



Effective Date: **10/30/2020**

Group Name: **Azimuth**

Member: **martin alan Pollack**

UnitedHealthcare ID: **691802050294**

Dependent(s): **yaqin wu  
seina Racheal Pollack  
riya wuyiling Pollack  
mirra Kathleen Pollack**

UnitedHealthcare ID: **691802050430**

UnitedHealthcare ID: **691802050431**

UnitedHealthcare ID: **691802050432**

UnitedHealthcare ID: **691802050433**

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.