

# Contact Us



Excellent customer service through effective communication with our clients – it's who we are. We're committed to answering your questions quickly. Whether you're a health insurance shopper, current customer, or broker, we can help you find the information you need.

## IF YOUR CARD IS ISSUED BY:

- Golden Rule Insurance Company
- UnitedHealthcare Life Insurance Company (UHCLIC)
- Oxford Health Insurance, Inc. (NJ)

## CONTACT US BY:

### • Phone

1-800-657-8205

Monday through Friday, 8 a.m. to 6 p.m. ET

### • Interactive Voice Response (IVR) Automated System

Monday through Friday, 6 a.m. to 11:00 p.m. ET

Saturday, 6 a.m. to 8 p.m. ET

### • Secure Messaging

If not already registered, click the Register Now button to get started. You will need your ID number found on your ID card or policy documents to validate your account. Once registered, you can sign in at any time and select the Send a Secure Message link to send your questions and comments.

### • Mail / FAX

#### o Claims

- Claims Department  
PO Box 31374  
Salt Lake City, UT 84131-0374  
EDI #37602
- Fax – 1-801-478-7581  
(Medical, Drug, and Smart Guard claims can be faxed to this number.)

#### o Premium Payments & Correspondence

- Policy Administration  
PO Box 31372  
Salt Lake City, UT 84131-0372
- Fax – 1-801-478-5461  
(Name/address/bank changes, add/delete dependents, and cancellation request can be faxed to this number.)



## IF YOUR CARD IS ISSUED BY:

- UnitedHealthcare Life Insurance (previously American Medical Security Life Insurance)

## CONTACT US BY:

### • Phone

1-800-657-8205  
Monday through Friday, 8 a.m. to 6 p.m. ET

### • Mail / FAX

#### o Claims

- Claims Department  
UnitedHealthcare Life Insurance Company  
AMS  
PO Box 31375  
Salt Lake City, UT 84131-0375  
EDI #81400
- Fax – 1-801-478-7582  
(Medical, Dental, Drug, Accident, and Disability claims can be faxed to this number.)

#### o Premium Payments

- UnitedHealthcare Life Insurance Company  
United HealthCare Services  
Attn: Lockbox # 88106  
4900 West 95th Street  
Oak Lawn, IL 60453



UnitedHealthcare Medical Drug  
Health Plan: 000000000000000000000000  
Account ID: 000000000000000000000000 12345-67890000

Insured:  
Payer ID: 000000

Dependents:  
OPTUMRx®  
Rx BIN: 000000  
Rx PCN: 000000  
Rx GRP: 000000  
Preferred Pricing Card

Capay: HOSP: \$1500

UnitedHealthcare Choice Plus

Deductibles Apply  
Non-HMO  
CO-DOI-3010 → Underwritten by UnitedHealthcare Life Insurance Company

Effective Date: 00/00/0000