Sierra Health-Care Options

UMR Inquiry Form

SHO UM will respond within *14 business days* to inquiries.

For UMR use only

Date of submission

**required fields*

Submitter's Contact Information:

*Name: *Email: *Phone number:

Patient's information:

* Patient Name: *Patient D.O.B.(format 00/00/00)

UMR ID: SHO Case Reference ID (if known):

*Plan Name: Plan Type:

*Please provide a brief description of the request:

*Is the request for Inpatient or Outpatient services (please check one)

*Inquiry Category (please check one)

SHO UM Response:

Need additional assitance? Please send message to: nvshomailbox@ds.uhc.com