

Preferred Care Partners 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: **1-855-351-8163**

- 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 Preferred Care Partners Medicare Advantage Member Copay Schedule, please sign into the **Provider Portal** and select *Member Copay Schedules* under *Quick Links*.

Sample member ID cards

- UHC Preferred Dual Complete FL-V1 (HMO D-SNP)
- UHC Preferred Dual Complete FL-V2 (HMO D-SNP)
- UHC Preferred Medicare Advantage FL-0001 (HMO)
- UHC Preferred Medicare Advantage FL-0002 (HMO)
- UHC Preferred Dual Complete FL-D001 (HMO D-SNP)
- UHC Preferred Complete Care FL-0003 (HMO C-SNP)
- UHC Preferred Medicare Advantage FL-002P (HMO)
- UHC Preferred Dual Complete FL-D01P (HMO D-SNP)





Plan ID (80840)

911-52133-05

Member ID: 003333332

Group Number: 84008

Member:

JONATHAN M SMB_TEST02

DENTAL IDENTIFICATION CARD

Payer ID 52133

Effective Date: 06/01/2026

UHC Preferred Medicare Advantage FL-0001 HMO Plan: Dental 18064

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For Members:

855-351-8163

For Providers:

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

855-351-8163



