

**Member**

Member Name:  
Raghav Sood

TMHCC-MIS Certificate #:  
140009725

Effective Date:  
August 01, 2020

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
Tokio Marine

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID:  
603140009725

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603140009725**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member TMHCC-MIS Certificate #: **140009725**

- Claimant statement and authorization forms may be completed online at <https://zone.hccmis.com/clientzone>
- Printable claimant statement and authorization forms are available at <https://service.hccmis.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://us1.welcometouhc.com>
- Non-US provider network search: <https://www.hccmis.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

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