

>0000001 9753055 003115
NEW BROWN
1909 E CALDWELL ST
PHOENIX AZ 85042



UNITEDHEALTHCARE COMMUNITY PLAN
P.O. BOX 31349
SALT LAKE CITY UT 84131-0349 N

03115 9753055 0000 00000001 00000001 304 7 117



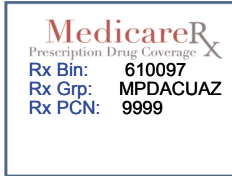
Health Plan (80840) 911-03432-06

Member ID: A00473573 Group Number: AZMCARE

Member:
NEW BROWN

Payer ID: 03432

PCP Name:
DOUGLAS GETWELL
PCP Phone: (602)239-4567



H0321-004

UnitedHealthcare Dual Complete One (HMO SNP)

Shipper ID: 00000000
Shipping Method: DIRECT
CARRIER: USPS
Address:
NEW BROWN
1909 E CALDWELL ST
PHOENIX, AZ 85042

Mailing/Meter Date:

1900-1-1

Your new plan member identification (ID) card is enclosed. You should show this card when receiving health care services and filling prescriptions. We appreciate your membership and look forward to serving you.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Los planes están asegurados a través de UnitedHealthcare Insurance Company o una de sus compañías afiliadas, una organización Medicare Advantage que tiene un contrato con Medicare y un contrato con el programa estatal de Medicaid. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.



H0321_140923_175539 Accepted

In an emergency go to nearest emergency room or call 911.

Printed: 10/13/14



This card does not guarantee coverage. To verify benefits or find a physician, visit www.uhcommunityplan.com or call customer service Monday - Sunday 8:00 a.m. to 8:00 p.m.

For Customer Service: 877-614-0623 TTY 711
Mental Health: 800-547-2797 TTY 711
Transportation: 888-700-6822 TTY 711

For Providers www.uhcommunityplan.com 800-445-1638
Medical Claims: PO Box 5290, Kingston, NY, 12402-5290

Medicare
Community
Plan

CP

Pharmacy Claims: OptumRX, PO Box 29045, Hot Springs, AR 71903
For Pharmacists: 877-889-6510

Insert #1 Insert #2
Insert #3 Insert #4
Insert #5 Insert #6
Insert #7 Insert #8
Insert #9 Insert #10
Insert #11 Insert #12

Cycle Date: 20141031

PDF Date: Wed Oct 15, 2014 @ 14:49:57

MaxMover: N

UHG JOB ID: 8019 GRP: AZMCARE PV: 8000 RC: 8000 MKT: 77777

MT: 00 SA: 00 OI: 98 FORM: K2H000 CPAY:

DALE BROWN: NO LETTER NM: DIVISION : DZ CARD TYPE: DY

TEMPLATE: NEW FAMILY/IND : STD IND : STANDARD : STANDARD