



Member

Member:
Narsingh rao Babburu
UnitedHealthcare Member ID:
100009735
Eff Dt:
August 05, 2019

Insurance

Health Plan (80840):
911-87726-04
Group Name:
Tokio Marine
UnitedHealthcare Group
Number:
917184
Payer ID:
87726
Plan Name:
UnitedHealthcare Options PPO

Claims Submission

- Obtain a Claimant's Statement & Authorization Form by visiting hccmis.com or by calling 800-605-2282 or 317-262-2132
- Complete the Claimant's Statement & Authorization Form; attach original, itemized bills; and forward to Tokio Marine HCC - Medical Insurance Services. Be sure to fully complete your Claimant's Statement & Authorization Form and sign it.
- If you have already paid certain expenses, attach copies of payment receipts. In many cases, payment will be made directly to the hospital/physician that treated you.
- Mail your Claimant's Statement & Authorization Form and itemized bills including diagnosis to Outside USA address below or visit <https://zone.hccmis.com/clientzone/> to complete and submit online.

Inside United States

Medical Claim Address:
UnitedHealthCare Global
PO Box 740372
Atlanta, GA 30374
For members: 1-317-262-2132
<https://us1.welcometouhc.com/>
For Providers: 1-866-555-5555

Outside United States & Forms

Medical Claim Address:
Tokio Marine HCC - MIS Group Claims
Department
Box No. 2005
Farmington Hills, MI 48333-2005
United States

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE