

Stabilization Information Request



Eligibility Criteria:

- Participating/enrolled in NC Tracks
- Participating with United Healthcare North Carolina Community and State (Medicaid)
- Limited to providers located in the 27 impacted counties and Eastern Cherokee Band
- Complete attestation of need

Please submit completed Provider Stabilization Payment form to uhc_nc_providerrequest@uhc.com

Date of Request:	TIN (one application per TIN):
Provider/Practice Name:	NPI:
Service Location:	Service Location County:
Staff Contact Name:	Staff Contact Phone #:
Staff Contact Email:	Are you contracted with UHC NC Community Plan (Medicaid)? Yes No
Please explain why stabilization payments are needed (specific details about impact on operations).	
Please explain what efforts are being taken to restore operations.	

Provider Stabilization Payment Request



What is timeline to return to normal operations?	Are you signed up with Optum Pay to received EFT? Yes No
How will stabilization funds be utilized?	
Have you applied for and/or received Hurricane Helene disaster funding from FEMA or other governmental organizations? Yes No	

Provider Attestation

By signing this form, Provider represents and warrants:

- The receipt of any post stabilization payment will not result in any increased utilization, unnecessary services or payments by third party payors, including Federal healthcare programs. Any post stabilization payment is in no way intended as an incentive for referrals of government healthcare program business;
- All statements and information provided are true;
- Submitting Entity/Provider acknowledges that UnitedHealthcare is relying on the veracity of the submitted information to determine a bona fide need for payment;
- Provider acknowledges that submission of its request is not a guarantee of payment and that decision, including the amount, will be made by UnitedHealthcare.

Signature: _____ Date: _____