The PRINCIPIA

UMR SM
A UnitedHealthcare Company

Christian Science Care Member Claim 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 _____

Patient's name _____

Patient's date of birth ___ / ___ / ___
MM   DD   YYYY

Employee address _____

Employee phone number ____ - ____ - ____

Plan Group number _____76415785_____

UMR Member ID *(on ID card)* _____

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   CS Practitioner   CS Nurse (S9901)   Nursing Facility (99998)

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

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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 **umr.com**).
- Christian Science nursing care and nursing facilities are limited to 90 days per covered member per calendar year. Proof of payment is required.
- Coverage is limited to one Christian Science practitioner treatment per patient, per day.
- Covered services (practitioner and nurse) do not include services provided by a close family member, defined in our Summary Plan Description as a member of the immediate family. Immediate family includes the employee, spouse, mother, father, grandmother, grandfather, stepparents, step grandparents, siblings, step siblings, half siblings, children, stepchildren, and grandchildren.

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

Email *(preferred option)*:
Email a PDF of your claim and receipt to:
PrincipiaClaims@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 two to three weeks. Keep a copy of everything you send us.

Questions? We're here to help.
Please call Customer Service at **800-826-9781**.

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