


PDP - United

<p align="center">Customer Care:</p> <p>☎: 1-888-556-6648 (Employer Sales & Service) ☎: 1-888-867-5562 (General Member Service) ☎: 1-888-867-5561 (General Member Sales) ☎: 1-877-889-5802 (Mail Service)</p> <p align="center">Hours of operation: 24/7</p>	<p align="center">Claims Address:</p> <p align="center">Prescription Solutions ATTN: Claims PO Box 6083 Cypress, CA 90630-0083</p>
<p align="center">Billing & Enrollment:</p> <p align="center">☎: 1-800-955-8098 ☎ Fax: 262-313-9078 ✉: EC_EGHP_PDP_BE@uhc.com</p>	<p align="center">Billing & Enrollment hours of operation:</p> <p align="center">Mon - Fri 8:30-5:30 Eastern Mon - Fri 7:30-4:30 Central Mon - Fri 6:30-3:30 Mountain Mon - Fri 5:30-2:30 Pacific</p>
<p align="center">Websites:</p> <p align="center">www.unitedmedicarerx.com www.unitedhealthrxforgroups.com</p>	<p align="center">Eligibility system: GPS</p> <p align="center">Claims system: Rx Solutions</p>
<p align="center">ID Card Example:</p> <div data-bbox="253 984 816 1352" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;">  <p>UnitedHealth Rx for Groups</p> <p>RxBin 610097 RxPCN 9999 RxGrp PDPIND Issuer 80840 ID <Membership_#> Name <FirstName_MI_LastName> Plan Member since: 2008 <CMS_contract#> <PBP#></p> <p align="right">MedicareRx <small>Prescription Drug Coverage</small></p> </div> <div data-bbox="253 1352 816 1709" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p align="center">UnitedHealth Rx for Groups</p> <p>Customer Care: <TollFree_#> TTY 1-877-730-4203 Visit www.UnitedHealthRxforGroups.com</p> <p>Providers submit claims to (pharmacy use only): UnitedHealth Rx for Groups P.O. Box 6083 Cypress, CA 90630-0083</p> <p>Provider Line (pharmacy use only): 1-877-889-6481</p> <p>Medicare: 1-800-MEDICARE (1-800-633-4227) TTY/TDD 1-877-486-2048</p> <p><small>Issued: 2008</small></p> </div>	<p align="center">Post-Enrollment Kit contents:</p> <ul style="list-style-type: none"> - Welcome Letter - Mail Order Form - Abridged Formulary or Addendum - Plan Guide - Pharmacy Directory - Fraud Hotline Letter - Privacy Notice
<p align="center">-</p>	<p align="center">-</p>