2023 SHL Provider Summary Guide





REQUEST FOR ALLOWABLES (Fax Request to 702-266-8809)

			Date		
Tax ID#:					
Specialty: _					
Contact Nan	ne:	Phone#:	Fax#:		
		following?Billing S	Service Provider's	s officeOthe	·r
Type of Cod	le(s): CPT	_ HCPCS ASA			
Please put a	a check mark next	to each contracted lin	ne of business you ar	e requesting.	
Requests ar	re limited to a <u>max</u> ed up to the 40 th c	kimum of 40 codes. Reodes. Reode. Please maintain a	ind use your EOPs fo	r reference.	codes will only
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.	

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

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

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

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Please allow 30 Business days for processing

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