

Date E-mailed/Faxed ____/____/____

Member Service Request Form

Section I Member Information

Retiree's Full Name: _____

Patient's Full Name: _____

Patient's Date of Birth: ____/____/____

Subscriber ID Number: _____

What is your relationship to the patient? (Check one) Retiree _____ Dependent _____

If you are not the patient, do you have permission to discuss the patient's medical information? _____ (yes/no)

Daytime Telephone Number where you can be reached, including area code:

(____) ____-____

Alternate Telephone Number where you can be reached, including area code:

(____) ____-____

Best time of day to contact you: _____ AM or PM?

Section II Claim Information

Date of Service: ____/____/____ Provider of Service: _____

Claim Number: _____

Section III Reason for Request

Section IV Submitting your Request

1. This fax line and form can only be used after you have spoken with United Healthcare's Customer Care unit, and are dissatisfied with the resolution of your issue. If you have not previously spoken with United HealthCare about this issue, this form will be returned to you unanswered.
2. Please complete all questions on this form.
3. Fax this form to United HealthCare at **(262) 953-9129**
4. Receipt of your fax will be acknowledged to the retiree by telephone, by the close of the next business day.
5. If United Healthcare is unable to contact you by telephone, UHC will fax you a request to contact UHC at your convenience to discuss your issue.
6. Alternatively, you may call UHC at **1-866-365-9146** for assistance with your issue, or email UHC at: att_escalation@uhc.com