

Provider Letter

Members::

Please present this letter containing important provider information and your physician visit card and/or UA Partners ID card to the receptionist at your participating doctor's office.

Sponsored by United American Insurance Company

UAPartners®

Doctors & Hospitals: To check UA Partners Provider Network, member eligibility and patient responsibility, call **888-203-6627**.

Members: visit www.ProviderLocator.com/uap

Participating Discount Health Services:

- Caremark Rx Prescription Benefit Services
- UNI-CARE Dental
- Coast to Coast Vision
- UNI-CARE Chiropractic
- National Ear Care Plan

www.FindBestBenefits.com

Name: Paula C. Holder
Rx Group Number: J2061001 Effective Date: 06-23-2005
I.D. Number: 123456789
UAPC-03 THIS IS NOT INSURANCE



Dear Provider:

A patient participating in the UA Partners Program is presenting their insurance ID card.

The card that was presented to you should be honored as under your Agreement with any of the below mentioned networks. This plan entitles the cardholder and their dependents to receive the negotiated allowable amount through your preferred provider (Provider Network Program) agreement. The cardholder has a limited benefit plan design.

For your convenience, we have automated your provider fee schedule. In less than one (1) minute, the system will give you the patient's eligibility and the amount the patient owes your offices for their visit.

When you call 888-203-6627, the system will fax back to you an Explanation of Savings with the appropriate network logo. The member's program uses several different Provider Network Program agreements based on their location.

However, if your provider office has a remote billing center or is too busy to use the automated system, please collect 80% of the billed amount from the patient and mail the claim for physician charges to:

UA Partners
20532 El Toro Road, Suite 303
Mission Viejo, CA 92692

If you would like to use the automated system to determine eligibility, maintain HIPAA compliance and submit the claim electronically for repricing, simply call 888-203-6627:

1. Enter the member ID followed by a pound (#) sign. If the member is not eligible the system will say the "member cannot be found" or the member was terminated on x-date.
2. Enter the Provider tax identification number.
3. Enter the procedure or CPT-4 code(s) and billed amount(s).
4. The computer/phone system will calculate the "allowable amount" which the member should be charged. Enter your fax number and an explanation of the transaction will be faxed. Collect the allowable amount from the patient.

The provider's office may also fax the claim to our toll-free fax number at 800-538-0885.

If you have any questions about the networks or this program please contact Provider Relations at 800-730-9730.

