CEBT BENEFIT BY TRUST

Reset

UMR

Staple itemized statement or receipt here to the back of this form

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, claim will not be processed.**

Name of Employer: _____ Plan Group Number: _____

Name of Employee: _____ Member ID: _____

Patient's Name: _____ Date of Birth: _____

Employee Phone Number and/or Email Address _____

Issue Payment to: ◯ Member ◯ Provider

Provider Tax ID # _____

Provider Name: _____ **(USA only)**
(Required field – please contact your provider if statement is missing this info)

Provider Address: _____

Type of Service	Check all that apply. **PLEASE NOTE - ALL SERVICE TYPES MAY NOT BE COVERED UNDER YOUR PLAN.**		
Vision ☐	☐ Exam	☐ Frame	☐ Lenses ☐ Contacts ☐ 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/Gym Membership, Acupuncture, Foreign claims (ALL SERVICE TYPES MAY NOT BE COVERED UNDER YOUR PLAN.)

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

FAX: 855-405-2189

Mail:
UMR
PO Box 30541
Salt Lake City, UT 84130-0541

Email a pdf of your claim and documents to:
UMR-ClaimSubmission@UMR.COM

See back of form for complete claim filing instructions