



Dear Physician, Pharmacist, and Office Staff:

Please accept this letter on behalf of UnitedHealthcare as temporary identification for the employee noted below. This letter will provide you with the information necessary for handling all eligibility, benefits and claims questions. The employee noted below is enrolled in the UnitedHealthcare plan. Eligibility for the employee and for dependents may be verified by calling Customer Service.

Member Name:

Identification Number:

Employer Name: CBIZ

Group Number: 188335

For authorization, eligibility, claims address and coverage information, please call the Customer Service office at:

800-241-4675

Address for submission of medical claims:

UnitedHealthcare
P.O. Box 30555
Salt Lake City, UT 84130-0555

Address for submission of pharmacy claims

Medco Health Solutions, Inc.
P.O. Box 14711
Lexington, KY 40512
(800) 842-2042

All benefits are subject to the subscriber's eligibility and the plan provisions. If you have any questions, please call the customer service number shown above for assistance.

Sincerely,
Client Services
UnitedHealthcare