

# Insurance Carrier Listing

<b>Range:</b>	0003 to 0010
<b>Order:</b>	Code
<b>Options:</b>	All Carriers

Code	Name / Address	Phone 1	Phone 2	Fax	Clinic Id	Medigap Id
0003	AARP Health Care Options UHC Claim Division P O Box 740819 Atlanta GA 30374-0819	800 227-7789 Comment 1: Empty Comment 2: Empty Comment 3: Empty	800 523-5880	Empty		

## Primary Table

Start Date:	01/29/2002	Stop Date:	01/29/2003
Renewal Type:	Automatic	Plan Name:	AARP
Group Id:		Contact:	
Assignment:	Accept Assignments	Elec. Template:	NDC-STD
Paper Template:	HCFA1500	Coverage %:	100.00%
Base Type:	Procedure Based %	Co-Pay:	\$0.00
Bill Secondary:	Not Applicable	Cover Pay:	\$0.00
Electronic Type:	01	Capitation:	\$0.00
Template Type:	Electronic	Deductible:	\$0.00
Days Open:	0	Min. Bill:	\$0.00
Visit to Notify:	0	Visit Limit:	0
Visit Type:	Visits Only	Provider Id:	
PPO Indicator:	Unknown		
Notify Message:	Empty		
Visit Message:	Empty		
Instructions:	Empty		

## Secondary Table

Start Date:	01/29/2002	Stop Date:	01/29/2003
Renewal Type:	Automatic	Plan Name:	AARP
Group Id:		Contact:	
Assignment:	Accept Assignments	Elec. Template:	NDC-STD
Paper Template:	HCFA1500	Coverage %:	100.00%
Base Type:	Procedure Based %	Co-Pay:	\$0.00
Bill Secondary:	After Primary	Cover Pay:	\$0.00
Electronic Type:	01	Capitation:	\$0.00
Template Type:	Electronic	Deductible:	\$0.00
Days Open:	0	Min. Bill:	\$0.00
Visit to Notify:	0	Visit Limit:	0
Visit Type:	Visits Only	Provider Id:	
PPO Indicator:	Unknown		
Notify Message:	Empty		
Visit Message:	Empty		
Instructions:	Empty		