



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

REQUEST FOR ALLOWABLES
(Fax Request to 702-266-8782)

Date: _____

Tax ID#: _____

Provider/Group Name: _____

Specialty: _____

Contact Name: _____ Phone#: _____ Fax#: _____

E-Mail: _____

Contact is from which of the following? Billing Service Provider's office Other

Type of Code(s): CPT HCPCS ASA

Please put a check mark next to each contracted line of business you are requesting.

- Health Plan of Nevada (HPN)
- Sierra Health & Life (SHL)
- Sierra Healthcare Options (SHO)
- Medicaid and Nevada Check-up
- Worker's Compensation; Sierra at Work (SAW)
- Northern Nevada Health Network (NNHN)

Requests are limited to a maximum of 40 codes. Requests submitted with more than 40 codes will only be processed up to the 40th code. Please maintain and use your EOPs for reference.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
11.	12.	13.	14.	15.
16.	17.	18.	19.	20.
21.	22.	23.	24.	25.
26.	27.	28.	29.	30.
31.	32.	33.	34.	35.
36.	37.	38.	39.	40.

Please note: Allowable quotes do not guarantee payment. Claim processing is subject to member eligibility, benefits, claim processing guidelines, and contract limitations.

If you have more than 40 codes, place them into an excel spreadsheet with modifiers in a separate column and email it to PRI@sierrahealth.com. Do not PDF the spreadsheet, we must receive it as an excel file.

Network Development & Contracts/ Provider Services
P.O. Box 15645, Las Vegas, NV 89114-5645
Phone: (702) 242-7088 or (800) 745-7065

Please allow 30 days for processing