2024 SHL Provider Summary Guide





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

			Date	⁷ ·	
Tax ID#:					
Provider/G	roup Name:				
Specialty: _					
Contact Na	me:	Phone#:	Fax#:		
E-Mail:					
Contact is t	from which of the	following?Billing \$	Service Provider	's officeOther	
Type of Co	do(s): CDT	HCPCS ASA			
Type of Co	ue(s) OF1	_110503 AOA			
Please put	a check mark nex	t to each contracted lir	ne of business you a	re requesting.	
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	Plan of Nevada (H <mark>f</mark>				
Sierra F	Health & Life (SHL)				
	Healthcare Options				
	id and Nevada Che	eck-up			
Prime F); ()A/ (OA)A/)			
		Sierra at Work (SAW)			
Nortner	n Nevada Health N	ietwork (NNHN)			
Damilanta a		viscours of 40 codes. D		.:4h	براهم اللبيد مماير
		<u>ximum</u> of 40 codes. Re code. Please maintain a			des will offig
ne brocess	ed up to the 40" (Jue. Piease maintain a	allu use your EOPS i	or reference.	
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6.	7.	8.	9.	10.	
11.	12.	13.	14.	15.	

<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

SHL 2024 Section 19 Frequently Used Forms

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