

FUJI CARRIER NAME: UMR

CARRIER CODE: UM006

Front

 YOUR COMPANY NAME HERE

Issuer (80840) 911-39026-02 

Member ID: 12345684 Group Number: 76-123456

Member:
JAMES A SAMPLE 00 MED DEN


Rx BIN: 610127
Rx PCN: 01960000
Rx GRP: 0196XXXX

UnitedHealthcare
Choice Plus Network
Administered by UMR

CO-PAYS MAY APPLY

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This card must be presented each time services are requested. Printed: 10-01-2015

Call UMR Care Management at 866-484-4502 for plan required prior authorization.
FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: www.umar.com 8XX-XXX-XXXX
Nurseline: 8XX-XXX-XXXX

For Providers: www.umar.com 877-233-1800

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

   **UMR**
MANAGED DENTAL

Pharmacists & Members: 877-559-2955