

Sae Jong Camp

Please upload your current health insurance card, front and back. Example:


Health Plan (80840) 911-87726-04
Member ID: 123456789 Group Number: 98765
Member: SUBSCRIBER SMITH Customer Name Line 1
Dependents: SPOUSE SMITH Customer Name Line 2
CHILD1 SMITH Payer ID 87726
CHILD2 SMITH
CHILD3 SMITH
Copays: Office: \$25 ER: \$300
UrgCare: \$150 Spec: \$30
0508
UnitedHealthcare Choice Plus
Administered by [Appropriate Legal Entity]



OPTUMRx
Rx Bin: 610279
Rx PCN: 9999
Rx Grp: UHEALTH

Printed: 03/27/20

Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more.
Web: myuhc.com
Phone: 888-555-4444

Providers: 877-842-3210 or UHCprovider.com
Medical Claims: PO Box 740800, Atlanta GA 30374-0800

Pharmacists: 888-290-5416
Pharmacy Claims: OptumRx PO Box 650540 Dallas, TX 75265-0540