

### Step 1:

Sign into your account at member.compassrosebenefits.com.



### News & Announcements



### Step 2:

Click Go to UMR in the Quick Links menu.





### Step 3:

There are two ways to access your claims & EOBs. Click **View all medical claims** under **Recent claim activity** on your dashboard **OR** open the **Claims** dropdown in the main menu and select **Medical claims**.





#### Step 4:

You can change the person, status and time period to filter your search. Select all if you are unsure. Then click **Apply**.





### Step 5:

You can click on your claim number to view more details and click **EOB** to view your EOB. EOBs will open in a new window — make sure pop-ups are enabled.

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| Claims 🗸 Coverage a   | nd benefits 🗸 🛛 Find  | I costs and care $ \sim $ He                                     | ealth center 🥆   | Pharmacy ~  |  |   |   |   |     |
|   |   | See how we're  | e reimagining  | umr.com! <u>Watch de</u>  | mo video 🖸 or <u>view F</u> A                          | <u>Qs</u> 🕻 to learn more.              |   |   |     |
| Claims  |   |  |  |   |  |   |   |   |     |
| On this site you may view y<br><u>days ago</u> is outstanding, pl   | our claims that have al<br>ease contact UMR at 8                            | lready been paid, and clair<br>88-438-9135 or <u>umr-crbgi</u>   | ns currently ir<br><u>nquiry@umr.c</u>                                   | the payment proce<br>om.  | ss. If you do not see a                                | claim you feel was submit               | tted <u>over 30 days ago or if a c</u>  | claim you submitted over 30                       |     |
| Medical Dental Pha  | armacy  |  |  |   |  |   |   |   |     |
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| Search and view your med<br>period or service date to fin<br>Person ⑦   | cal claims. You can filto<br>d a specific claim.<br>Status                  | er your search by persons<br>Time period                         | covered, clair<br>Service dat<br>From (mm/                               | n status, time<br>e range:<br>dd/yyyy) - To (mm/dd/yyy                                | y)   |   |   |   |     |
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