UnitedHealthcare timely filing cheat sheet, 2026

UHC commercial, individual exchange and Medicare Advantage. Your Participation Agreement sets the final number; these are the defaults in the 2026 guide.

Deadlines

SITUATION	DEADLINE	CLOCK STARTS
New claim, participating provider	**Your agreement** (UHC allows at least 90 days)	Date of service
New claim, non-participating, commercial plan	**Up to 180 days**	Date of service
New claim, non-contracted, Medicare Advantage	**365 days**	Through date of service
UHC is the secondary payer	**At least 90 days**	Primary payer's payment, denial or notice
Corrected claim	**Same days as the original**	Date of service, discharge or last outpatient date
Reconsideration + appeal (both steps)	**12 months in total**	Date of the original claim EOB or PRA
Overpayment or adjustment disagreement	**30 calendar days**	Date you received the notice

Where to send it

PAPER CLAIMS

Use the address on the back of the member ID card

UHC uses many plan- and state-specific PO boxes. File electronically where you can.

PROVIDER PHONE NUMBERS

Provider services: 877-842-3210

Provider Portal support: 866-842-3278, option 1 · live chat in the portal

Rules most people miss

- [ ] The clock stops on the day the claim first reaches UHC, not the day you sent it.
- [ ] Corrected claims get no new clock. All information must arrive inside the original window.
- [ ] Reconsideration and appeal share one 12-month window. Do not spend most of it on the first step.
- [ ] Keep the payer acceptance report for every claim. It is the proof of timely filing.
- [ ] Find your filing clause in the agreement (search “timely”) and put the number in your billing system.

Sources: 2026 UnitedHealthcare Care Provider Administrative Guide; UnitedHealthcare Provider: Contact Us. General information, not legal advice. Your provider agreement or state law can change these numbers, and the address on the EOB or ID card always wins.

Prepared by **Muhammad Ali**
truecyclebilling.com