

Staple itemized statement or receipt behind this form.

## Fidelity Member Claim Submission Form



To be considered a valid claim, submit your receipt or itemized statement along with this completed claim form containing the required information. Please refer to item #6 on the back of this form for the items required for claim submission. **If sufficient documentation is not received, the claim will not be processed.**

Name of Employer: Fidelity Investments Plan Group Number: 76-413512  
 Name of Employee: \_\_\_\_\_ Member ID: \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Employee Phone Number and/or Email Address: \_\_\_\_\_

Issue Payment to:      Member                  Provider

Provider Name: \_\_\_\_\_ Provider Tax ID # \_\_\_\_\_  
 9 Digits: \_\_\_\_\_  
 (USA only) \_\_\_\_\_  
 (required field - please contact your provider if statement is missing this information)  
 Provider Address: \_\_\_\_\_  
 City, ST Zip \_\_\_\_\_

Type of Service	Check all that apply. <b>PLEASE NOTE - ALL SERVICE TYPES MAY NOT BE COVERED UNDER YOUR PLAN.</b>		
Behavioral/Mental Health	Therapy Visit	Other (complete below)	
Vision	Exam	Other (complete below)	
Medical	Office Visit	Flu Shot	Breast Pump
	Lab	Immunization	Durable medical equipment
	X-Ray	Prescription	Other (complete below)

If you checked Other, please complete the information below:

Please use this space to briefly describe services rendered
Example - UV Coating, Wellness, Acupuncture, Foreign claims <small>(ALL SERVICE TYPES MAY NOT BE COVERED UNDER YOUR PLAN.)</small>

You may submit your claim to UMR by one of the following methods:

Behavioral/Mental Health Claims

**Mail:**  
 Optum Behavioral Health  
 PO Box 30757  
 Salt Lake City UT 84130-0757

**Email a PDF:**  
 OptumBHclaims@optum.com

**Fax:**  
 844-574-3889

Medical/Vision Claims

**Mail:**  
 UMR  
 PO Box 8033  
 Wausau WI 54402-8033

**Email a PDF:**  
 UMR-ClaimSubmission@umr.com

**Fax:**  
 855-405-2189

**See back of form for complete claim filing instructions**

## Filing your claim is easy. Please review these important tips.

- 1 Use this form to file a claim for any eligible medical expense when your physician or other provider does not file a claim. Please print clearly with black ink completing all required fields.
- 2 Attach your itemized statement (or fully legible copy of the bill) to the back of this form. Keep a copy for your records.

Please use a separate claim form for each health care professional and for each family member.

- 3 See your UMR ID card for:
  - \*Name of Employer
  - \*Plan Group Number
  - \*Name of Member (as it appears on the ID card)
- 4 Patient name and date of birth must match UMR's eligibility file.  
Example - if your name was Eugene Smith on your enrollment form, claim must state Eugene, not Gene
- 5 Name, address and Tax ID number of the provider of service is required. If the provider's Tax ID Number (9 digit number) is not on your copy of the receipt, you can contact their office to obtain it.
- 6 To be considered a valid claim, your bill should include the following information:
  - Patient name
  - Date of service
  - Description of service (i.e.: office visit, injection, immunization, glasses)
  - Diagnosis (type of illness or injury)
  - A charge of each service
  - Name, address and Tax ID number of the provider (required field for services rendered in the US or US territories)
- 7 Balance Due Statements are not valid claims. See above for information needed to constitute a valid claim.
- 8 Your submission will be scanned. Staple any attachments to the back of the claim form, not the front. Additionally, please indicate the member number on any attachments, should paperwork become separated from the claim form.
- 9 Claim address listed on the bottom of the claim form is for member use only; providers should bill to the address on the member ID card. This fax number also supports international faxing.
- 10 Only prescriptions/drug charges that are allowable under your UMR medical plan should be submitted on this form