

INTENTIONALLY BLANK



A UnitedHealthcare Company



Issuer (80840) 911-39026-02

Member ID: 47071264

Group Number: 76-414094

Member:

KATHERINE A MEAD 00 MED



Rx BIN: 004336
Rx PCN: ADV
Rx GRP: RX7642

UnitedHealthcare®
Choice Plus Network

0730

Self-funded plan administered by UMR



This card must be presented each time services are requested.

Printed: 12-10-2024

Medical: In Net

Out of Net

Ded: \$3,300*

\$6,600

OOPM: \$5,000*

\$10,000

*includes pharmacy

Pre-cert Req: All In-Pat and SNF, OP surgeries, Home Health/Hospice, Dialysis, DME>\$1500, MRI/MRA/Pet scans, Transplants, IOP or PHP, Genetic testing, Oncology.

For Members: www.myNTTDATAbenefits.com

877-498-5979
800-364-6331

For Providers:
Provider Fax #:

www.ccbyqh.com

877-498-9856
800-403-7641

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
KATHERINE A MEAD
715 HAGAN STREET
219
NASHVILLE, TN 37203

Mailing/Meter Date:

Insert #1
Insert #3
Insert #5
Insert #7
Insert #9
Insert #11

Insert #2
Insert #4
Insert #6
Insert #8
Insert #10
Insert #12

Cycle Date: 20241210
PDF Date: Wed Dec 11, 2024 @ 15:41:36
MaxMover: N

UHG JOB ID: 8100 GRP: 76414094 PV: 001 RC: EMP MKT:
MT: 00 SA: 90 OI: 02 FORM: K2H000 CPAY: PKG ID: 00687

DALE BROWN: N LETTER NM: LETTER2 DIVISION : CARD TYPE:
TEMPLATE: TPA C30 : FAMILY T07 : 2SHRT
SORT HCN: 00687