

Provider Claim Submission

Provider UnitedHealthcare Member ID: 603100096568

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using PAYER ID USN01
- Or submit via mail:
- UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

Member Claim Submission

Member WorldTrips Certificate #: 100096568

- Claimant statement and authorization forms may be completed online at
- Printable claimant statement and authorization forms are available at
 https://eco.pice.weelstripe.com
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: https://www.whyuhc.com/us1
- Non-US provider network search:

https://www.worldtrips.com/find-a-docto



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE