



LLOYD'S

December 04, 2023

**CONFIRMATION OF COVERAGE**

We are pleased to confirm short term medical coverage under the Atlas Series, insured by Lloyd's Syndicate 4141 and administered by WorldTrips, a member of the Tokio Marine HCC group of companies. WorldTrips has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd. Lloyd's is authorized as an insurer in Spain by the Spanish insurance regulatory authority (Dirección General de Seguros y Fondos de Pensiones) under reference L0017. This plan will make direct payment to providers when the plan administrator is contacted and submitted charges are approved.

This coverage is valid worldwide, including the Destination Country(ies) listed below, except for the member's Home Country and countries restricted by U.S. economic sanctions and embargo programs. **Atlas Group® Travel satisfies Schengen Visa health insurance requirements.**

**Effective Date:** December 12, 2023

**Home Country:** Brazil

**Destination Country(ies):** Portugal

*See list for all travelers, certificate numbers, termination date and details*

	Atlas Group® Travel		
Overall Maximum Limit	\$100,000	92.000,00€	One Hundred Thousand US Dollars
Maximum per Injury/Illness	Overall Maximum Limit		
Deductible	\$0	0,00€	Zero US Dollars
Medical Expenses (including hospitalization) (includes COVID-19)	Overall Maximum Limit		
Emergency Medical Evacuation & Repatriation	\$1,000,000	920.000,00€	One Million US Dollars
Emergency Reunion	\$100,000	92.000,00€	One Hundred Thousand US Dollars
Repatriation of Remains	Overall Maximum Limit		
Trip Interruption	\$10,000	9.200,00€	Ten Thousand US Dollars
Personal Liability	\$25,000	23.000,00€	Twenty Five Thousand US Dollars
Emergency Dental due to Accident	Overall Maximum Limit		
Emergency Dental - Acute Onset of Pain	\$300	276,00€	Three Hundred US Dollars
Paid in full by	VISA		

This coverage is extendable up to the maximum certificate duration. Please see policy documents for further details, or feel free to contact us with any questions or concerns.

**COVID 19: Covered same as any other illness to the above mentioned medical maximum.**

Sincerely,

Mark Carney

WorldTrips

Plan Administrator for Lloyd's, Fitzwilliam House, 10 St. Mary Axe, London, England EC3A 8BF

Lloyd's is rated A (Excellent) by A.M. Best as of 01/25/2022.

\* Plan pays in US Dollars only. Amounts in Euros are provided for convenience and are based on conversion rate as of 12/4/2023.

**LLOYD'S**

04/12/2023

**CONFIRMACIÓN DE COBERTURA**

Nos agrada confirmar seguro médico internacional para viajes por la Serie Atlas, suscrito al Sindicato 4141 en Lloyd's, London y administrado por WorldTrips. WorldTrips está autorizado para celebrar contratos en nombre de los aseguradores de Lloyd's del Lloyd's Syndicate 4141, administrado por HCC Underwriting Agency Ltd. Lloyd's es una entidad aseguradora autorizada por la Dirección General de Seguros y Fondos de Pensiones para operar en España, bajo la clave L0017. Este plan realizará pagos directos a los proveedores cuando se contacte al administrador del plan y se aprueben los cargos presentados.

Esta cobertura es válida mundialmente, incluyendo el (los) país(es) de destino listado(s) abajo, pero excluyendo el País de Origen del miembro y países restringidos debido a sanciones económicas y programas de embargo comercial puestos por el gobierno de los Estados Unidos.

**Atlas Group® Travel cumple con los requisitos de seguro médico para el Visa Schengen.**

**Fecha Efectiva:** 12/12/2023

**País de Origen:** Brasil

**Destino(s):** Portugal

**Ver la lista de todos los viajeros, números de certificados, fecha de terminación y detalles**

	Atlas Group® Travel Atlas		
Límite Máximo Total	\$100,000	92.000,00€	Cien mil dólares (de los EE.UU.)
Máximo del beneficio por Lesión / Enfermedad	Suma Asegurada		
Deducible	\$0	0,00€	Cero dólares (de los EE.UU.)
Gastos Médicos (incluyendo hospitalización) (incluye COVID-19)	Límite Máximo Total		
Evacuación Médica de Emergencia y Repatriación	\$1,000,000	920.000,00€	Un millón de dólares (de los EE.UU.)
Reunión de Emergencia	\$100,000	92.000,00€	Cien mil dólares (de los EE.UU.)
Repatriación de Restos	Suma Asegurada		
Interrupción de Viaje	\$10,000	9.200,00€	Diez mil dólares (de los EE.UU.)
Responsabilidad Personal	\$25,000	23.000,00€	Veinticinco mil dólares (de los EE.UU.)
Emergencia odontológica (accidente)	Límite Máximo Total		
Emergencia odontológica (dolor de inicio agudo)	\$300	276,00€	Trescientos dólares (de los EE.UU.)
La póliza se pagó completa por	VISA		

Esta cobertura es extensible hasta la duración máxima del certificado. Otras limitaciones y exclusiones se aplican. Favor de ver la documentación de la póliza para más información, o siéntase libre a contactarnos para cualquier duda o aclaración.

**COVID 19: Cubierto igual que cualquier otra enfermedad hasta el Límite Máximo Total mencionado anteriormente.**

Atentamente,

Mark Carney

WorldTrips

Plan Administrator for Lloyd's, Fitzwilliam House, 10 St. Mary Axe, London, England EC3A 8BF

Lloyd's is rated A (Excellent) by A.M. Best as of 01/25/2022.

\* El plan paga solamente en Dólares estadounidenses. Los montos mostrados en Euros son para su conveniencia y están basados en el tipo de cambio del 04/12/2023.

WorldTrips

4 Carter Green, Suite 400, Carmel, IN 46032 USA • Tel: 317-262-2132 • Fax: 317-262-2140 • Toll Free: 800-605-2282 • <https://www.worldtrips.com>

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## Atlas Group® Travel

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**Sponsoring Organization and Contact Person:**

IE Sports  
Luiz Villarinho

**Group Contact Mailing Address:**

Avenida José Silva De Azevedo, 850, Sala  
803, Bl-2  
Barra da Tijuca  
Rio de Janeiro, 22775-057  
Brazil

See Attachment A for Member names, ID numbers, and individual costs.

**First Effective Date**

December 12, 2023

**Termination Date**

May vary, see Attachment A

**Length of Coverage**

May vary, see Attachment A

Actual effective date and period may vary based on the provisions of this coverage.

**Coverage**

Atlas International

**Overall Maximum Limit**

\$100,000.00

**Maximum per Injury/Illness**

\$100,000.00

**Deductible**

\$0.00

**Online Fulfillment**

Yes

**Purchase Date**

December 01, 2023

**Paid By**

VISA

**Plan Administrator**

**WorldTrips**  
**4 Carter Green, Suite 400**  
**Carmel, IN 46032**

This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact WorldTrips.

A summary of the coverage available under this plan is available at:

<https://www.worldtrips.com/docs/1501150223.pdf>

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**Attachment A**

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
AUTRAN, FABIO	520035327	Dec 12, 2023	Dec 23, 2023
BICAS DE MESQUITA, CAMILA	520035328	Dec 12, 2023	Dec 23, 2023
MACIEL, CARLOS ALBERTO	520035329	Dec 12, 2023	Dec 23, 2023
QUEVEDO DE SOUZA, CARLOS AUGUSTO	520035330	Dec 12, 2023	Dec 23, 2023
DE ARAUJO MENDES, CARLOS EDUARDO	520035331	Dec 12, 2023	Dec 23, 2023
MADURO, CARLOS	520035332	Dec 12, 2023	Dec 23, 2023
ORTALE, CAROLINA KELLER	520035333	Dec 12, 2023	Dec 23, 2023
DE SOUZA LAMIRA, CIBELE PINHEIRO	520035334	Dec 12, 2023	Dec 23, 2023
GONCALVES ALBANESE, CLAUDIA MARA REZENDE	520035335	Dec 12, 2023	Dec 23, 2023
MORAES DE AZEVEDO, CLAUDIO	520035336	Dec 12, 2023	Dec 23, 2023
RIBEIRO, CRISTIANO GARCIA	520035337	Dec 12, 2023	Dec 23, 2023
NASCIMENTO DA SILVA, CYBELLE	520035338	Dec 12, 2023	Dec 23, 2023
GALVAO, DAIANE CRISTINA	520035339	Dec 12, 2023	Dec 23, 2023
SILVA DE LIRA, DAMIANA	520035340	Dec 12, 2023	Dec 23, 2023
DE MENDONCA MENDES, DANIELA	520035341	Dec 12, 2023	Dec 23, 2023
DE OLIVEIRA MACIEL, EDNA MARQUES	520035342	Dec 12, 2023	Dec 23, 2023
KOJO, EDSON	520035343	Dec 12, 2023	Dec 23, 2023
VALENTE CORRA, EDSON LUIZ	520035344	Dec 12, 2023	Dec 23, 2023
MOREIRA BRANDAO, EDUARDO	520035345	Dec 12, 2023	Dec 23, 2023
NEYDE SANTOS, ELIANE	520035346	Dec 12, 2023	Dec 23, 2023
ARCOVERDE ALVES, EPAMINONDAS	520035347	Dec 12, 2023	Dec 23, 2023
FERREIRA NUNES, ERICKSSON VELASQUEZ	520035348	Dec 12, 2023	Dec 23, 2023
NABARRETE SCHANZ, ERIK	520035349	Dec 12, 2023	Dec 23, 2023
EGUTI KOJO, ERIKA YOKOO	520035350	Dec 12, 2023	Dec 23, 2023
TEODORO LASA, FABIO MIGUEL	520035351	Dec 12, 2023	Dec 23, 2023
PICOLI DE OLIVEIRA, FABIO NILO ABRIEL	520035352	Dec 12, 2023	Dec 23, 2023
NILO DE OLIVEIRA, FABIO	520035353	Dec 12, 2023	Dec 23, 2023
PEREIRA MONTE, FABRICIO	520035354	Dec 12, 2023	Dec 23, 2023
FERREIRA DA SILVA, FERNANDO	520035355	Dec 12, 2023	Dec 23, 2023
MARTINS ALBANESE, ALEX	520035356	Dec 12, 2023	Dec 23, 2023
BRUNCHPORT, ALEXANDRE	520035357	Dec 12, 2023	Dec 23, 2023
DE ARAUJO MONTEIRO, ALEXANDRE	520035358	Dec 12, 2023	Dec 23, 2023

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**Attachment A**

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
OLIVEIRA, ALEXANDRE	520035359	Dec 12, 2023	Dec 23, 2023
DOS SANTOS FILHO, ALFREDO	520035360	Dec 12, 2023	Dec 23, 2023
SILVA DE OLIVEIRA, ALINE A	520035361	Dec 12, 2023	Dec 23, 2023
SIQUEIRA DA SILVA, ALLAN WAGNER	520035362	Dec 12, 2023	Dec 23, 2023
VELLOSO AGUAS, ANA PAULA	520035363	Dec 12, 2023	Dec 23, 2023
DE JESUS CRISTINO, ANDRE	520035364	Dec 12, 2023	Dec 23, 2023
VITALIANO DA SILVA, ANDRE	520035365	Dec 12, 2023	Dec 23, 2023
KELLER ORTALE, BEATRIZ HELENA	520035366	Dec 12, 2023	Dec 23, 2023
MOREIRA NASCIMENTO, BERNARDO PREVATO	520035367	Dec 12, 2023	Dec 23, 2023
MELMAM BRUNCHPORT, BERTHA PRISCILLA	520035368	Dec 12, 2023	Dec 23, 2023
COELHO FERNANDES, BETHANIA CASTRO	520035369	Dec 12, 2023	Dec 23, 2023
PINHEIRO, BRUNO AUGUSTO	520035370	Dec 12, 2023	Dec 23, 2023
GELEZOGLO DOS SANTOS, CAMILA APARECIDA	520035371	Dec 12, 2023	Dec 23, 2023
LIBERIO DA CUNHA, FLAVIANO	520035372	Dec 12, 2023	Dec 23, 2023
DE ALMEIDA BRIGATTO VIANN, GABRIEL MONTEIRO	520035373	Dec 12, 2023	Dec 23, 2023
DUARTE, GERALDO ROGERIO	520035374	Dec 12, 2023	Dec 23, 2023
RAMIREZ, GIOVANNI	520035375	Dec 12, 2023	Dec 23, 2023
DANTAS BISPO, GUILHERME	520035376	Dec 12, 2023	Dec 23, 2023
HILSON LESSA DE MEDEIROS, GUILHERME	520035377	Dec 12, 2023	Dec 23, 2023
CANCIAN BAJOTTO, GUSTAVO	520035378	Dec 12, 2023	Dec 23, 2023
BATISTA DA SILVA, GUSTAVO FELIPE	520035379	Dec 12, 2023	Dec 23, 2023
YUKITI TAMANAHA, HOMERO	520035380	Dec 12, 2023	Dec 23, 2023
GUEDES DE MELLO LASA, HUGO ANTONIO	520035381	Dec 12, 2023	Dec 23, 2023
DE MESQUITA JUNIOR, INEVIO DRUMOND	520035382	Dec 12, 2023	Dec 23, 2023
HOFACKER WUO, IRMA TEREZA	520035383	Dec 12, 2023	Dec 23, 2023
CAMERANO BARBOSA, ISABELLA ABBUD	520035384	Dec 12, 2023	Dec 23, 2023
GONCALVES RAMOS, ITALO BRUNO	520035385	Dec 12, 2023	Dec 23, 2023
PEREIRA MENDONCA, JAINNE	520035386	Dec 12, 2023	Dec 23, 2023
RIBEIRO DE SOUSA, JOAO ANSELMO	520035387	Dec 12, 2023	Dec 23, 2023

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**Attachment A**

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
DO AMARAL FERRAZ, JOAO PAULO	520035388	Dec 12, 2023	Dec 23, 2023
FERREIRA DO NASCIMENTO, JORGE LUCAS	520035389	Dec 12, 2023	Dec 23, 2023
MOACIR NUNES, JORMESON	520035390	Dec 12, 2023	Dec 23, 2023
DA SILVA FILHO, JOSE ANTONIO	520035391	Dec 12, 2023	Dec 23, 2023
BERALDI, JOSE MARIO	520035392	Dec 12, 2023	Dec 23, 2023
BELIZARIO BRANDAO, JOSE RIBAMAR	520035393	Dec 12, 2023	Dec 23, 2023
VILLARINHO, JOSE	520035394	Dec 12, 2023	Dec 23, 2023
MASSUNAGA, JULIANA OLIVEIRA	520035395	Dec 12, 2023	Dec 23, 2023
ARDENGI GONCALVES FILHO, JULIO CESAR	520035396	Dec 12, 2023	Dec 23, 2023
ALVES CAETANO DE OLIVEIRA, KARINY RIBEIRO	520035397	Dec 12, 2023	Dec 23, 2023
GUIMARAES MONTE MOR, KARLA CARDOSO DE CASTRO	520035398	Dec 12, 2023	Dec 23, 2023
FERREIRA MACIANO, CARLA	520035399	Dec 12, 2023	Dec 23, 2023
MOSSMANN, ALINE	520035400	Dec 12, 2023	Dec 23, 2023
SANTANA RIBEIRO, ACLECIA ALVES	520035401	Dec 12, 2023	Dec 23, 2023
MACHADO, ADER LUCIO	520035402	Dec 12, 2023	Dec 23, 2023
DO NASCIMENTO, ADRIANO MOREIRA	520035403	Dec 12, 2023	Dec 23, 2023

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**Attachment A**

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
AUGUSTO PINHEIRO, YASMIN PISTORESI	520035250	Dec 12, 2023	Dec 23, 2023
LIU, YING	520035251	Dec 12, 2023	Dec 23, 2023
CARVALHO ROCHA, YURI	520035252	Dec 12, 2023	Dec 23, 2023
GONCALVES DA SILVA, ZIRLENE	520035253	Dec 12, 2023	Dec 23, 2023
DA SILVA JUNIOR, MARIO	520035254	Dec 12, 2023	Dec 23, 2023
CASSITA GONCALVES, MATHEUS	520035255	Dec 12, 2023	Dec 23, 2023
ZANINI ORTALE, MIGUEL ANGELO	520035256	Dec 12, 2023	Dec 23, 2023
FERREIRA SOUSA, KATIA SIMONE DE BRITO	520035257	Dec 12, 2023	Dec 23, 2023
FERREIRA DUARTE, KELLY LAGE	520035258	Dec 12, 2023	Dec 23, 2023
INOCENCIO, KEPLER	520035259	Dec 12, 2023	Dec 23, 2023
RAMIREZ, LADY	520035260	Dec 12, 2023	Dec 23, 2023
GELEZOGLO DOS SANTOS, LAURA APARECIDA	520035261	Dec 12, 2023	Dec 23, 2023
POL PICLI, LAURA	520035262	Dec 12, 2023	Dec 23, 2023
MONTEIRO DE SOUZA, LEILA MARIA	520035263	Dec 12, 2023	Dec 23, 2023
BAFFI SILVEIRA, LEONARDO	520035264	Dec 12, 2023	Dec 23, 2023
MOREIRA NASCIMENTO, LETICIA PREVATO	520035265	Dec 12, 2023	Dec 23, 2023
LAIS GONCALVES, LIANA HELENA	520035266	Dec 12, 2023	Dec 23, 2023
WEVER, LILAH	520035267	Dec 12, 2023	Dec 23, 2023
MARQUES DOS SANTOS, LINCOLN SIQUEIRA	520035268	Dec 12, 2023	Dec 23, 2023
FONSECA LAMAS, LUAN	520035269	Dec 12, 2023	Dec 23, 2023
DE PAULA FARIA, LUCAS SILVA	520035270	Dec 12, 2023	Dec 23, 2023
BICAS DE MESQUITA, LUCIANA RESENDE	520035271	Dec 12, 2023	Dec 23, 2023
DE MOURA OLIVEIRA, LUCIANE APARECIDA	520035272	Dec 12, 2023	Dec 23, 2023
CANDIDO DO PRADO, LUCIANO	520035273	Dec 12, 2023	Dec 23, 2023
MITSUO P NAKAMURA, LUCIANO	520035274	Dec 12, 2023	Dec 23, 2023
QUADROS, LUCIANO	520035275	Dec 12, 2023	Dec 23, 2023
FRANCO, LUDMILA	520035276	Dec 12, 2023	Dec 23, 2023
VILLARINHO, LUIZ	520035277	Dec 12, 2023	Dec 23, 2023
BEATO CALVINO, LYGIA MARIA	520035278	Dec 12, 2023	Dec 23, 2023
DE LIMA FILHO, MANOEL ALVINO	520035279	Dec 12, 2023	Dec 23, 2023
PISTORESI, MARCELE M	520035280	Dec 12, 2023	Dec 23, 2023

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**Attachment A**

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
DOS REIS SANTOS, MARCELO	520035281	Dec 12, 2023	Dec 23, 2023
DA ROCHA AMORIM, MARCIA CRISTINA	520035282	Dec 12, 2023	Dec 23, 2023
ROCHA, MARIA ANGELA	520035283	Dec 12, 2023	Dec 23, 2023
AZEREDO, MARIA	520035284	Dec 12, 2023	Dec 23, 2023
FRANCO GODOY TADEU, MARIA EDUARDA	520035285	Dec 12, 2023	Dec 23, 2023
GONCALVES BAFFI SILVEIRA, MARIA JULIA	520035286	Dec 12, 2023	Dec 23, 2023
DUARTE, MARINA LAGE	520035287	Dec 12, 2023	Dec 23, 2023
DE AMORIM BERALDI, MARINEZ BENICE	520035288	Dec 12, 2023	Dec 23, 2023
DA SILVA SOARES, NATAN	520035289	Dec 12, 2023	Dec 23, 2023
FREIXO RIBEIRO, NICKOLAS ALEX	520035290	Dec 12, 2023	Dec 23, 2023
DE ALMEIDA JUNIOR, NILTON	520035291	Dec 12, 2023	Dec 23, 2023
RICARDO FRANCO, PALMIRA ISABEL	520035292	Dec 12, 2023	Dec 23, 2023
PORTILHO SILVEIRA, PAMELA	520035293	Dec 12, 2023	Dec 23, 2023
DUTRA, PATRICK BRANDT	520035294	Dec 12, 2023	Dec 23, 2023
MARTINS, PAULO SERGIO	520035295	Dec 12, 2023	Dec 23, 2023
AYRES MENDES, PEDRO	520035296	Dec 12, 2023	Dec 23, 2023
SANCHEZ RAMOS DE SOUZA, PEDRO FILIPE	520035297	Dec 12, 2023	Dec 23, 2023
BALDUINO, PEDRO JESUS	520035298	Dec 12, 2023	Dec 23, 2023
DE OLIVEIRA MORAES, PEDRO LUIS	520035299	Dec 12, 2023	Dec 23, 2023
MEDEIROS KLEVER, PEDRO	520035300	Dec 12, 2023	Dec 23, 2023
SANCHEZ, PRISCILA	520035301	Dec 12, 2023	Dec 23, 2023
ALVES TADEU, RAFAEL GODOY	520035302	Dec 12, 2023	Dec 23, 2023
MAZZA COUTO, RAFAEL	520035303	Dec 12, 2023	Dec 23, 2023
VIANNA RODRIGUES, RAPHAEL	520035304	Dec 12, 2023	Dec 23, 2023
MOREIRA NASCIMENTO, REGIANE PREVATO	520035305	Dec 12, 2023	Dec 23, 2023
ARNONI DE CARVALHO, RENAN	520035306	Dec 12, 2023	Dec 23, 2023
SOUZA FARAH, RENAN	520035307	Dec 12, 2023	Dec 23, 2023
DOS SANTOS FRAZAO, RENATO	520035308	Dec 12, 2023	Dec 23, 2023
DE ASSIS GONCALVES, ROBSON	520035309	Dec 12, 2023	Dec 23, 2023
DA SILVA CABRAL, RODRIGO	520035310	Dec 12, 2023	Dec 23, 2023
AURILIO MATOS, ROSA	520035311	Dec 12, 2023	Dec 23, 2023




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**Attachment A**

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<b>Member Name (Last Name, First Name)</b>	<b>ID Number</b>	<b>Effective Date</b>	<b>Termination Date</b>
DA RICHAMORIN, ROZINEA	520035312	Dec 12, 2023	Dec 23, 2023
FIGUEIRA KOTANI YONG, SILVIA HELENA	520035313	Dec 12, 2023	Dec 23, 2023
ABBUD, SORAIA	520035314	Dec 12, 2023	Dec 23, 2023
HESS, STOREY	520035315	Dec 12, 2023	Dec 23, 2023
BATISTA DA SILVA, TALITA LOPES	520035316	Dec 12, 2023	Dec 23, 2023
AVILA VITALIANO, TATHIANA	520035317	Dec 12, 2023	Dec 23, 2023
MENDES DA SILVA, THIAGO WERNECK	520035318	Dec 12, 2023	Dec 23, 2023
SAMPAIO LIMA, TIAGO	520035319	Dec 12, 2023	Dec 23, 2023
MARTINS NETTO, ULISSES	520035320	Dec 12, 2023	Dec 23, 2023
LUKOVIC, VELJKO	520035321	Dec 12, 2023	Dec 23, 2023
COSTA, WESLEY	520035322	Dec 12, 2023	Dec 23, 2023
PARTINGTON, WILLIAM RYAN	520035323	Dec 12, 2023	Dec 23, 2023
KOTANI YONG, WILSON	520035324	Dec 12, 2023	Dec 23, 2023
NOGUEIRA DE ASSIS, WILSON	520035325	Dec 12, 2023	Dec 23, 2023
ALVES DE OLIVEIRA, YAN LUCA RIBEIRO	520035326	Dec 12, 2023	Dec 23, 2023




<p><b>Member</b></p> <p>Member Name (Surname, Given Name): AUGUSTO PINHEIRO, YASMIN PISTORESINI</p> <p>WorldTrips Certificate #: 520035250</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035250</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): LIU, YING</p> <p>WorldTrips Certificate #: 520035251</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035251</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): CARVALHO ROCHA, YURI</p> <p>WorldTrips Certificate #: 520035252</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035252</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): GONCALVES DA SILVA, ZIRLENE</p> <p>WorldTrips Certificate #: 520035253</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035253</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035250**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035250**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035251**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035251**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035252**

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**Member Claim Submission**

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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035253**

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**Member Claim Submission**

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- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DA SILVA JUNIOR, MARIO

WorldTrips Certificate #:  
520035254

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035254

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035254**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035254**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
CASSITA GONCALVES, MATHEUS

WorldTrips Certificate #:  
520035255

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035255

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035255**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035255**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ZANINI ORTALE, MIGUEL ANGELO

WorldTrips Certificate #:  
520035256

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035256

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035256**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035256**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FERREIRA SOUSA, KATIA SIMONE DE BRITO

WorldTrips Certificate #:  
520035257

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035257

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035257**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035257**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FERREIRA DUARTE, KELLY LAGE

WorldTrips Certificate #:  
520035258

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035258

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035258**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035258**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
INOCENCIO, KEPLER

WorldTrips Certificate #:  
520035259

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035259

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035259**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035259**  
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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
RAMIREZ, LADY

WorldTrips Certificate #:  
520035260

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035260

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035260**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035260**  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
GELEZOGLO DOS SANTOS, LAURA APARECIDA

WorldTrips Certificate #:  
520035261

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035261

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035261**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035261**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
POL PICLI, LAURA

WorldTrips Certificate #:  
520035262

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035262

Plan Name:  
UnitedHealthcare Options PPO

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
MONTEIRO DE SOUZA, LEILA MARIA

WorldTrips Certificate #:  
520035263

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035263

Plan Name:  
UnitedHealthcare Options PPO

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
BAFFI SILVEIRA, LEONARDO

WorldTrips Certificate #:  
520035264

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035264

Plan Name:  
UnitedHealthcare Options PPO

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
MOREIRA NASCIMENTO, LETICIA  
PREVATO

WorldTrips Certificate #:  
520035265

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035265

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035262**

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**Member Claim Submission**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035263**

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- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035264**

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**Member Claim Submission**

Member WorldTrips Certificate #: **520035264**

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- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035265**

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- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035265**

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- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
LAIS GONCALVES, LIANA HELENA

WorldTrips Certificate #:  
520035266

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035266

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035266**  
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• For member benefit and eligibility verification, call 844-251-0747  
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• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035266**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
WEVER, LILAH

WorldTrips Certificate #:  
520035267

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035267

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035267**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035267**  
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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MARQUES DOS SANTOS, LINCOLN SQUEIRA

WorldTrips Certificate #:  
520035268

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035268

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035268**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035268**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FONSECA LAMAS, LUAN

WorldTrips Certificate #:  
520035269

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035269

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035269**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035269**  
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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE PAULA FARIA, LUCAS SILVA

WorldTrips Certificate #:  
520035270

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035270

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035270**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035270**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
BICAS DE MESQUITA, LUCIANA RESENDE

WorldTrips Certificate #:  
520035271

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035271

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035271**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035271**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE MOURA OLIVEIRA, LUCIANE APARECIDA

WorldTrips Certificate #:  
520035272

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035272

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035272**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035272**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
CANDIDO DO PRADO, LUCIANO

WorldTrips Certificate #:  
520035273

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035273

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035273**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035273**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MITSUO P NAKAMURA, LUCIANO

WorldTrips Certificate #:  
520035274

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035274

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035274**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035274**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
QUADROS, LUCIANO

WorldTrips Certificate #:  
520035275

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035275

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035275**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035275**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FRANCO, LUDMILA

WorldTrips Certificate #:  
520035276

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035276

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035276**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035276**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
VILLARINHO, LUIZ

WorldTrips Certificate #:  
520035277

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035277

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035277**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035277**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE





**Member**

Member Name (Surname, Given Name):  
BEATO CALVINO, LYGIA MARIA

WorldTrips Certificate #:  
520035278

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035278

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035278**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035278**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE LIMA FILHO, MANOEL ALVINO

WorldTrips Certificate #:  
520035279

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035279

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035279**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035279**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
PISTORESI, MARCELO M

WorldTrips Certificate #:  
520035280

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035280

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035280**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035280**  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DOS REIS SANTOS, MARCELO

WorldTrips Certificate #:  
520035281

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035281

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035281**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DA ROCHA AMORIM, MARCIA CRISTINA

WorldTrips Certificate #:  
520035282

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035282

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035282**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
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**Member Claim Submission**

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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ROCHA, MARIA ANGELA

WorldTrips Certificate #:  
520035283

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035283

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035283**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035283**  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
AZEREDO, MARIA

WorldTrips Certificate #:  
520035284

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035284

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035284**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
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**Member Claim Submission**

Member WorldTrips Certificate #: **520035284**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FRANCO GODOY TADEU, MARIA EDUARDA

WorldTrips Certificate #:  
520035285

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035285

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035285**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035285**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
GONCALVES BAFFI SILVEIRA, MARIA  
JULIA

WorldTrips Certificate #:  
520035286

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035286

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035286**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
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**Member Claim Submission**

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<https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at  
<https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DUARTE, MARINA LAGE

WorldTrips Certificate #:  
520035287

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035287

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035287**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035287**  
• Claimant statement and authorization forms may be completed online at  
<https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at  
<https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE AMORIM BERARDI, MARINEZ BENICE

WorldTrips Certificate #:  
520035288

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035288

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035288**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035288**  
• Claimant statement and authorization forms may be completed online at  
<https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at  
<https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DA SILVA SOARES, NATAN

WorldTrips Certificate #:  
520035289

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035289

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035289**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**


Member WorldTrips Certificate # **520035289**  
• Claimant statement and authorization forms may be completed online at  
<https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at  
<https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>




POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE




<p><b>Member</b></p> <p>Member Name (Surname, Given Name): FREIXO RIBEIRO, NICKOLAS ALEX</p> <p>WorldTrips Certificate #: 520035290</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035290</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): DE ALMEIDA JUNIOR, NILTON</p> <p>WorldTrips Certificate #: 520035291</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035291</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): RICARDO FRANCO, PALMIRA ISABEL</p> <p>WorldTrips Certificate #: 520035292</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035292</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): PORTILHO SILVEIRA, PAMELA</p> <p>WorldTrips Certificate #: 520035293</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035293</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035290**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035290**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035291**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035291**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035292**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035292**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035293**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526


**Member Claim Submission**

Member WorldTrips Certificate #: **520035293**


- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE




<p><b>Member</b></p> <p>Member Name (Surname, Given Name): DUTRA, PATRICK BRANDT</p> <p>WorldTrips Certificate #: 520035294</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035294</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): MARTINS, PAULO SERGIO</p> <p>WorldTrips Certificate #: 520035295</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035295</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): AYRES MENDES, PEDRO</p> <p>WorldTrips Certificate #: 520035296</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035296</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): SANCHEZ RAMOS DE SOUZA, PEDRO FILIPE</p> <p>WorldTrips Certificate #: 520035297</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035297</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035294**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035294**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035295**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035295**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035296**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035296**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035297**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035297**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
BALDUINO, PEDRO JESUS

WorldTrips Certificate #:  
520035298

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035298

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035298**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035298**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
DE OLIVEIRA MORAES, PEDRO LUIS

WorldTrips Certificate #:  
520035299

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035299

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035299**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035299**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
MEDEIROS KLEVER, PEDRO

WorldTrips Certificate #:  
520035300

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035300

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035300**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035300**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
SANCHEZ, PRISCILA

WorldTrips Certificate #:  
520035301

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035301

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035301**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035301**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>

 **WorldTrips**

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ALVES TADEU, RAFAEL GODOY

WorldTrips Certificate #:  
520035302

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035302

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035302**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035302**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MAZZA COUTO, RAFAEL

WorldTrips Certificate #:  
520035303

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035303

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035303**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035303**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
VIANNA RODRIGUES, RAPHAEL

WorldTrips Certificate #:  
520035304

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035304

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035304**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035304**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MOREIRA NASCIMENTO, REGIANE  
PREVATO

WorldTrips Certificate #:  
520035305

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035305

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035305**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035305**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ARNONI DE CARVALHO, RENAN

WorldTrips Certificate #:  
520035306

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035306

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035306**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035306**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
SOUZA FARAH, RENAN

WorldTrips Certificate #:  
520035307

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035307

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035307**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035307**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DOS SANTOS FRAZAO, RENATO

WorldTrips Certificate #:  
520035308

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035308

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035308**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035308**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE ASSIS GONCALVES, ROBSON

WorldTrips Certificate #:  
520035309

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035309

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035309**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035309**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
DA SILVA CABRAL, RODRIGO

WorldTrips Certificate #:  
520035310

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035310

Plan Name:  
UnitedHealthcare Options PPO

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
AURILIO MATOS, ROSA

WorldTrips Certificate #:  
520035311

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035311

Plan Name:  
UnitedHealthcare Options PPO

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
DA RICHA AMORIN, ROZINEA

WorldTrips Certificate #:  
520035312

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035312

Plan Name:  
UnitedHealthcare Options PPO

**UnitedHealthcare**

**Member**

Member Name (Surname, Given Name):  
FIGUEIRA KOTANI YONG, SILVIA  
HELENA

WorldTrips Certificate #:  
520035313

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035313

Plan Name:  
UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035310**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035310**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035311**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035311**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035312**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035312**

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- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
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- US provider network search: <https://www.whyuhc.com/worldtrips>
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035313**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035313**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ABBUD, SORAIA

WorldTrips Certificate #:  
520035314

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035314

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035314**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035314**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
HESS, STOREY

WorldTrips Certificate #:  
520035315

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035315

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035315**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035315**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
BATISTA DA SILVA, TALITA LOPES

WorldTrips Certificate #:  
520035316

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035316

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035316**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035316**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
AVILA VITALIANO, TATHIANA

WorldTrips Certificate #:  
520035317

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035317

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035317**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035317**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MENDES DA SILVA, THIAGO WERNECK

WorldTrips Certificate #:  
520035318

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035318

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035318**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035318**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
SAMPAIO LIMA, TIAGO

WorldTrips Certificate #:  
520035319

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035319

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035319**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035319**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MARTINS NETTO, ULISSES

WorldTrips Certificate #:  
520035320

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035320

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035320**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035320**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
LUKOVIC, VELJKO

WorldTrips Certificate #:  
520035321

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035321

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035321**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**


Member WorldTrips Certificate # **520035321**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



<p><b>Member</b></p> <p>Member Name (Surname, Given Name): COSTA, WESLEY</p> <p>WorldTrips Certificate #: 520035322</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035322</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): PARTINGTON, WILLIAM RYAN</p> <p>WorldTrips Certificate #: 520035323</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035323</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): KOTANI YONG, WILSON</p> <p>WorldTrips Certificate #: 520035324</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035324</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): NOGUEIRA DE ASSIS, WILSON</p> <p>WorldTrips Certificate #: 520035325</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035325</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035322**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035322**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035323**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035323**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035324**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035324**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035325**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

**Member Name (Surname, Given Name):**  
ALVES DE OLIVEIRA, YAN LUCA RIBEIRO

**WorldTrips Certificate #:**  
520035326

**Effective Date:**  
December 12, 2023

**Insurance**

**Payer ID:**  
USN01

**Health Plan (80840):**  
911-87601-04

**Group Name:**  
WorldTrips

**UnitedHealthcare Group Number**  
76-570032

**UnitedHealthcare Member ID**  
603520035326

**Plan Name:**  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035326**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
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Member WorldTrips Certificate #: **520035326**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
AUTRAN, FABIO

WorldTrips Certificate #:  
520035327

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035327

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035327**  
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• For member benefit and eligibility verification, call 844-251-0747  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
BICAS DE MESQUITA, CAMILA

WorldTrips Certificate #:  
520035328

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035328

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035328**  
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• For member benefit and eligibility verification, call 844-251-0747  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035328**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MACIEL, CARLOS ALBERTO

WorldTrips Certificate #:  
520035329

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035329

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035329**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
QUEVEDO DE SOUZA, CARLOS AUGUSTO

WorldTrips Certificate #:  
520035330

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035330

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035330**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
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**Member Claim Submission**

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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE ARAUJO MENDES, CARLOS EDUARDO

WorldTrips Certificate #:  
520035331

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035331

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035331**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035331**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MADURO, CARLOS

WorldTrips Certificate #:  
520035332

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035332

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035332**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035332**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ORTALE, CAROLINA KELLER

WorldTrips Certificate #:  
520035333

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035333

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035333**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035333**  
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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE SOUZA LAMIRA, CIBELE PINHEIRO

WorldTrips Certificate #:  
520035334

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035334

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035334**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**


Member WorldTrips Certificate # **520035334**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE




<p><b>Member</b></p> <p>Member Name (Surname, Given Name): GONCALVES ALBANESE, CLAUDIA MARA REZENDE</p> <p>WorldTrips Certificate #: 520035335</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035335</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): MORAES DE AZEVEDO, CLAUDIO</p> <p>WorldTrips Certificate #: 520035336</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035336</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): RIBEIRO, CRISTIANO GARCIA</p> <p>WorldTrips Certificate #: 520035337</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035337</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): NASCIMENTO DA SILVA, CYBELLE</p> <p>WorldTrips Certificate #: 520035338</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035338</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035335**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035335**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035336**

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- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035336**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


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**Member Claim Submission**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035338**

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**Member Claim Submission**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE





**Member**

Member Name (Surname, Given Name):  
GALVAO, DAIANE CRISTINA

WorldTrips Certificate #:  
520035339

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035339

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035339**  
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• For member benefit and eligibility verification, call 844-251-0747  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
SILVA DE LIRA, DAMIANA

WorldTrips Certificate #:  
520035340

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035340

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035340**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE MENDONCA MENDES, DANIELA

WorldTrips Certificate #:  
520035341

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035341

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035341**  
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• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE OLIVEIRA MACIEL, EDNA MARQUES

WorldTrips Certificate #:  
520035342

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035342

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035342**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**


Member WorldTrips Certificate # **520035342**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>




POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE




<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): KOJO, EDSON	Payer ID: USN01
WorldTrips Certificate #: 520035343	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035343
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): VALENTE CORR A, EDSON LUIZ	Payer ID: USN01
WorldTrips Certificate #: 520035344	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035344
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): MOREIRA BRANDAO, EDUARDO	Payer ID: USN01
WorldTrips Certificate #: 520035345	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035345
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): NEYDE SANTOS, ELIANE	Payer ID: USN01
WorldTrips Certificate #: 520035346	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035346
	Plan Name: UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035343**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035343**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035344**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
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- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035344**

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- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035345**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035345**

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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035346**

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**Member Claim Submission**

Member WorldTrips Certificate #: **520035346**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
ARCOVERDE ALVES, EPAMINONDAS

WorldTrips Certificate #:  
520035347

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035347

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035347**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035347**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FERREIRA NUNES, ERICKSSON  
VELASQUEZ

WorldTrips Certificate #:  
520035348

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035348

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035348**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035348**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
NABARRETE SCHANZ, ERIK

WorldTrips Certificate #:  
520035349

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035349

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035349**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035349**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
EGUTI KOJO, ERIKA YOKOO

WorldTrips Certificate #:  
520035350

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035350

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035350**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035350**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
TEODORO LASA, FABIO MIGUEL

WorldTrips Certificate #:  
520035351

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035351

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035351**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035351**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
PICOLI DE OLIVEIRA, FABIO NILO  
ABRIEL

WorldTrips Certificate #:  
520035352

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035352

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035352**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035352**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
NILO DE OLIVEIRA, FABIO

WorldTrips Certificate #:  
520035353

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035353

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035353**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035353**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
PEREIRA MONTE, FABRICO

WorldTrips Certificate #:  
520035354

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035354

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035354**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**


Member WorldTrips Certificate # **520035354**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>




POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): FERREIRA DA SILVA, FERNANDO	Payer ID: USN01
WorldTrips Certificate #: 520035355	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035355
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): MARTINS ALBANESE, ALEX	Payer ID: USN01
WorldTrips Certificate #: 520035356	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035356
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): BRUNCHPORT, ALEXANDRE	Payer ID: USN01
WorldTrips Certificate #: 520035357	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035357
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): DE ARAUJO MONTEIRO, ALEXANDRE	Payer ID: USN01
WorldTrips Certificate #: 520035358	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035358
	Plan Name: UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035355**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035355**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035356**

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- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035356**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035357**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035357**

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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035358**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
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**Member Claim Submission**

Member WorldTrips Certificate #: **520035358**

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- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
OLIVEIRA, ALEXANDRE

WorldTrips Certificate #:  
520035359

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035359

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035359**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035359**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DOS SANTOS FILHO, ALFREDO

WorldTrips Certificate #:  
520035360

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035360

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035360**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035360**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
SILVA DE OLIVEIRA, ALINE A

WorldTrips Certificate #:  
520035361

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035361

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035361**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035361**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
SIQUEIRA DA SILVA, ALLAN WAGNER

WorldTrips Certificate #:  
520035362

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035362

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035362**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035362**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
VELLOSO AGUAS, ANA PAULA

WorldTrips Certificate #:  
520035363

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035363

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035363**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035363**  
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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DE JESUS CRISTINO, ANDRE

WorldTrips Certificate #:  
520035364

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035364

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035364**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035364**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
VITALIANO DA SILVA, ANDRE

WorldTrips Certificate #:  
520035365

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035365

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035365**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035365**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
KELLER ORTALE, BEATRIZ HELENA

WorldTrips Certificate #:  
520035366

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035366

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035366**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035366**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MOREIRA NASCIMENTO, BERNARDO  
PREVATO

WorldTrips Certificate #:  
520035367

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035367

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035367**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035367**  
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• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MELMAM BRUNCHPORT, BERTHA  
PRISCILLA

WorldTrips Certificate #:  
520035368

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035368

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035368**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035368**  
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<https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
COELHO FERNANDES, BETHANIA  
CASTRO

WorldTrips Certificate #:  
520035369

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035369

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035369**  
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• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035369**  
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• Printable claimant statement and authorization forms are available at  
<https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
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• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
PINHEIRO, BRUNO AUGUSTO

WorldTrips Certificate #:  
520035370

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035370

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035370**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035370**  
• Claimant statement and authorization forms may be completed online at  
<https://worldtrips.my.site.com/MemberPortal>  
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<https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search:  
<https://www.worldtrips.com/find-a-doctor>




POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE







<p><b>Member</b></p> <p>Member Name (Surname, Given Name): GELEZOGLO DOS SANTOS, CAMILA APARECIDA</p> <p>WorldTrips Certificate #: 520035371</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035371</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): LIBERIO DA CUNHA, FLAVIANO</p> <p>WorldTrips Certificate #: 520035372</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035372</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): DE ALMEIDA BRIGATTO VIANN, GABRIEL MONTEIRO</p> <p>WorldTrips Certificate #: 520035373</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035373</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): DUARTE, GERALDO ROGERIO</p> <p>WorldTrips Certificate #: 520035374</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035374</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035371**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035371**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035372**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035372**

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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035373**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
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**Member Claim Submission**

Member WorldTrips Certificate # **520035373**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035374**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526


**Member Claim Submission**

Member WorldTrips Certificate # **520035374**


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- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>




POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE




<p><b>Member</b></p> <p>Member Name (Surname, Given Name): RAMIREZ, GIOVANNI</p> <p>WorldTrips Certificate #: 520035375</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035375</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): DANTAS BISPO, GUILHERME</p> <p>WorldTrips Certificate #: 520035376</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035376</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): HILSON LESSA DE MEDEIROS, GUILHERME</p> <p>WorldTrips Certificate #: 520035377</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035377</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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<p><b>Member</b></p> <p>Member Name (Surname, Given Name): CANCIAN BAJOTTO, GUSTAVO</p> <p>WorldTrips Certificate #: 520035378</p> <p>Effective Date: December 12, 2023</p>	<p><b>Insurance</b></p> <p>Payer ID: USN01</p> <p>Health Plan (80840): 911-87601-04</p> <p>Group Name: WorldTrips</p> <p>UnitedHealthcare Group Number 76-570032</p> <p>UnitedHealthcare Member ID 603520035378</p> <p>Plan Name: UnitedHealthcare Options PPO</p>
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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035375**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035375**

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- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035376**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035376**

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- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035377**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035377**

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- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035378**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526


**Member Claim Submission**

Member WorldTrips Certificate # **520035378**


- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>




POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



<b>Member</b>	<b>Insurance</b>
<p><b>Member Name (Surname, Given Name):</b> BATISTA DA SILVA, GUSTAVO FELIPE</p> <p><b>WorldTrips Certificate #:</b> 520035379</p> <p><b>Effective Date:</b> December 12, 2023</p>	<p><b>Payer ID:</b> USN01</p> <p><b>Health Plan (80840):</b> 911-87601-04</p> <p><b>Group Name:</b> WorldTrips</p> <p><b>UnitedHealthcare Group Number</b> 76-570032</p> <p><b>UnitedHealthcare Member ID</b> 603520035379</p> <p><b>Plan Name:</b> UnitedHealthcare Options PPO</p>



<b>Member</b>	<b>Insurance</b>
<p><b>Member Name (Surname, Given Name):</b> YUKITI TAMANAHA, HOMERO</p> <p><b>WorldTrips Certificate #:</b> 520035380</p> <p><b>Effective Date:</b> December 12, 2023</p>	<p><b>Payer ID:</b> USN01</p> <p><b>Health Plan (80840):</b> 911-87601-04</p> <p><b>Group Name:</b> WorldTrips</p> <p><b>UnitedHealthcare Group Number</b> 76-570032</p> <p><b>UnitedHealthcare Member ID</b> 603520035380</p> <p><b>Plan Name:</b> UnitedHealthcare Options PPO</p>



<b>Member</b>	<b>Insurance</b>
<p><b>Member Name (Surname, Given Name):</b> GUEDES DE MELLO LASA, HUGO ANTONIO</p> <p><b>WorldTrips Certificate #:</b> 520035381</p> <p><b>Effective Date:</b> December 12, 2023</p>	<p><b>Payer ID:</b> USN01</p> <p><b>Health Plan (80840):</b> 911-87601-04</p> <p><b>Group Name:</b> WorldTrips</p> <p><b>UnitedHealthcare Group Number</b> 76-570032</p> <p><b>UnitedHealthcare Member ID</b> 603520035381</p> <p><b>Plan Name:</b> UnitedHealthcare Options PPO</p>



<b>Member</b>	<b>Insurance</b>
<p><b>Member Name (Surname, Given Name):</b> DE MESQUITA JUNIOR, INEVIO DRUMOND</p> <p><b>WorldTrips Certificate #:</b> 520035382</p> <p><b>Effective Date:</b> December 12, 2023</p>	<p><b>Payer ID:</b> USN01</p> <p><b>Health Plan (80840):</b> 911-87601-04</p> <p><b>Group Name:</b> WorldTrips</p> <p><b>UnitedHealthcare Group Number</b> 76-570032</p> <p><b>UnitedHealthcare Member ID</b> 603520035382</p> <p><b>Plan Name:</b> UnitedHealthcare Options PPO</p>

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035379**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035379**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035380**

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**Member Claim Submission**

Member WorldTrips Certificate #: **520035380**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035381**

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**Member Claim Submission**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035382**

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**Member Claim Submission**

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- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
HOFACKER WUO, IRMA TEREZA

WorldTrips Certificate #:  
520035383

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035383

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035383**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035383**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
CAMERANO BARBOSA, ISABELLA  
ABBUD

WorldTrips Certificate #:  
520035384

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035384

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035384**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035384**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
GONCALVES RAMOS, ITALO BRUNO

WorldTrips Certificate #:  
520035385

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035385

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035385**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035385**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
PEREIRA MENDONCA, JAINNE

WorldTrips Certificate #:  
520035386

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035386

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035386**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035386**  
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
RIBEIRO DE SOUSA, JOAO ANSELMO

WorldTrips Certificate #:  
520035387

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035387

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035387**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035387**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DO AMARAL FERRAZ, JOAO PAULO

WorldTrips Certificate #:  
520035388

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035388

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035388**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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**Member Claim Submission**

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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
FERREIRA DO NASCIMENTO, JORGE LUCAS

WorldTrips Certificate #:  
520035389

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035389

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035389**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035389**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MOACIR NUNES, JORMESON

WorldTrips Certificate #:  
520035390

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035390

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035390**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035390**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
DA SILVA FILHO, JOSE ANTONIO

WorldTrips Certificate #:  
520035391

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035391

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035391**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035391**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
BERALDI, JOSE MARIO

WorldTrips Certificate #:  
520035392

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035392

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035392**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
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**Member Claim Submission**

Member WorldTrips Certificate # **520035392**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
BELIZARIO BRANDAO, JOSE RIBAMAR

WorldTrips Certificate #:  
520035393

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035393

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035393**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035393**  
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• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
VILLARINHO, JOSE

WorldTrips Certificate #:  
520035394

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035394

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035394**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**


Member WorldTrips Certificate # **520035394**  
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• Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>  
• For additional information call: 800-605-2282 or 317-262-2132  
• US provider network search: <https://www.whyuhc.com/worldtrips>  
• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE




<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): MASSUNAGA, JULIANA OLIVEIRA	Payer ID: USN01
WorldTrips Certificate #: 520035395	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035395
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): ARDENGI GONCALVES FILHO, JULIO CESAR	Payer ID: USN01
WorldTrips Certificate #: 520035396	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035396
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): ALVES CAETANO DE OLIVEIRA, KARINY RIBEIRO	Payer ID: USN01
WorldTrips Certificate #: 520035397	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035397
	Plan Name: UnitedHealthcare Options PPO



<b>Member</b>	<b>Insurance</b>
Member Name (Surname, Given Name): GUIMARAES MONTE MOR, KARLA CARDOSO DE CASTRO	Payer ID: USN01
WorldTrips Certificate #: 520035398	Health Plan (80840): 911-87601-04
Effective Date: December 12, 2023	Group Name: WorldTrips
	UnitedHealthcare Group Number 76-570032
	UnitedHealthcare Member ID 603520035398
	Plan Name: UnitedHealthcare Options PPO

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035395**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035395**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

**Provider Claim Submission**


Provider UnitedHealthcare Member ID: **603520035396**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035396**

- Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>
- Printable claimant statement and authorization forms are available at <https://service.worldtrips.com>
- For additional information call: 800-605-2282 or 317-262-2132
- US provider network search: <https://www.whyuhc.com/worldtrips>
- Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



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**Member**

Member Name (Surname, Given Name):  
FERREIRA MACIANO, CARLA

WorldTrips Certificate #:  
520035399

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035399

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035399**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035399**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MOSSMANN, ALINE

WorldTrips Certificate #:  
520035400

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035400

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035400**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
• Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035400**  
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• Non-US provider network search: <https://www.worldtrips.com/find-a-doctor>



POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
SANTANA RIBEIRO, ACLECIA ALVES

WorldTrips Certificate #:  
520035401

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035401

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035401**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate # **520035401**  
• Claimant statement and authorization forms may be completed online at <https://worldtrips.my.site.com/MemberPortal>  
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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



**Member**

Member Name (Surname, Given Name):  
MACHADO, ADER LUCIO

WorldTrips Certificate #:  
520035402

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035402

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035402**  
• All claims must be submitted with the 12 digit UnitedHealthcare Member ID  
• For member benefit and eligibility verification, call 844-251-0747  
• Submit claims electronically using **PAYER ID USN01**  
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UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

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POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE





**Member**

Member Name (Surname, Given Name):  
DO NASCIMENTO, ADRIANO MOREIRA

WorldTrips Certificate #:  
520035403

Effective Date:  
December 12, 2023

**Insurance**

Payer ID:  
USN01

Health Plan (80840):  
911-87601-04

Group Name:  
WorldTrips

UnitedHealthcare Group Number  
76-570032

UnitedHealthcare Member ID  
603520035403

Plan Name:  
UnitedHealthcare Options PPO

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**Provider Claim Submission**

Provider UnitedHealthcare Member ID: **603520035403**

- All claims must be submitted with the 12 digit UnitedHealthcare Member ID
- For member benefit and eligibility verification, call 844-251-0747
- Submit claims electronically using **PAYER ID USN01**
- Or submit via mail:  
UnitedHealthCare Global, PO Box 30526, Salt Lake City, UT 84130-0526

**Member Claim Submission**

Member WorldTrips Certificate #: **520035403**

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