



Effective Date: **01/16/2021**

Group Name: **Azimuth**

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Member: **JACOB KURUMARTHI ABISHEKAM**

UnitedHealthcare ID: **691802048963**

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

UnitedHealthcare ID: **N/A**

UnitedHealthcare Group Number: **76570127**

Payer ID Number: **USN01**

Prescriptions: **Reimbursement only**

UnitedHealthcare Options PPO Network

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**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

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**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.