

UnitedHealthcare Global Solutions Verification of Eligibility and Benefits

Completed by Member or Provider:

Date Completed:

Provider Name*

Provider Address*

Provider Country*

Provider Telephone Number including country code*

Provider Fax number including country code

Provider Email address

Presenting symptoms and/or diagnosis if known*

Treatment plan*

Contact Person/Dept for Billing Arrangements

Estimated date of service –

For admissions: Estimated length of stay from

Patient and Subscriber Information

Subscriber Name*

Subscriber ID number as shown on ID card*

Patient's Relationship to Subscriber*

Group Name

Group Number

Patient Last Name*

Patient First Name*

Patient's Date of Birth* –

Patient Address

Patient Telephone number including country code*

Patient Fax number including country code

Patient Email address



Completed by UnitedHealthcare Global Solutions

Subscriber ID*	Patient Last Name*	Patient First Name*	
Patient's Date of Birth*	Group Name*	Date of Service*	
Plan Benefit Information*			Effective Date of Coverage*

Plan Deductible- . * Remaining deductible is . * This is the amount the patient pays for eligible expenses during the plan year, before the plan begins paying a portion of benefits. The provider of service should collect the deductible from the patient, then UnitedHealthcare Global Solutions will pay a percentage of all eligible charges and the member/patient/subscriber will pay a percentage of charges up to the plan out of pocket maximum.

Plan Out of Pocket Maximum (OOP) - . * Out of Pocket met to date is . * This is the amount the patient pays for covered health services during the plan year. Once the OOP maximum has been met, covered services are reimbursed at 100% for the remainder of the benefit year.

Only medically necessary items shall be covered by UnitedHealthcare Global Solutions. Personal/non medically necessary (cosmetic) items are not covered expenses. Other examples of non- covered items include, but are not limited to, TV, companion meals, phone calls, etc. Facility should collect payment for these items from the patient.

Currency exchange rate for in-patient admissions will be based on the date of discharge. All other exchange rates will be based on the date of service.

Disclaimer

In order to be eligible for direct payment, as the provider of treatment, you must ensure you have provided UnitedHealthcare Global Solutions with a full disclosure of the condition, medical history and treatment required. Failure to do so may prevent or restrict our reimbursement or payment of applicable claims.

This verification of benefits and eligibility covers only the specified condition, treatment, and/or approved length of stay described in this statement. If the patient needs to be hospitalized longer, or if the treatment plan changes, you should contact us for further authorization.

Fax itemized bill and Medical Discharge Summary, if available to:
1-813-877-8167
Or, if using AT&T service (see below):
1-877-370-2889

Mail Claim to:
UnitedHealthcare Global Solutions
P.O. Box 740222
Atlanta, Georgia 30374-0111

Street Address:
UnitedHealthcare Global Solutions
4868 Georgia Hwy 85
Attn: P.O. Box 740222
Forest Park, Ga 30297
Telephone Number- 1-404-751-1037

Payment will be calculated based on the exchange rate in effect at the time services were rendered. Please advise if any payments have already been made to you by the patient.

This Verification of Benefits is valid only for 31 days after issuance. Payment by UnitedHealthcare Global Solutions is expressly conditioned on the patient's proper eligibility at the time of admission and during the course of treatment. Payments by UnitedHealthcare Global Solutions, shall be limited to only those services which are deemed by UnitedHealthcare Global Solutions to be medically necessary and will be subject to applicable limitations, exclusions and other plan conditions.

UnitedHealthcare Global Solutions Customer Care Professionals are available around the clock to answer any questions you might have.

You can reach us by phone using the following instructions:

- ▶ Toll Free: From the U.S. or Canada: 1 877-844-0280
- ▶ Outside the U.S. or Canada:
 - Collect : +1 763-274-7362
 - Locate the AT&T Direct Access number for the country from which you are calling (visit www.att.com/business_traveler).
 - Dial the access number and enter 877-844-0280.
 - If your country is not listed, simply call +1 763-274-7362 collect

