



Member

Member Name (Surname, Given Name):

XXXX, XXX

WorldTrips Certificate #

123456789

Effective Date:

03/01/2023

Insurance

Payer ID:

USN01

Health Plan (80840):

911-87601-04

Group Name:

WorldTrips

UnitedHealthcare Group Number:

76-570032

UnitedHealthcare Member ID:

603123456789

Plan Name:

UnitedHealthcare Options PPO

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Provider Claim Submission

Provider UnitedHealthcare Member ID: **603123456789**

- 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 WorldTrips Certificate #: **123456789**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- International provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE