

HEALTH PLAN OF NEVADA A UnitedHealthcare Company



REQUEST FOR ALLOWABLES (Fax Request to 702-266-8782)

	Date:	
Tax ID#:		
Provider/Group Name:		
Contact Name:	Phone#:	Fax#:
E-Mail:		
Contact is from which of th	e following?Billing Service	Provider's officeOther
Type of Code(s): CPT	HCPCSASA	
Please put a check mark ne	ext to each contracted line of bu	siness you are requesting.

- ____ Health Plan of Nevada (HPN)
- ____ Sierra Health & Life (SHL)
- Sierra Healthcare Options (SHO)
- Medicaid and Nevada Check-up
- Worker's Compensation; Sierra at Work (SAW)
- ____ Northern Nevada Health Network (NNHN)

Requests are limited to a <u>maximum</u> of 40 codes. Requests submitted with more than 40 codes will only be processed up to the 40th code. Please maintain and use your EOPs for reference.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.
16.	17.	18.	19.	20.
21.	22.	23.	24.	25.
26.	27.	28.	29.	30.
31.	32.	33.	34.	35.
36.	37.	38.	39.	40.

<u>Please note:</u> Allowable quotes do not guarantee payment. Claim processing is subject to member eligibility, benefits, claim processing guidelines, and contract limitations.

If you have more than 40 codes, place them into an excel spreadsheet with modifiers in a separate column and email it to <u>PRI@uhc.com</u>. Do not PDF the spreadsheet, we must receive it as an excel file.

Provider Services P.O. Box 15645, Las Vegas, NV 89114-5645 Phone: (702) 242-7088 or (800) 745-7065

Please allow 30 days for processing