

BENEFITS ADMINISTERED BY



NAME
IDENTIFICATION
EMPLOYER

PRINT DATE
GROUP NBR
LOCATION
BILL DIV

Welcome to UMR! Enclosed is your new identification card(s). Please be sure to present your card to your health care provider to ensure your claims are mailed properly.

Visit us at www.umar.com to access online claims, benefits, pharmacy, find a health care provider or research any health related topic of interest. Our customer service team is also available to assist you with your benefits or claims questions Monday through Friday by calling the toll free number listed on this card.

We look forward to working with you to administer your health benefits plan!

UMR Customer Service



BENEFITS ADMINISTERED BY



PATIENT NAME/COVERAGE

CARE SYSTEM/PRIMARY CARE

NAME:

ID:

EMPLR:

GROUP:

OFFICE COPAY:

CUSTOMER SERVICE:
PROVIDERS - CALL 1(877) 233-1800
MEMBERS - CALL 1(877) 390-7632

Print Date



Fold along perforations before removing your cards

After removal, fold card here



BENEFITS ADMINISTERED BY



PATIENT NAME/COVERAGE

CARE SYSTEM/PRIMARY CARE

NAME:

ID:

EMPLR:

GROUP:

OFFICE COPAY:

CUSTOMER SERVICE:
PROVIDERS - CALL 1(877) 233-1800
MEMBERS - CALL 1(877) 390-7632

Print Date



Fold along perforations before removing your cards

This card must be presented each time services are requested.

MAIL ALL CLAIMS TO: UMR
PO BOX 30541
SALT LAKE CITY UT 84130-0541
EDI PAYER ID # 39026
CUSTOMER SERVICE

1(877) 390-7632

Notice to Providers, Physicians and Facilities: You are required to call for all inpatient admissions.
Notice to Members: You are required to call for any plan required certifications and any admission not directed by your care system physician.



For out of area participating PHCS providers when traveling contact **PHCS**, provider information line 1(800) 678-PHCS or www.umar.com

Patient Choice Web Site:
Your source for the most up-to-date information
www.patientchoicesignature.com

This card must be presented each time services are requested.

MAIL ALL CLAIMS TO: UMR
PO BOX 30541
SALT LAKE CITY UT 84130-0541
EDI PAYER ID # 39026
CUSTOMER SERVICE

1(877) 390-7632

Notice to Providers, Physicians and Facilities: You are required to call for all inpatient admissions.
Notice to Members: You are required to call for any plan required certifications and any admission not directed by your care system physician.



For out of area participating PHCS providers when traveling contact **PHCS**, provider information line 1(800) 678-PHCS or www.umar.com

Patient Choice Web Site:
Your source for the most up-to-date information
www.patientchoicesignature.com