



Effective Date: **03/15/2021**

Group Name: **Azimuth**

Member: **JENNIFER MARTINEZ**

UnitedHealthcare ID: **691701930951**

Dependent(s): **HECTOR MARTINEZ**  
**ANA MARTINEZ**  
**LILIAN MARTINEZ**  
**NADIA MARTINEZ**

UnitedHealthcare ID : **691701930952**  
UnitedHealthcare ID : **691701930953**  
UnitedHealthcare ID : **691701930954**  
UnitedHealthcare ID : **691701930955**

UnitedHealthcare Group Number: **76570127**

Payer ID Number: **USN01**  
Prescriptions: **Reimbursement only**

UnitedHealthcare Options PPO Network

**Pre-certification Requirements:** All Hospitalizations, Surgical Procedures, CT Scans, MRI's, PET Scan, Chemo/Radiation Therapy, Extended Care Facility, Organs Transplants, Artificial Limb(s). A provider or insureds failure to notify Azimuth of a pre-notification within 48 hours may result in a 50% reduction of eligible benefits.

**Important Notice:** A pre-notification does NOT guarantee eligibility.

**For Non-UnitedHealthcare Claims, or International Claims, or Dental Claims submit to:**

Azimuth Risk Solutions  
P.O. Box 627  
Indianapolis, In 46206  
service@azimuthrisk.com / 317-644-6291

Please mail/email all claims, itemized bills, medical records and complete Azimuth claims form(s) within 90 days of the date of service

**For US Providers:** [www.usnetworksuhc.com](http://www.usnetworksuhc.com)

**Medical Claim Address:**

P.O. Box 30526  
Salt Lake City, UT 84130-0526

Please call 1-844-251-8339 toll free for eligibility, benefits or claims status.