

# Preferred Care Network Quick Reference Guide

Effective: 1/1/2027

## Provider Portal

### UHCdental.com

The Provider Portal offers convenient, time-saving tools available 24 hours a day, 7 days a week. Features include eligibility verification, prior authorizations, claims submission and status, remittance information, procedure-level pricing, fee schedules, benefit information, provider search and more.

If you need assistance with registration or have questions about portal access, contact Provider Services.

## Provider services

Phone: **1-855-235-6343**

- Dedicated Service Representatives  
8 a.m. to 6 p.m. EST
- Interactive Voice Response System 24/7

Member eligibility, benefits, claims, authorizations, network participation and contract questions

## Pretreatment estimates

Pretreatment Estimates (PTE)  
P.O. Box 30552  
Salt Lake City, UT 84130-0567

## Provider Online Academy

Visit the **Provider Online Academy** to utilize the 24/7 on demand provider training and educational support videos.

Claims and pre-treatment estimates may be submitted electronically through your clearinghouse, online via the Provider Portal, or by mail using the addresses listed here.

## Dental claim submissions

Dental Claims  
P.O. Box 30567  
Salt Lake City, UT 84130-0567

## EDI Payer ID:

52133

## Claim disputes or adjustments

Provider Disputes  
P.O. Box 30567  
Salt Lake City, UT 84130-0567

## Corrected claims

Adjustments/Resubmissions  
P.O. Box 30567  
Salt Lake City, UT 84130-0567

## Important notes

This guide is intended to be used as a quick reference and may not contain all of the necessary information. It is subject to change without notice. For a copy of the UHC Preferred Care Network Medicare Advantage Plans Member Copay Schedule, please sign into the **Provider Portal** and select *Member Copay Schedules* under *Quick Links*.

Sample member ID cards

- UHC MedicareMax Dual Complete FL-V3 (HMO D-SNP)
- UHC MedicareMax Medicare Advantage FL-0028 (HMO)
- UHC MedicareMax Medicare Advantage FL-0029 (HMO)
- UHC MedicareMax Dual Complete FL-D4 (HMO D-SNP)
- UHC MedicareMax Complete Care FL-30 (HMO C-SNP)



PREFERRED  
CARE NETWORK

A UnitedHealthcare Company



Solstice

Plan ID (80840)

911-52133-05

Member ID:

003333332

Group Number:

12345

Member:

JONATHAN M SMB\_TEST03

DENTAL IDENTIFICATION CARD

Payer ID 52133

Effective Date: 06/01/2026

Product name here - Plan: Dental X1234

Underwritten by Preferred Care Network, Inc

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For Members:

855-235-6343

TTY:

711

For Providers:

Dental Claims: P.O. Box 30567; Salt Lake City, UT 84130-0567

855-235-6343



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