



# HOW TO READ YOUR ID CARD

**1** **UMR** A UnitedHealthcare Company

**2** Issuer (80840) **000-00000-00**

**3** **Gilsbar**

**4** Member ID: 00000000 Group Number: 00-000000

Member:  
A SAMPLE 00 MED

**4** Dependents:  
DEPENDENT SAMPLE 01 MED

Script Care, LTD  
Rx BIN: 111111  
Rx GRP: 22222RX

UnitedHealthcare  
Choice Plus Network  
Self-funded Plan

0710

## CARD FRONT:

- 1** Issuer
- 2** Member ID
- 3** Group Number
- 4** Dependents
- 5** Prescription Information

## CARD BACK:

- 6** Member Contact
- 7** Provider Contact
- 8** Prescription Contact
- 9** Claims Submission

This card must be presented each time services are requested.

Call UMR Care Management at 866-994-4502 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

**6** For Members: [www.mygilsbar.com](http://www.mygilsbar.com) 844-598-7543

**7** Script Care: [www.scriptcare.com](http://www.scriptcare.com) 800-880-9988

**7** For Providers: [www.umar.com](http://www.umar.com) 877-233-1800

**8** Pharmacy Help Desk: 800-922-1557

**9** Claims: EDI # 39026, PO Box 30517, Salt Lake City, UT 84130-0517