

**THIS IS YOUR
TEMPORARY ID CARD**



UnitedHealthcare[®] 2013-14 Academic Year
StudentResources

insured:
SR ID #: Policy #: 2013-38-4
Group Name: Auburn University

For Members: 1-800-767-0700
For Providers: 1-888-889-3813

UnitedHealthcare Choice Plus

Rx Grp#UHCSTRC01, Rx Bin #610279, RxPCN #9999

13-ID1 Underwritten by UnitedHealthcare Insurance Co.

shared savings
MultiPlan
OPTUMRx

CLAIM INSTRUCTIONS

Claims should be submitted to the company within 90 days after date of treatment. Please mail all medical and hospital bills along with the insured student's name and patient's name, ID number, address, and the name of the college or university under which the student is insured to the address listed on this card.

Send Claims to:	For emergencies while traveling call:
StudentResources	FrontierMEDEX
PO Box 809025	1-800-527-0218 in the US
Dallas, TX 75380-9025	1-410-453-6330 Collect outside the US
Electronic Payer ID #: 74227	

For Hospital pre-admission notification call UnitedHealthcare at 1-877-295-0720.

NOTICE TO ALL HEALTHCARE PROVIDERS

This card is not a guarantee of coverage. For information concerning coverage, co-payment and claims instructions, please call Customer Service at the number listed on the front of this card.

www.uhcsr.com