

# Join our network request submission: Ancillary providers and centers

## Ground and air ambulance questionnaire

**Please note, UnitedHealthcare does not directly contract for non-emergency medical transportation (NEMT) services.** To join our network as a ground and air ambulance provider, complete this questionnaire with any required documentation and visit [UHCprovider.com/contact](https://UHCprovider.com/contact) to connect with us through chat for submission instructions.

This questionnaire will determine if we have an immediate need for your services. If you're contracted with UnitedHealthcare, the legal name provided on this form will be the name used for claims and payments. Submissions with any other name could cause processing delays. If you have more than 1 service location, please provide additional National Provider Identifier (NPI) number(s) and ADA compliance details for each location.

Go to [UHCprovider.com/join](https://UHCprovider.com/join) > **Ancillary providers** for more details on joining our network, including required documentation, participation instructions and more.

Legal name:		Tax ID number (TIN):					
NPI:		DBA:					
Billing/mailling address:							
Physical address (if different):							
County:		Phone:	Fax:				
Practice website URL:							
States and territories serviced:							
AL	CT	ID	ME	MT	NC	PR	VT
AK	DE	IL	MD	NE	ND	RI	VA
AZ	DC	IN	MA	NV	MP	SC	VI
AR	FL	IA	MI	NH	OH	SD	WA
AS	GA	KS	MN	NJ	OK	TN	WV
CA	GU	KY	MS	NM	OR	TX	WI
CO	HI	LA	MO	NY	PA	UT	WY
Counties served:							

A0427 - Advanced Life Support - Emergency transport  
A0426 - Advanced Life Support - Non-emergency transport  
A0429 - Basic Life Support - Emergency transport  
A0428 - Basic Life Support - Non-emergency transport  
A0430 - Air Transport - Fixed wing  
A0431 - Air Transport - Rotary Wing  
A0433 - Advanced Life Support - Level 2 (ALS2)

A0433 - Advanced Life Support  
- Level 2 (ALS2)  
A0434 - Specialty Care Transport  
(SCT)  
A0130 - Wheelchair Van  
T2005 - Stretcher Van  
Other

### Contracting contact info

Name:

Email:

Phone:

Provider Form W-9 attached?  Yes

Provider email:

Do you provide ADA accommodations?  Yes  No If yes, please specify.

List of counties the provider serves:

Medicaid identification number:

Medicare identification number:

Air ambulance?  Yes  No

Air ambulance accreditations:

Existing UnitedHealthcare contracts (include plan names and numbers):

Plans you're interested participating in:

UnitedHealthcare commercial plans      UnitedHealthcare® Medicare Advantage  
UnitedHealthcare Community Plan (Medicaid)      HCFA 1500      UB billing

Is your practice owned by a health system? If yes, please provide any relevant information.  Yes  No

### Questionnaire completed by (if different than provider)

Name:

Title:

Phone:

Email:

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

