

#### CLAIMS INSTRUCTIONS

Submit claims to the company within 90 days after the date of service. Please mail all medical and hospital bills along with the patient's name, SR ID number and address to the address below.

Send claims to:

**Student**Resources

PO Box 809025

Dallas, TX 75380-9025

Electronic Payer ID #: 74227

For emergencies while traveling contact:

UnitedHealthcare Global

1-877-294-2038 (Toll-Free) or 1-410-453-6330 (Collect)

or email [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com).

Use ID # 902205494

For Hospital pre-admission notification call UnitedHealthcare at 1-877-295-0720.

#### NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

[www.uhcsr.com/sacm](http://www.uhcsr.com/sacm)