

# Quapaw Tribal Plan – Pre-65 Benefit Summary



1/1/20

**UMR Customer Service: 1-844-579-7792**

***A dedicated team of representatives is available to answer questions about any of your benefits***

**Providers Submit Claims to: UMR P.O. Box 30541 Salt Lake City, UT 84130-0541**

**MedOne Member Services: 1-855-207-0545**

***The Quapaw Tribal plan will be a payer of last resort to all other types of insurance including Medicare/Medicaid***

**The Quapaw Tribal plan will be secondary to Medicare and Medicaid will pay after both Medicare and Medicaid have processed their payment. Please contact your Medicare or Medicaid customer service to update accordingly.**

Covered Services	Coverage Level
Overall Annual Benefit Maximum	\$5,000
<b>PRESCRIPTION COVERAGE</b>	100%; limited to \$1,000 per year
<b>MEDICAL SERVICES</b>	Medical Services limited to \$3,150 per year
Physician Office Services	100%
Urgent Care Visit	100%
Emergency Room	100%
Ambulance	100%; \$500 maximum per trip
Durable Medical Equipment	100%; \$500 maximum per year
Outpatient Diagnostic X-ray	100%
Outpatient Hospital Services	100%
Inpatient Hospital Services	100%
Physical/Speech/Occupational Therapy	100%
Organ Transplant Services	NOT COVERED
Preventive Care, including lab, x-ray, immunizations, colonoscopy, women's preventive health care	100%
<b>DENTAL SERVICES</b>	
Preventive, Basic, Major and Ortho	100%; \$500 maximum per year
<b>VISION SERVICES</b>	
Routine vision exam, refractions, hardware)	100%; \$350 maximum per year

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## Helpful Claim Hints

- When you go to the doctor, make sure to take the EZ claim form. Your doctor can help you complete it and make sure you have everything you need to send to UMR. If they provide you with an itemized receipt, it will even make the process easier! *NOTE: Member reimbursement forms are just for members to be reimbursed not providers. Providers will submit their own claims on your behalf.*
- Reminder: Submit claims after services have been rendered. Plan can not reimburse until services have been received.
- There are two ways to submit **Member** claim(s) to UMR:
  - **Email** the form and supporting documentation to:  
UMR-quapawtribalclaims@umr.com
  - **Mail** to:
    - UMR  
Attn: Mariah  
12668 Silicon Drive  
San Antonio, TX 78249
- Submit Pharmacy/RX claims to MedOne at:  
**MedOne**  
1590 University Ave  
Dubuque IA 52001
- If you are calling about claims for another member/dependent, please make sure that there is a release on file so the customer service representative can speak to you about the member's claims.

# Quapaw Tribal Plan – Post-65 Benefit Summary



A UnitedHealthcare Company

1/1/20

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**Member Reimbursement Form**

Group:	Quapaw Tribal Member Plan	Group #:	76-413761
Member:		Member ID#:	
	(Last Name, First Name, Middle Initial)	(Located on Medical ID Card)	
Phone number:		Patient Date of Birth:	
			(mm/dd/yyyy)
Is claim related to an accident?		Yes	No
Is patient covered by another group plan?		Yes	No

**CLAIM INFORMATION**

Claim Type	Date of Service dd/mm/yyyy	Provider Last Name	\$ Amount Charged (USD)	\$ Amount Paid (USD)	Receipt contains all required info? *SEE BELOW	Issue payment to:
						MEMBER
						MEMBER
						MEMBER
						MEMBER
						MEMBER

\* In order to process your claim, the following information MUST be included:

<b>Medical Invoice or receipt:</b> Provider Name and Tax Identification Date of Service CPT and Diagnosis Code (Procedure Code) Billed Charges and Amount Paid	<b>Vision receipt:</b> Provider Name Date of Service CPT( procedure code) Billed Charges and Amount Paid	<b>Dental receipt or invoice:</b> Provider Name and Tax Identification, Date of Service CPT (procedure code) Diagnosis Code, Billed Charges and Amount Paid
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PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim.

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Signature

Date

If there is primary coverage an Explanation of Benefits will be needed for services rendered.

Submission options:

Member can submit for reimbursement by one of the following ways:

**1. Email:**

UMR-QuapawTribalClaims@umr.com

**2. Mail:**

UMR

Attn: Mariah

12668 Silicon Drive  
San Antonio, TX 78249