

**CARRIER NAME: AARP MEDICARE COMPLETE**

**AMICARE OUT OF NETWORK**

**CARRIER CODE: AA010**

**THIS IS A PRIMARY INSURANCE, DO NOT BILL MEDICARE**

<b>AARP Medicare Advantage</b> UnitedHealthcare	
Health Plan (80040): <b>911-87726-04</b>	
Member ID: <b>999999999-00</b>	Group Number: <b>XXXXXX</b>
Member: <b>MEMBER R SAMPLE</b>	PLAN CODE: <b>XXX</b> [UHC Dental Benefits]
PCP Name: <b>SAMPLE, M.D., PROVIDER</b>	Payer ID: <b>XXXXX</b>
PCP Phone: <b>(999) 999-9999</b>	<b>MedicareRx</b> Prescription Drug Coverage
FACILITY NAME:	
Copay: PCP \$XX Spec \$XX ER \$XX	
H9999-999-999	AARP Medicare Advantage Plan 1 (HMO)

Customer Service Hours: 8 am - 8 pm 7 days/week		Printed: <b>xxxx/xxxx</b>
		
<b>For Members</b>		
Website:	<b>www.MEMBERURL.com</b>	
Customer Service:	<b>1-999-999-9999 TTY 711</b>	
NurseLine:	<b>1-999-999-9999 TTY 711</b>	
Behavioral Health:	<b>1-999-999-9999 TTY 711</b>	
Dental:	<b>1-999-999-9999 TTY 711</b>	
<b>For Providers</b>		
Website:	<b>www.PROVIDERURL.com</b>	<b>1-999-999-9999</b>
Medical Claim Address:	<b>P.O. BOX 99999, HEALTHCARE, US 99999-9999</b>	
[UHC Dental Providers:	<b>www.DENTALURL.com</b>	<b>1-999-999-9999</b>
<b>WEST</b>		
 		
For Pharmacists 1-999-999-9999		
Pharmacy Claims OptumRx P.O. Box 99999, Healthcare, US 99999		

**Note: Please e-mail [billquestion@aminj.com](mailto:billquestion@aminj.com) if you have any questions or concerns.**