



DATE: 20-Apr-2021
ATTENTION: atención
FACILITY NAME: REINTEGROS CHILE NUEVO
ADDRESS: Dire prestador
PHYSICIAN NAME: Nom Médico
PHONE: Tel
FAX: Fax
EMAIL: robertoiann@hotmail.com

VERIFICATION OF BENEFITS

FIRST NAME: SALO	MIDDLE I: S	LAST NAME: EUGE
DATE OF BIRTH: 27-Dec-1984	GENDER: female	UHC GROUP NAME: Universal Assistance
GROUP No: 76570170	PLAN No: 767000570170	CLASS CODE: 001 LOCATION CODE: 001
UHC MEMBER ID: 76570170	EFFECTIVE DATE: 29-Jul-2019	CANCEL DATE: 26-Nov-2021
DIAGNOSIS: Diagnóstico		
PROCEDURE: Procedimiento		
SERVICE SETTING: Outpatient	DATE OF SERVICE : 16-Nov-2022	
IF THE PATIENT IS ADMITTED TO ER – PLEASE NOTIFY AT: 1-877-303-7750		
DEDUCTIBLE \$ 343	COINSURANCE RATE: 23%	
PLAN MAXIMUM: \$ 23		
EXCLUSIONS/LIMITATIONS: implantable devices		
COMMENTS: Coments		

The above referenced patient is enrolled in a plan that is part UnitedHealthcare's Options PPO network. The member's benefits are paid according to the contracted rate with UnitedHealthcare. The above mentioned has an Insurance policy administered by Universal Assistance in conjunction with UnitedHealthcare.

All invasive or aggressive treatment must be pre-authorized by the assigned Case Manager. All unauthorized treatment will be subjected to a review. Providing all policy requirements are met at the time services are rendered, eligible expenses will be considered in accordance with the terms and conditions of the policy and based on the reimbursement schedule per your agreement with United Healthcare. If provider is out-of-network the member's benefits are paid according to the out-of-network arbitrations program. This is not a guarantee of payment.

In order to proceed with the payment, all claims must be submitted on a HCFA/CMS or a UB form. An itemized statement must accompany all UB forms.

Please note this plan is associated with our NEW Claims Address and Payor ID
Please update your billing systems:
UnitedHealthcare Global
PO Box 30526
Salt Lake City, UT 84130-0526
Electronic payor ID: USN01

To check claim status or verify eligibility log on to: www.usnetworksuhc.com
For general questions or claim inquiries call **1-877-303-7750**

This facsimile transmission may contain protected and privileged, highly confidential medical and/or legal information.

If you are not the intended recipient, please immediately notify the sender at 1-877-303-7750. Thank you for your help in maintaining appropriate confidentiality.

Dear Provider: This plan is associated with our NEW Claims Address & Payor ID
Please update your billing systems.


UnitedHealthcare Global
PO BOX 30526
Salt Lake City, UT 84130-0526
Payor ID: USN01

To check claim status or verify eligibility log on to: www.usnetworksuhc.com

ID CARD:

FRONT

BACK

 UnitedHealthcare Health Plan (80840) 911-87601-04 UnitedHealthcare Member ID: 917720528401 Group Number: 76570170	For any inquiry or assistance call: 1-877-303-7750 This card does not guarantee coverage. To verify benefits:
Member: Group Name: UNIVERSAL ASSISTANCE Payor ID: USN01	Medical Providers: Medical Claims: UnitedHealthcare Global, PO Box 30526, Salt Lake City, UT 84130-0526

This facsimile transmission may contain protected and privileged, highly confidential medical and/or legal information. If you are not the intended recipient, please immediately notify the sender at 1-877-303-7750. Thank you for your help in maintaining appropriate confidentiality.