

Document title:

# **UMR Group Dental Claim Form**

Document number:

**FRM-SUBS-00877**

Applies to: Progress Energy Carolinas, Inc.; Progress Energy Florida, Inc. (non-bargaining employees);  
Progress Energy Service Company, LLC

Keywords: human resources information; benefits booklets; HRI-SUBS-00011

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The UMR (formerly Fiserv Health) Group Dental Claim Form is administered by UMR. The form is published on the Progress Energy Intranet as received from UMR.

Please check with your provider before completing this form. Your provider may submit claims electronically through Emdeon (formerly Web MD). If your provider has questions regarding this process, he/she may contact Emdeon at 1-888-416-0673 (Payer ID: 39026) or call the UMR EDI unit at 1-800-826-9781.

Sending claims electronically eliminates the need for paper forms and allows for faster and more accurate submission of data.

If you have specific questions about filing a claim, call UMR at 1-800-842-6475. If you have general questions, please contact the Employee Service Center at 770-5705 (VoiceNet), 919-546-5705 (Raleigh area), or 1-800-546-5705 (toll-free).

The following link provides access to [claim filing instructions and a dental benefits information card](#).

The following link provides access to the [UMR Group Dental Claim Form](#).

## FILING DENTAL CLAIMS

A UMR DENTAL CLAIM FORM YOU CAN PRINT OUT IS ATTACHED. YOU AND YOUR DENTIST MAY COMPLETE THE FORM OR YOU MAY COMPLETE THE EMPLOYEE/PATIENT SECTIONS AND ATTACH AN ITEMIZED BILL FROM YOUR DENTIST. BE SURE ANY AMOUNTS YOU HAVE ALREADY PAID ARE MARKED "PAID."

ALTHOUGH YOU ARE ULTIMATELY RESPONSIBLE FOR ENSURING THAT DENTAL CLAIMS FOR YOURSELF AND YOUR COVERED DEPENDENTS ARE SUBMITTED, SOME DENTAL PROVIDERS MAY OFFER TO SEND CLAIMS DIRECTLY TO UMR. IN THOSE INSTANCES, PROVIDERS MAY COMPLETE THE FORM. AS AN ALTERNATIVE, THEY MAY ALSO SUBMIT THEIR STANDARD, ITEMIZED BILL INSTEAD OF A CLAIM FORM. UMR WILL ALSO ACCEPT ITEMIZED BILLS DIRECTLY FROM DENTAL PROVIDERS AS LONG AS THEY INCLUDE ALL OF THE FOLLOWING INFORMATION:

- PATIENT'S NAME
- DATE SERVICES WERE RENDERED
- TYPE OF SERVICE PROVIDED
- AMOUNT CHARGED FOR EACH SERVICE

COMPLETED CLAIM FORMS OR ITEMIZED BILLS MUST BE MAILED TO UMR AT THE FOLLOWING ADDRESS:

UMR  
PO Box 30541  
SALT LAKE CITY, UT 84130-0541

PROVIDERS MAY ALSO SUBMIT CLAIMS ELECTRONICALLY. UMR EDI PAYER ID IS 39026.

### Dental ID Card

YOU WILL NOT RECEIVE A DENTAL ID CARD FROM UMR. BEFORE DENTAL SERVICE IS RENDERED, PLEASE INFORM YOUR DENTIST THAT YOU (OR YOUR DEPENDENT) ARE A DENTAL PLAN MEMBER WITH UMR.

IF YOU WISH, YOU MAY COMPLETE AND CUT OUT THE INFORMATION CARD BELOW TO CARRY FOR REFERENCE.

### DENTAL BENEFITS ADMINISTERED BY UMR

Name \_\_\_\_\_

For claim questions, call 1-800-842-6475

Group No: 76-140056

Employer: Progress Energy

Claims should be submitted to:

UMR

PO Box 30541

SALT LAKE CITY, UT 84130-0541

EDI Payer ID 39026

THIS CARD DOES NOT GUARANTEE COVERAGE,  
PAYMENT OR ELIGIBILITY.

