

Christian Science Care Member Reimbursement Form

Use this form to submit claims for Christian Science Care. You are responsible for paying your deductible and coinsurance as outlined in the Plan Document, available on the Benefits Hub here: <https://principia.eebenefits.site/medical> UMR will issue reimbursement to you once you have met your deductible.

- Complete the form and return it according to the instructions on the next page.
- Include detailed invoice (with name of provider, dates of service and cost) along with this completed form. If we don't receive the required information, your request will not be processed.

Employee/Patient information

Name of employee _____ Plan Group number 76415785

Patient's name _____ UMR Member ID (on ID card) _____

Patient's date of birth / /
MM DD YYYY

Employee address _____

Employee phone number - -

Provider information

Provider's name _____

Provider's address _____

NPI (Applicable to Nursing Facility only) _____

Date(s) of service _____

Billed amount \$ _____ Diagnosis code Z71.81

Select one Practitioner (S9900) Nurse Practitioner (S9901) Nursing Facility (99998)

Is the provider listed in *The Christian Science Journal*? Yes No

Employee's signature

Signature _____ Date / /
MM DD YYYY

When I sign above, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Before mailing in your form, make sure you:

- Complete and sign the form and include detailed invoice (with name of provider, dates of service and cost)
- Submit no more than one patient's service, and no more than one month of service on each claim form
- Include no more than one provider per claim form, and only one claim form per email
- Pay your CS practitioner, nurse or care facility directly; UMR will reimburse you (after your deductible is met)
- Submit all your Christian Science care claims, even if you haven't met your deductible yet – as those claims will be applied to your deductible. You will be reimbursed once you've met your deductible.

Please note:

- You will not see the claim status post to the UMR portal until the claim has been completely processed.
- If you've met your deductible, then you will receive payment via check to the address you indicated on this form OR via direct deposit (if you've set this up on [umar.com](https://www.umar.com)).

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

Email (preferred option):

Email a PDF of your claim
and receipt to:

UMR-ClaimSubmission@UMR.com

Fax:

855-444-2896

Mail:

UMR

PO Box 30541

Salt Lake City, Utah 84130-0541

Submit your claims via email for the best experience and most timely processing. Please allow an additional 2-4 weeks for claims mailed or faxed. The standard turnaround time for emailed claims to process is 30-45 days. Keep a copy of everything you send us.



Questions? We're here to help.

Please call Customer Service at **800-826-9781**.