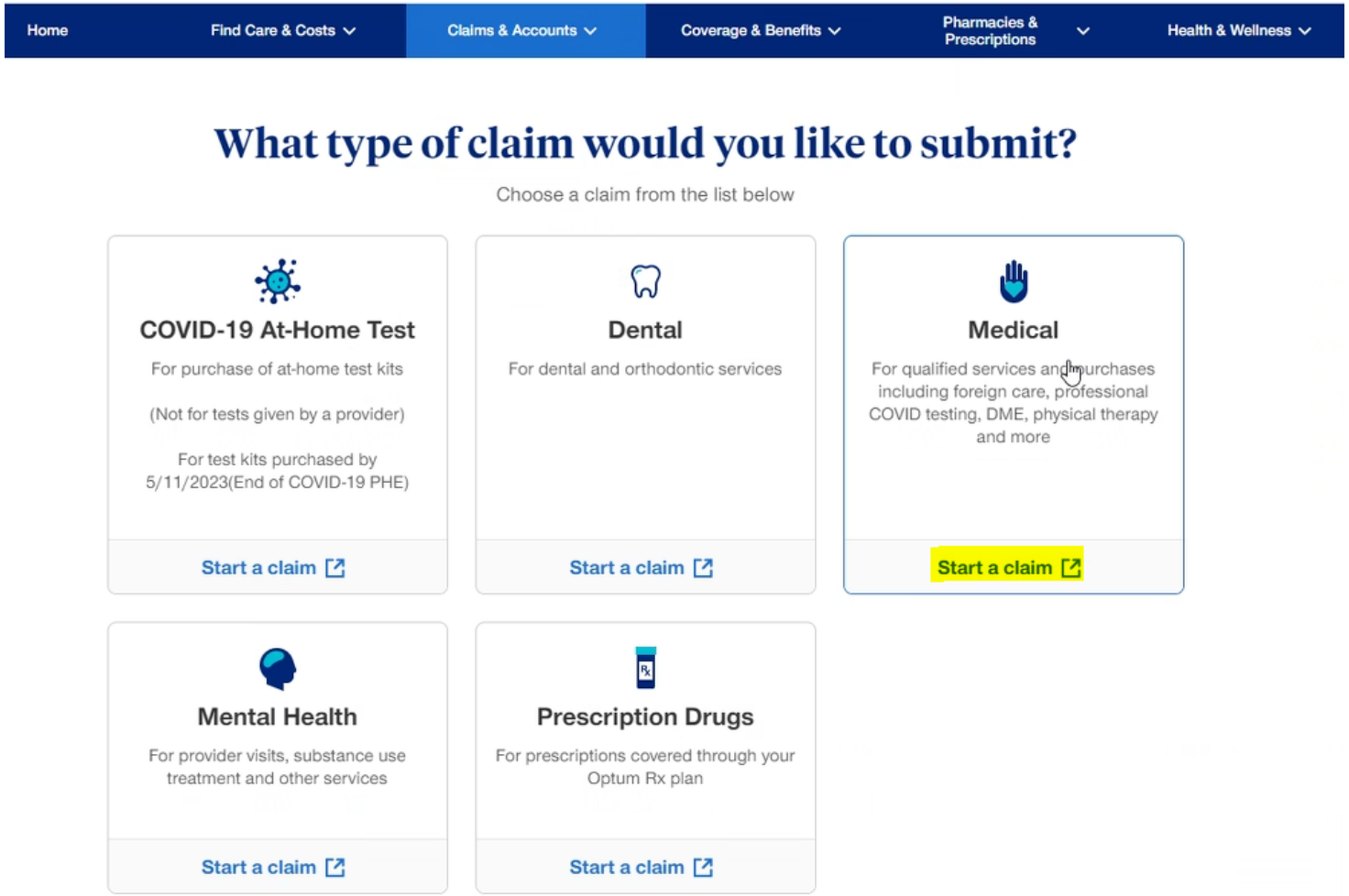
Medical Reimbursement Experience

- Navigate to the ‘Claims & Accounts’ Tab from the Home Page and select ‘Submit a claim’

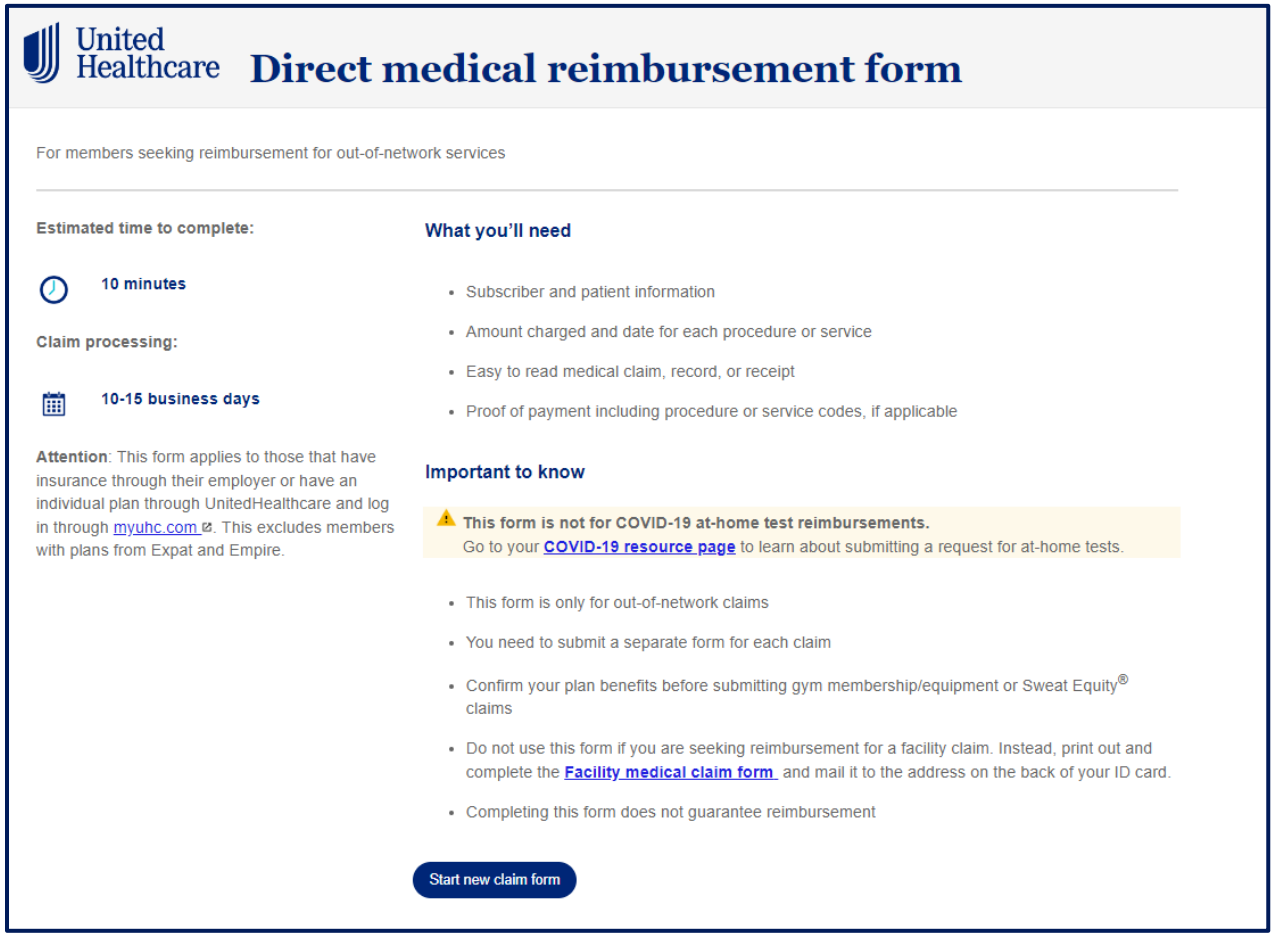


Medical Reimbursement Experience

- Members will select the ‘Start a claim’ under the Medical benefit category



Medical Reimbursement Experience



United Healthcare

Direct medical reimbursement form

For members seeking reimbursement for out-of-network services

Estimated time to complete:

10 minutes

Claim processing:

10-15 business days

Attention: This form applies to those that have insurance through their employer or have an individual plan through UnitedHealthcare and log in through myuhc.com. This excludes members with plans from Expat and Empire.

What you'll need

- Subscriber and patient information
- Amount charged and date for each procedure or service
- Easy to read medical claim, record, or receipt
- Proof of payment including procedure or service codes, if applicable

Important to know

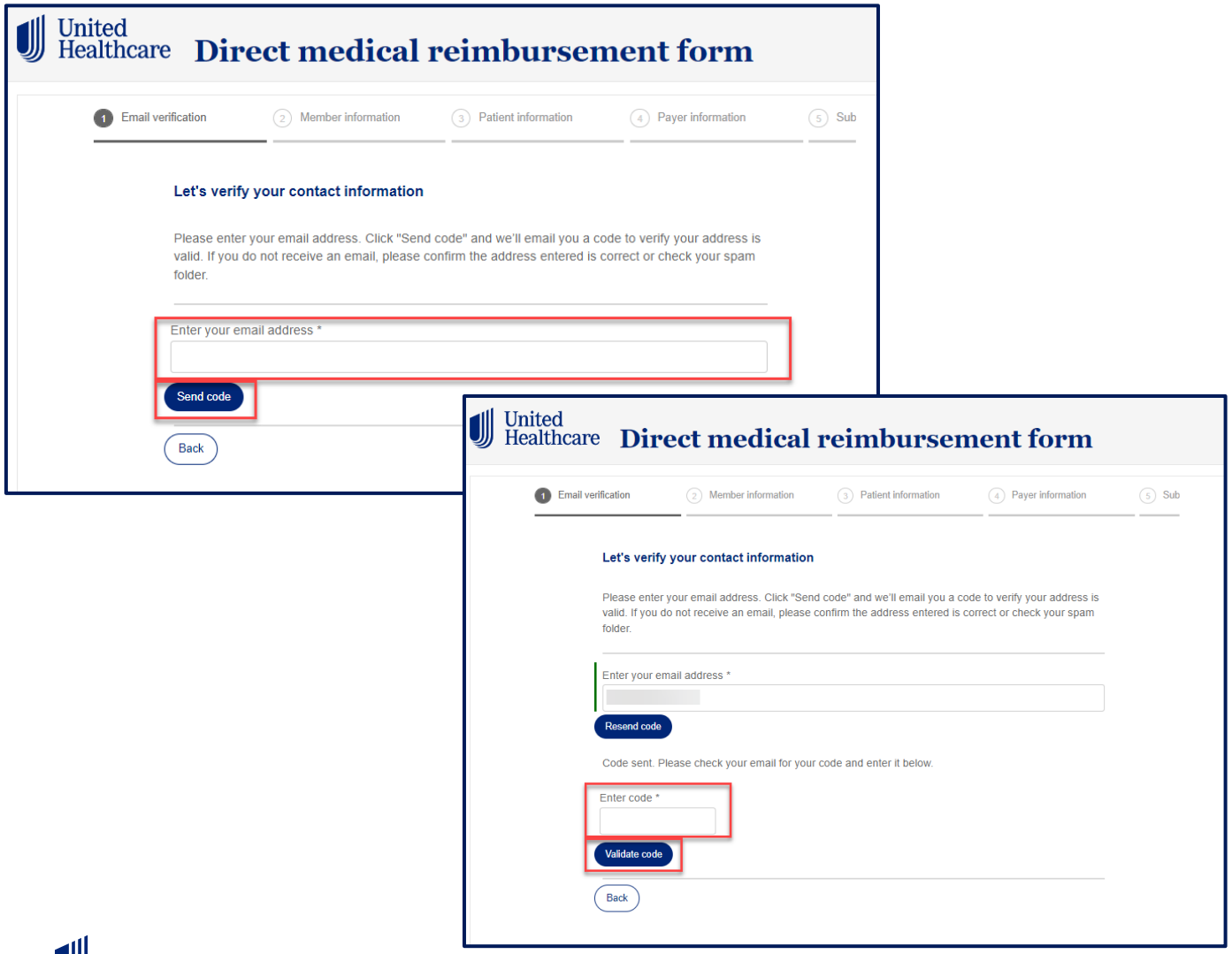
This form is not for COVID-19 at-home test reimbursements.
Go to your **COVID-19 resource page** to learn about submitting a request for at-home tests.

- This form is only for out-of-network claims
- You need to submit a separate form for each claim
- Confirm your plan benefits before submitting gym membership/equipment or Sweat Equity® claims
- Do not use this form if you are seeking reimbursement for a facility claim. Instead, print out and complete the **Facility medical claim form** and mail it to the address on the back of your ID card.
- Completing this form does not guarantee reimbursement

Start new claim form

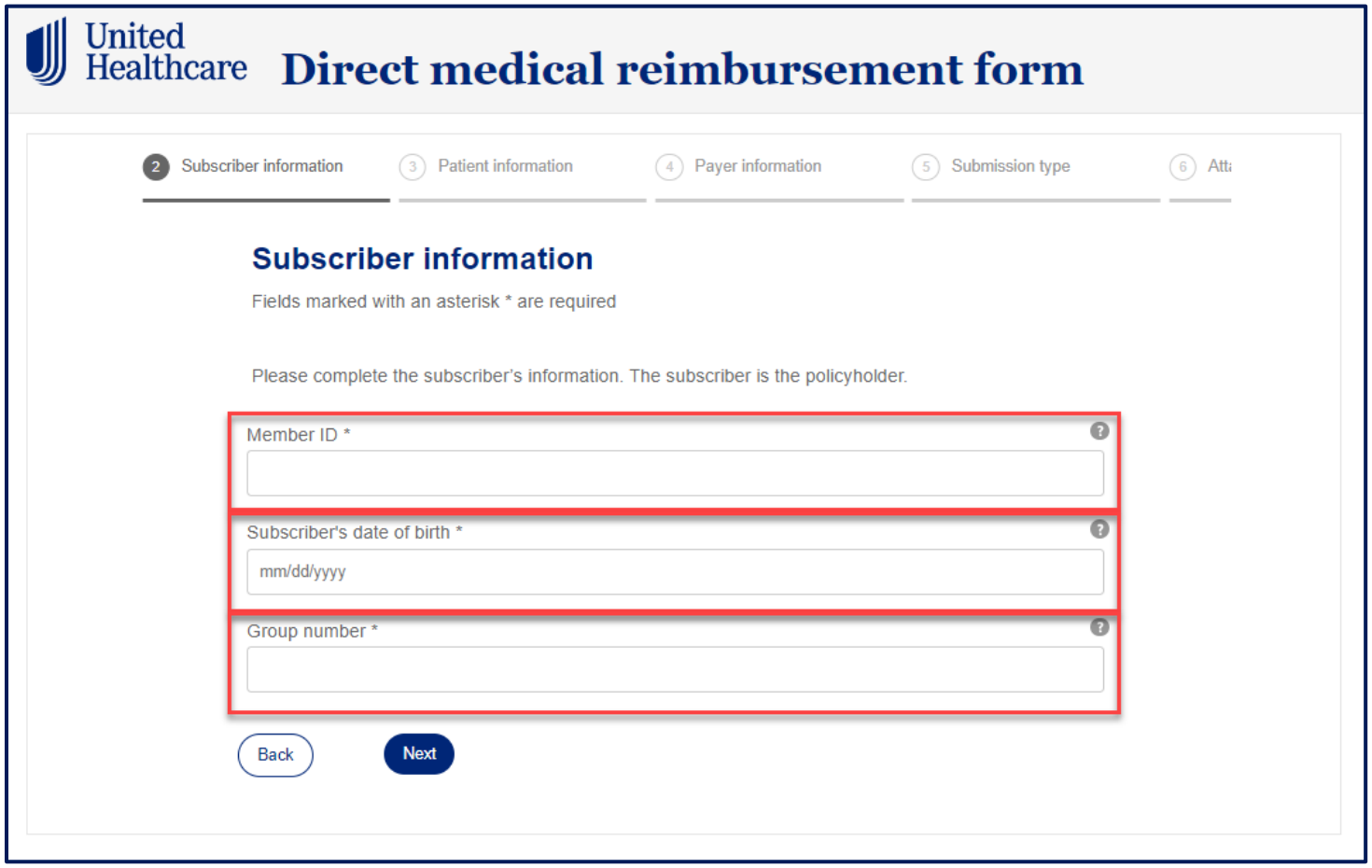
- In order to get started the following is needed:
  - Subscriber ID and Plan/group #
  - Amount charged and date for each procedure or service
  - Easy to read medical claim, record, or receipt
  - Proof of payment
- Important things to know:
  - This form is only for out-of-network claims
  - You'll submit a separate form for each claim
  - Confirm your plan benefits before submitting
  - Reimbursement requests typically take 10-15 business days to process
  - Completing this form does not guarantee reimbursement
- Click **Start new claim form**

Medical Reimbursement Experience- Email Verification



- Verifying contact information is the first step of the experience.
- The submitter must follow the instructions on the page. A PIN will be sent to the email address provided on the experience.
- An email will be generated to the email address entered. Enter verification code from the email into the **Enter Code** field.
- Select **Validate code**.
  - Note: This is a one-time verification code.

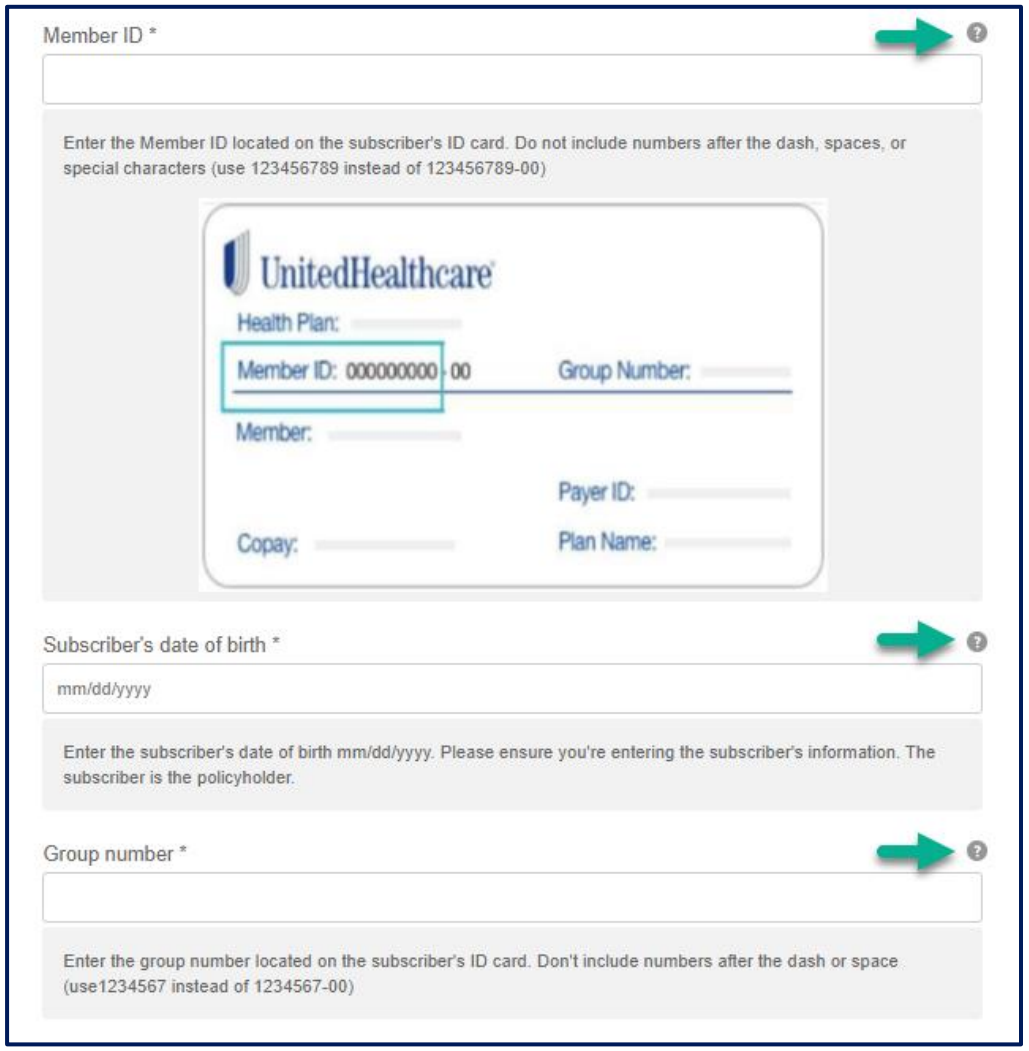
Medical Reimbursement Experience-Subscriber Information



- Subscriber information is the next section of the experience.
  - Real- time member validation logic is applied using:
    - **Member ID**
    - **Group number**
    - **Subscriber's date of birth**
  - Due to privacy, member name and address information will auto populate and pass on the back end. This information will not be visible on the experience.

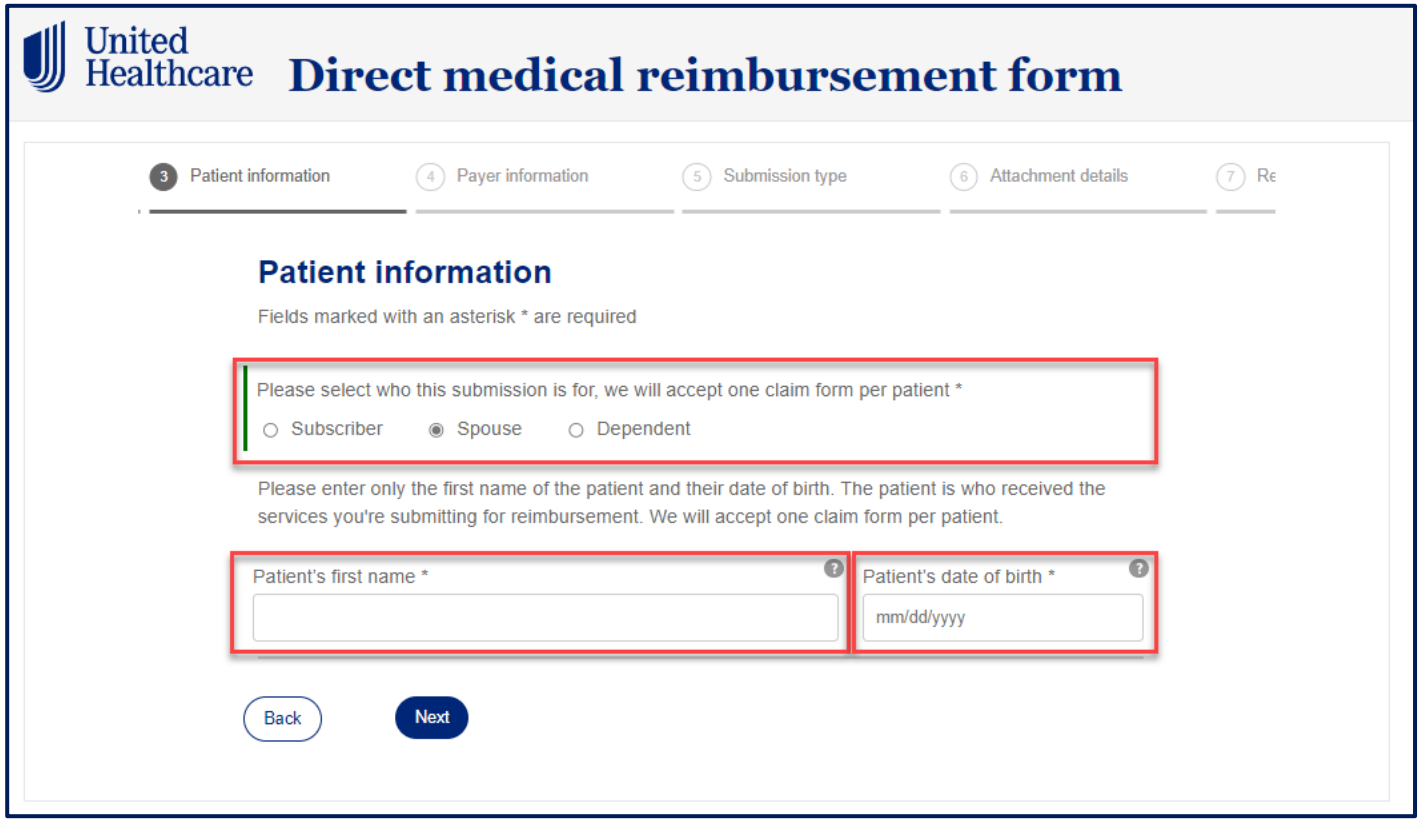
- If the user is logged into myuhc.com, some information may prefill:
  - Member ID number
  - Group number

Medical Reimbursement Experience-Subscriber Information



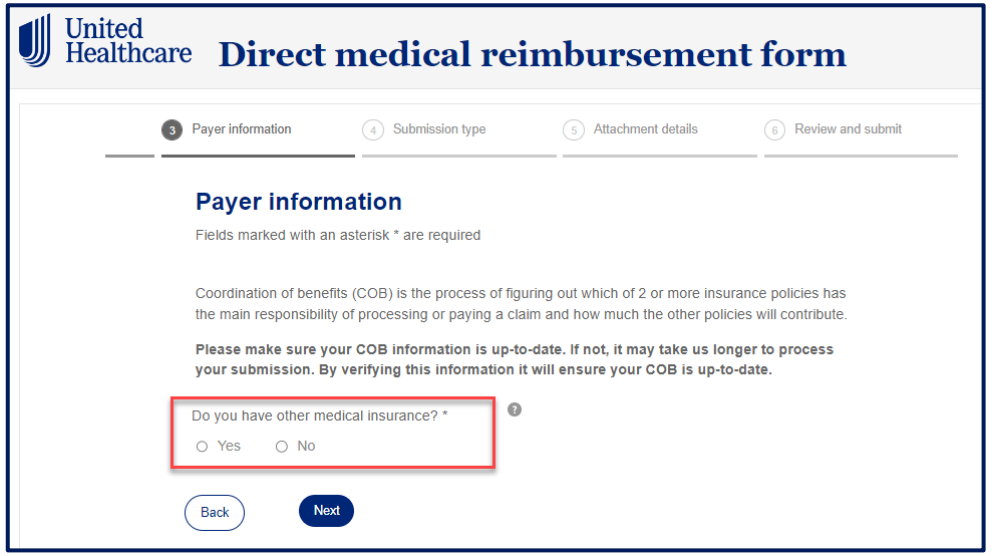
- Tool tip information is available to help guide the submitter to find their information.
- A picture of the ID card is also available.

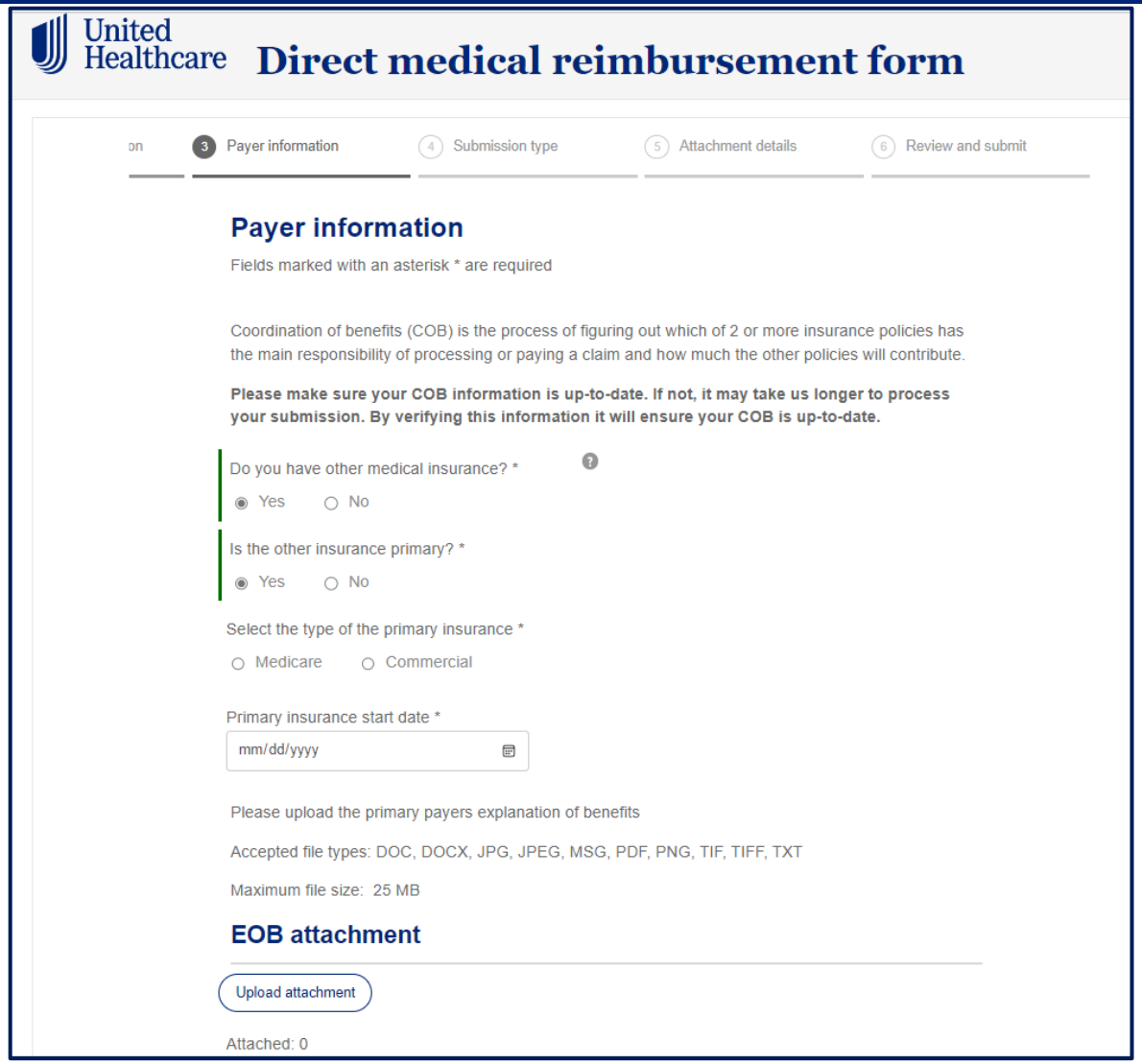
Medical Reimbursement Experience-Patient Information



- On the Patient Information panel, select who the submission is for.
- If the submission is for a spouse or dependent, enter their information:
  - **Patient's first name**
  - **Patient's date of birth**
- A real-time validation will take place.

Medical Reimbursement Experience-Payer Information

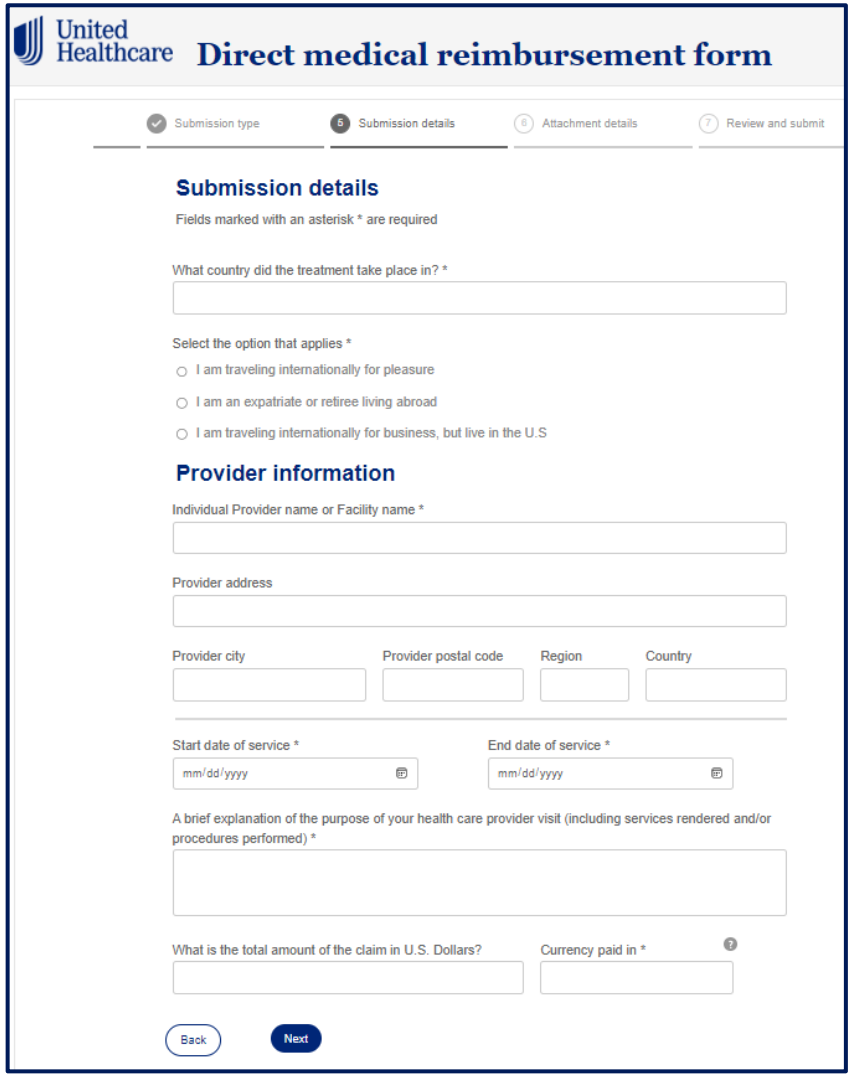




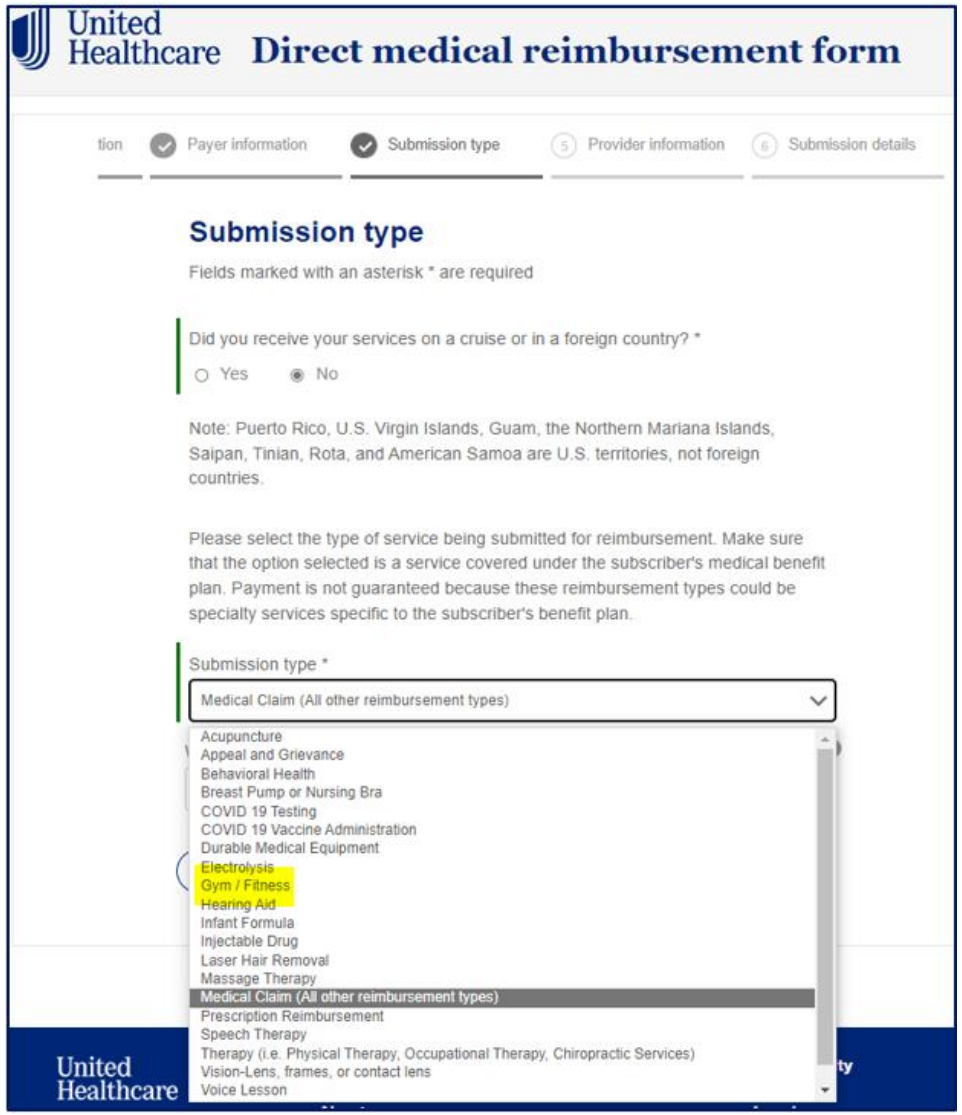
- The Payer information section dynamically displays questions based on the radio button selection.
- If the member has other insurance, the primary payer EOB is a required attachment.
- When **No** is selected in this section, the submitter will continue to move forward with the experience.

Medical Reimbursement Experience-Foreign/Cruise Ship

- The initial submission type displayed is for cruise or foreign country reimbursement. In this section the form dynamically displays questions based on the radio button selection.
- If **Yes** is selected, cruise or foreign submission details are presented.
- The submitter is asked to enter the total amount in US dollars.



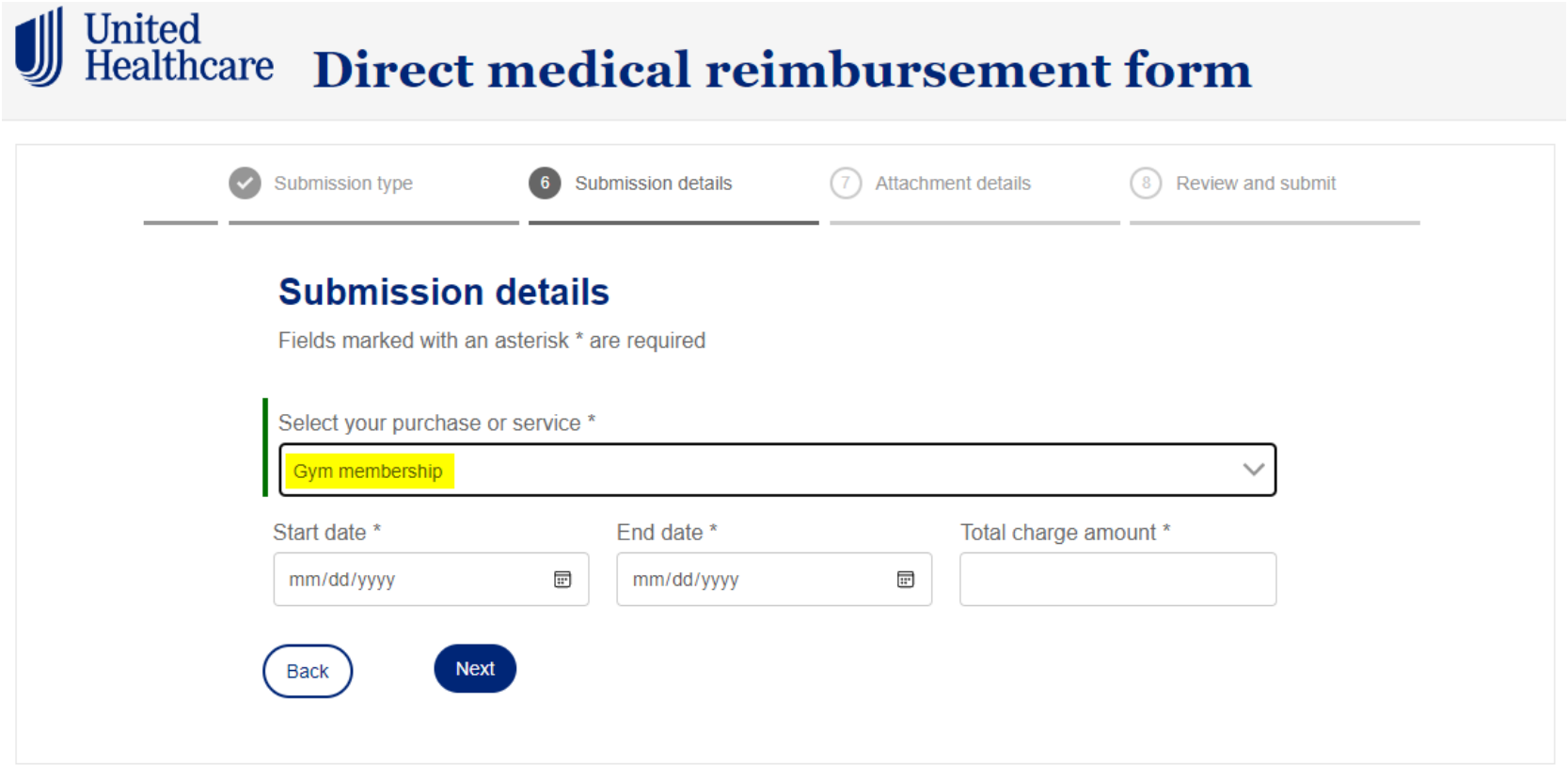
Medical Reimbursement Experience-Submission Type



- If **No** is selected for cruise/foreign submissions, the submitter will be presented additional reimbursement types.
- Select the type of reimbursement being submitted.
- Only 1 reimbursement type can be selected at a time.
- There are 22 options available to members, and members will see the option to select '**Gym / Fitness**' for their specific reimbursement

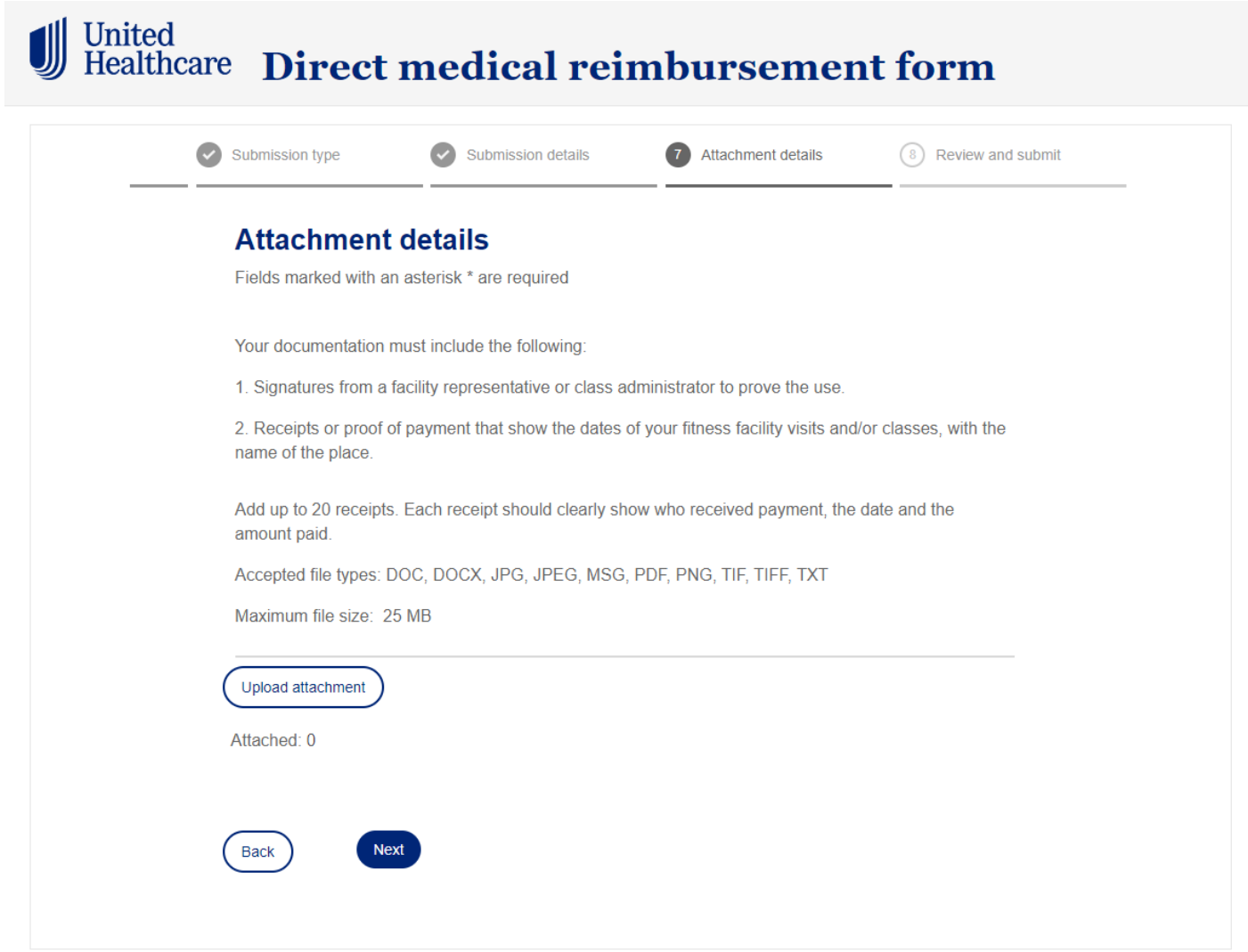
Medical Reimbursement Experience – Submission Details

- Members will then be prompted to complete a series of questions regarding the membership start/end dates, amount requested, and total charge amount.
- Note: There are four options, Gym Membership, Gym Equipment, Sweat Equity, and Weight Loss.



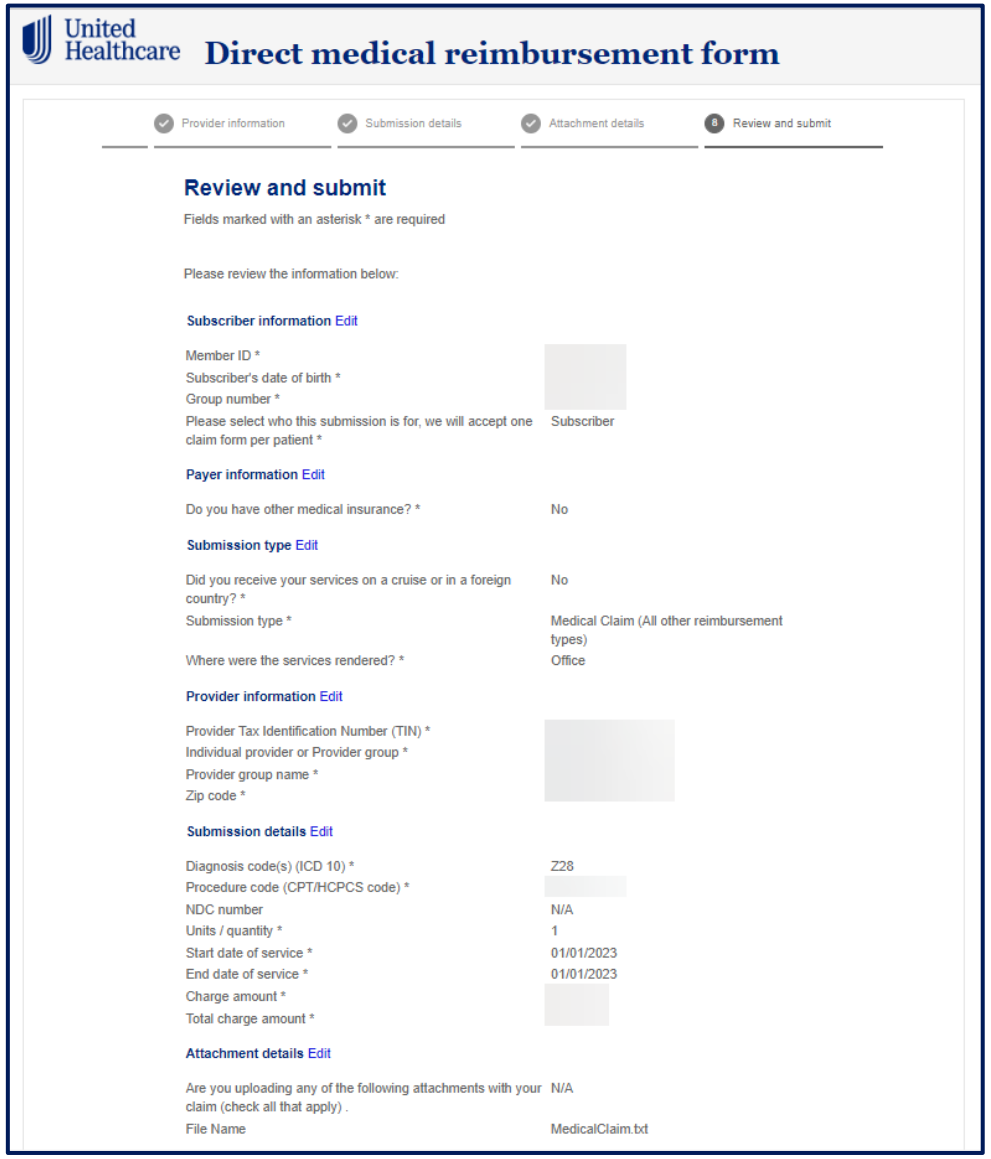
Medical Reimbursement Experience – Upload Attachments

- Members are required to submit their gym membership contract and receipt for reimbursement

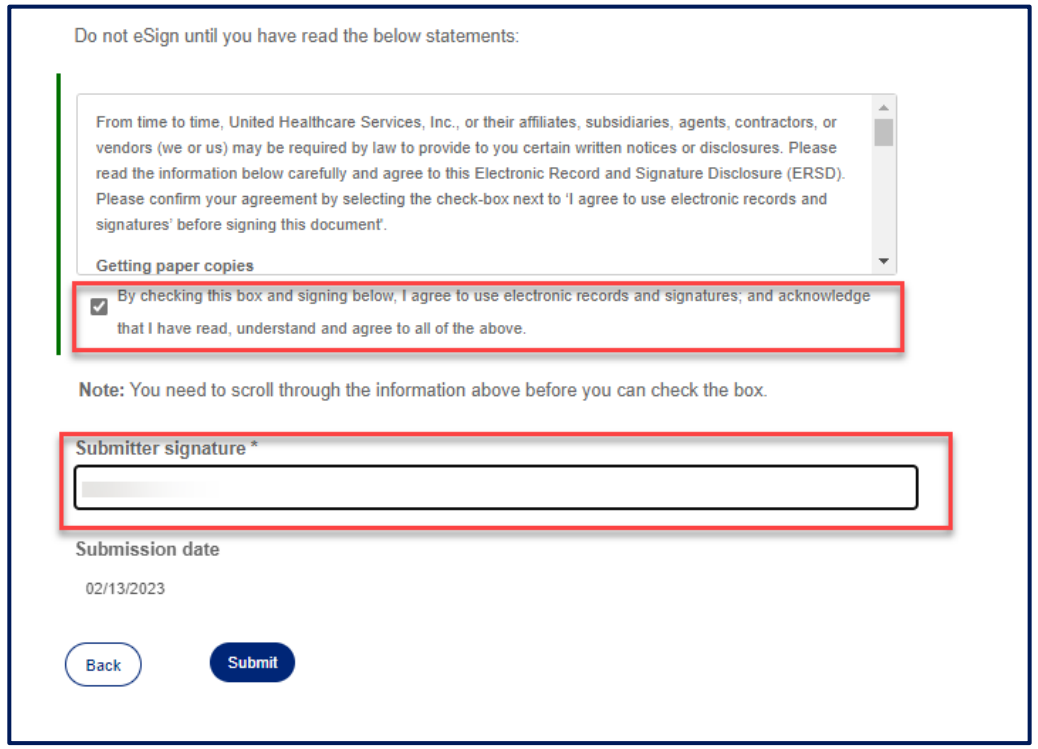


Medical Reimbursement Experience – Review and Submit

- Prior to submitting, users are shown a summary of their entries.
- Click the **Edit** link to the right of each section to return to that panel and edit the entries.



Medical Reimbursement Experience– Complete the Submission



- Scroll through and review the legal disclosure information.
- After reviewing, check the box to agree and enter the submitter's name under **Submitter signature**.
- Click **Submit**.
- The submitter will receive a confirmation message that the submission is successful, and that a copy of the submission can be downloaded, printed, or saved for their records.