Benefits

NEW YORK STATE OF OPPORTUNITY. NY Power Authority

UnitedHealthcare Medicare Advantage PPO Plan
Dental Transmittal Form

The UnitedHealthcare® Group Medicare Advantage PPO Plan includes a dental benefit for NYPA Management Retiree enrollees. You can give the provider your UnitedHealthcare Group Medicare Advantage Member ID card. Most dental providers will bill UnitedHealthcare Dental directly.

If you are required to pay for services out-of-pocket, you can submit a written request for reimbursement to UHC by completing this Dental Transmittal Form and attaching an itemized invoice from your dentist, and proof of payment.

Member First Name	Member Last Name
Member Medicare Advantage ID#	Member Birthdate
Member Mailing Address (Street, City, State, Zipcode)	
Member Daytime Phone Number	
Member Signature	Date

Attach an itemized invoice and proof of payment

- Member name
- Itemized invoice from dentist (including dentist name, address, phone, procedure codes, detailed description of procedures, dentist tax-id number)
- Proof of payment (receipt, check copy)

Mail the completed Dental Transmittal Form, Itemized Invoice, and Proof of Payment to:

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

Dental Questions: Call UnitedHealthcare at 800-445-9090