



Effective Date: **03/02/2021**

Group Name: **Azimuth**

Member: **JHONELY N DIAZ FERNANDEZ**

UnitedHealthcare ID: **691802052758**

Dependent(s): **N/A**

UnitedHealthcare ID: **N/A**

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

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.