

FAX

To: 20220908-112257-582

Company:

Fax: 2814993197

Phone:

From: umr_rm@uhc.com

Fax:

Phone:

E-mail: UMR_RM@UHC.COM

NOTES:

**Fax Information**

To: 2814993197
From: UMR
Fax Number: 715-841-7569
Date & Time: 09/08/2022 11:22:57

Important Notes

Visit www.umar.com to access interactive claim, benefits and eligibility, providing you with access copies of the Explanation of benefit documents, downloading capabilities and easy sorting of information.

Need more information?

Call 877-303-2414. When prompted for the employee's member ID, enter the following six digit **passcode: 565665**, followed by the pound sign. You will then be connected with a customer service representative. This passcode is valid only one time and expires two weeks after the date of this fax.

Disclaimer: Every effort is made to be sure that the information given to you today is accurate. If a conflict exists between the information provided to you and the terms of the plan, the terms of the plan will control. Final determination of coverage and patient responsibility is made at the time the claim is received and processed.

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If you have received this fax in error, please notify the sender immediately by phone and destroy this fax.

Thank you.

Eligibility & Benefits Fax



Employee name:	Sheriff Olaleye	Group number:	76414056
Employee ID:	21213115	Employer:	FieldCore Service, Inc.
Patient name:	Sheriff Olaleye	Effective date:	01/01/2022
Patient birth date:	03/08/1976	Termination Date:	N/A
Provider Network:	Unitedhealthcare Dental		
Provider Network URL:	http://www.yourdentalplan.com/dentistsearch		

Covered as Basic: Single X-rays, Biopsy Exams, Space Maintainers, After Hours Visits. Covered as Major: Occlusal Guards, Core Build-ups, Relines, Rebases, Denture Repairs, Denture Adjustments. Ortho - no age limit. Harmful Habit Appliances are covered under Orthodontia benefit. Excluded: Teledentistry, Localized Delivery of Antimicrobial Agents

Preventive And Diagnostic		
TRADITIONAL		Benefit Period: 01/01 - 12/31
Benefit	Benefit Max	Met
Individual deductible	Not Applicable	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	Not Applicable	
Family out-of-pocket	Not Applicable	
Benefit level	100%	
Benefit level variance	yes	
Individual annual maximum	\$2,500.00	\$1640.82
Individual lifetime maximum	Not Applicable	

Basic		
TRADITIONAL		Benefit Period: 01/01 - 12/31
Benefit	Benefit Max	Met
Individual deductible	\$50.00	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	\$150.00	MET
Family out-of-pocket	Not Applicable	
Benefit level	80%	
Benefit level variance	yes	
Individual annual maximum	\$2,500.00	\$1640.82
Individual lifetime maximum	Not Applicable	

Major		
TRADITIONAL		Benefit Period: 01/01 - 12/31
Benefit	Benefit Max	Met
Individual deductible	\$50.00	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	\$150.00	MET
Family out-of-pocket	Not Applicable	
Benefit level	50%	
Benefit level variance	no	

Individual annual maximum	\$2,500.00	\$1640.82
Individual lifetime maximum	Not Applicable	

Orthodontic

TRADITIONALBenefit Period: 01/01 - 12/31

Benefit	Benefit Max	Met
Individual deductible	\$50.00	
Individual out-of-pocket	Not Applicable	
Individual lifetime deductible	Not Applicable	
Family deductible	\$150.00	MET
Family out-of-pocket	Not Applicable	
Benefit level	50%	
Benefit level variance	no	
Individual annual maximum	Not Applicable	
Individual lifetime maximum	\$2,500.00	

Limits

*Applied limits not available

TRADITIONALBenefit Period: 01/01 - 12/31

Benefit	Benefit Max	Applied	Age Limit	Special Limit
Examination	2 per year		none	none
Cleaning	2 per year		none	none
Bitewings	1 per year		none	none
Fluoride	1 per year		to age 18	none
Panoramic x-ray	36 months		none	none
Full mouth x-ray	36 months		none	none
				teeth
Sealants*	36 months		to age 15	2,3,14,15,18,19,30 & 31
Crowns*	60 months		none	none
Bridges*	60 months		none	none
Dentures*	60 months		none	none
				employee, spouse, &
Orthodontics*	none		none	children - age limits apply

Claim Submission

UMR
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