



## Claims Submission Notice for Maryland Plan Members

If you use our network of providers, you should not have to submit a claim.  
If you do need to submit a claim, claim forms can be found on [myuhc.com](http://myuhc.com).

Forms and supporting documents can be sent by mail or by fax.

### **Medical Claims**

UnitedHealthcare  
P.O. Box 740800  
Atlanta, GA 30374-0800  
Fax: 248-733-6000

### **Dental Claims**

UnitedHealthcare  
P.O. Box 30567  
Salt Lake City, UT 84130-0567  
Fax: 248-733-6372