

**GENERAL
REQUIREMENTS FOR
NON-NETWORK PROVIDER CLAIMS**

The following are tips in completing your claim form to help expedite the processing and payment of your claim in most cases.

- **Fill In All The Requested Information:** Any bill/ claim submitted to us requires your full name, address, ID number and your Employer's name and full address. Please provide the patient's full name, full address, DOB, Gender, and relationship to the insured member.
- **Use The HCFA-1500 Form:** We would prefer all claims to be submitted on the HC FA- 1500 form.
- **Follow The Published Instructions:** The instructions for filling out the HCFA-1500 form can be found at <http://www.hcfa.gov/medicare/edi/1500mast.pdf>
- **Provide Additional Insurance Information:** If patient has medical coverage through any other insurance, we request that you please submit the Name and full address of the Insurance company, along with phone #, group #, etc.
- **Assignment of Benefits:** If signed, the member is authorizing the insurance company to pay his/ her benefits directly to the Provider of service. If you do not wish payment to go directly to the provider, please leave this line blank. If left blank, payment will automatically be paid to the member.

The following Provider billing information must be completed and can be obtained from your provider or the facility where you received treatment:

1. Diagnosis
2. Dates (s) of service (break-down of charges per day for facility based treatment)
3. Place of Service (office or facility)
4. CPT code (description of services rendered by the Provider-procedure code that you can get from your provider)
5. Amount Charged (breakdown of charges per day for facilities; or cost of each visit for providers)
6. Provider Name & Address (actual provider who rendered the service and address of where the service was rendered)
7. Provider Tax ID and Provider's license level (MFCC, PHD, MD, etc.).

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Copy Completed Claim Form for your records.

Please send claim to:

UBH Claims

P.O. Box 30602

Salt Lake City, UT 84130-0755

**If you have any questions, do not hesitate to call the number
on the back of your identification card for assistance.**