



Effective Date: 01/01/2021
Group Name: Azimuth

Member: Jacob Choi

Dependent(s): N/A

UnitedHealthcare ID: 691802051383

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 prenotification within 48 hours may result in a 50% reduction of eligible benefits.

 $\textbf{Important Notice:} \ \textbf{A} \ \textbf{pre-notification does NOT guarantee eligibility}.$ 

## 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.