

Background Appeal Form



THIS IS A WRITABLE FORM*

Please type or print the information below. Use the tab key to move through the fields.

Last Name	First Name	Date
PID/WID	NPN	
1. Have you been declined for background by UnitedHealthcare Medicare Solutions within the past year?		Yes No
If "yes," go to question 2. If "no," please contact your FMO or recruiter for guidance. Do not submit this form.		
2. Have you reviewed your background report provided by UnitedHealthcare Medicare Solutions?		Yes No
If yes, go to question 3. If no, please contact:		Business Information Group (BIG) P.O. Box 541 Southampton, PA 18966 Phone: 800-260-1680 Fax: 888-495-8476
3. Have you been declined after submitting an appeal to UnitedHealthcare Medicare Solutions?		Yes No
For internal use: If "no" to question 3, this is a first appeal. If "yes" to question 3, this is a second appeal.		
4. Please review all information provided on your Background Report. In order to appeal the decision to decline your appointment with UHC, please submit this form along with any relevant documentation to substantiate your appeal. Please check all that apply:		
Bankruptcy	OIG-GIA Excluded Parties	Tax Lien/ Judgment
Financial	Action Base	Insurance License
5. Please review all the information provided on your background report:		
<ul style="list-style-type: none"> - Background declined due to financial past due amount? If so, please provide any type of documentation and/ or proof of payment plans. - Background declined due to Bankruptcy on record? Please provide documentation of Bankruptcy and/ or current status with past due amounts on background report. - Background declined due to Tax Liens/ Judgments? Please provide proof of a release and or payment plan. - Background declined due to Insurance Licensing? Please provide documentation from the state if applicable. - Background declined due to County/ Federal Criminal History? Please provide documentation of court documents and/ or brief summary (explanation) of the information provided on the criminal history portion on your background report. 		
<p>On appeal explanation letter please include: First and last name, last four digits of SSN, and Party ID (if received).</p> <p>PLEASE SEND THIS DOCUMENT AND ATTACHMENTS TO: EMAIL: uhpcred@uhc.com FAX: 1-888-205-7375</p>		