1006 STATE STREET LAWRENCEVILLE, IL 62439



ADDRESS SERVICE REQUESTED

SANDEEP POTHULA 9001 WURZBACH RD APT 109 SAN ANTONIO TX 78240-1048

For information about your plan, or to look up network providers visit: www.myuhone.com

YOUR ID CARDS ARE ENCLOSED



DOI UnitedHealthcare® Choice

Primary Insured: Sandeep Pothula

ID #:096 901 269 Effective Date:02/04/23 Issuer:OPTUMRx RXBin:610279 RXGrp:UGRI RxPCN:9999 Urgent Care Copay: \$50 RX: \$25 Copay Tier 1 only

EPO



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ATTACHED ARE YOUR ID CARDS

Notification is not required

Send medical claims to: Golden Rule Insurance Company

PO Box 31374 Salt Lake City, UT 84131-0374 Electronic Submission: 37602

For Customer Service and To Find Network Providers: www.myuhone.com (800) 657-8205

Pharmacists: Submit claims via the Telepaid System. Pharmacy Service Help Desk: 1-855-816-6618.

To find a pharmacy, call Member Services at 1-800-657-8205 or go to www.myuhone.com. Mail pharmacy claims to: Golden Rule Insurance Company

Golden Rule Insurant P.O. Box 31374 Salt Lake City, UT 84131-0374 Shared Savings





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