



Patch II

# Document Separator

Used to Separate Each Transaction

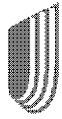
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SourceHOV, Inc  
4050 South 500 West  
Salt Lake City, UT 84123

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# UnitedHealthcare®

A UnitedHealth Group Company

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5

**This claim was received  
in the Appeals P.O. BOX  
30432, Salt Lake City,  
UT, or through fax 801-  
938-2100**

2/10/21

Victoria Walburn  
Health Plan: UnitedHealthcare Choice Plus  
Member ID: 839490962  
Group Number: 100400

To whom it may concern,

Please accept this letter as my appeal to United Healthcare's decision to deny coverage for my daughter's (Haddassah Walburn) expenses related to her birth and stay in the hospital from 8/25 - 8/28. It is my understanding that the denial of this coverage for the expenses related to my daughters birth and stay is due to the fact that a new child is not covered by my policy because I am not the planholder. I am still on my Father's plan (Bruce Stoller) and we have recently been told that due to the nature of being on his plan, a newborn cannot be added and is therefore not covered.

However, as you can see on the next page where I have attached a screenshot from the maternal benefits section that is available to us online - it clearly states that mother and newborn are both covered under this policy for up to 96 hours after a cesarean-section delivery. Therefore, we are requesting that Hadassah's hospital stay expenses be covered due to the fact that our benefits on MyUHC.com explicitly state they will be. At the time of the delivery, we made decisions based on the information available to us online that assumed our daughter would be covered for up to 96 hours in the hospital after birth. It does not seem fair or legal to document different coverage in the Summary of Benefits and Coverage of our healthcare plan and then deny us coverage after the baby is born based upon information that is not available to us in our United Healthcare Portal (myuhc.com).

Based on this information, I am asking that you reconsider your previous decision to deny coverage of the expenses related to the birth and stay of my daughter in the hospital. These expenses have also been attached to the next page with the dates and amount. Should you require additional information, please do not hesitate to contact me at 309-369-7469. I look forward to hearing from you regarding this appeal in the near future.

2/23/2021

Benefits Details - UnitedHealthcare



## Your Expanded Access to Care for COVID-19

Learn about the resources available to you, including vaccine information, symptom checker, how to get emotional support, and more.

[See COVID-19 Resources](#)

## Pregnancy & Maternity Maternity Services- Mother and Newborn



## CHOICE PLUS HSA NETWORK

### Benefit Details

Includes prenatal care, delivery, postnatal care and any related complications.

We will pay Benefits for an Inpatient Stay of at least:

- 48 hours for the mother  
and newborn child following a normal vaginal delivery.
- 96 hours for the mother  
and newborn child following a cesarean section delivery.

These are federally mandated requirements under the Newborns' and Mothers' Health Protection Act of 1996 which apply to this Plan. The Hospital or other provider is not required to get authorization for the time periods stated above. Authorizations are required for longer lengths of stay.

If the mother agrees, the attending provider may discharge the mother and/or the newborn child earlier than these minimum time frames.

IU Health  
250 N. Shadeland Ave.  
Indianapolis, IN 46219



Indiana University Health

Pay your bill online at MyIUHealth.org

IU Health Patient Financial Services  
8 am - 7 pm Monday through Friday  
Tenemos disponible asistencia en Español

Indianapolis: 317.612.2754  
Toll-free: 1.888.IUHEALTH  
Fax: 1 (317) 968-1109

**February 18, 2021 Itemized Billing Statement for:**

PATIENT: HADASSAH BRIELL WALBURN  
ACCT #: 82923863

10634 1 AV 0.395

VICTORIA R WALBURN  
14350 LUDWELL CT  
FISHERS, IN 46037-0037

10634



Pay stub located at bottom of page

**Thank you for choosing IU Health**

Account Summary		Statement Detail Continued on Reverse Side
Previous Statement Balance		\$2,197.38
Insurance Payments/Adjustments Since Last Statement		\$0.00
What You Paid Since Last Statement		\$0.00
Current Statement Balance		\$2,197.38
Charges Pending With Insurance		\$0.00
<b>What You Currently Owe</b>		<b>\$2,197.38</b>
Minimum Monthly Payment Option	Amount due by March 12, 2021	\$400.00

**What You Need to Do**

Past Due! You have one or more invoices that are past due. Please see the statement detail continued on the reverse side for more information on past due invoices. To resolve these, please pay the balance listed above as What You Currently Owe or the Minimum Monthly Payment Option by the due date listed above. To pay your bill online and access other billing resources, please visit MyIUHealth.org to create an account. To make a one-time online payment without an account, please visit MyIUHealth.org and use Quick Pay.

Financial assistance is available to eligible patients per Indiana University Health Financial Assistance Policy. A plain language summary of this policy is located on the back of this page or at IUHealth.org.

Please retain a copy of this statement for your Flex Spending / Tax Records

Statement Date: February 18, 2021

**Confirm Patient Information**

ACCT # 82923863  
HADASSAH BRIELL WALBURN  
14350 LUDWELL CT  
FISHERS, IN 46037-0037

PAYMENT DUE DATE	PAY THIS AMOUNT	AMOUNT ENCLOSED
3/12/2021	\$2,197.38	

**CHECK PAYMENTS** - Make checks payable to IU Health and write your account number on check.

**CREDIT CARD PAYMENTS**



CARD NUMBER

EXP DATE

CARDHOLDER NAME

CARDHOLDER SIGNATURE

- ☐ Please check here if your address or insurance has changed. Please indicate changes on the back of this page.

IU HEALTH  
PO BOX 4374  
CHICAGO, IL 60680-4374

000082923863 WALBURN 0000 031221 000040000 4

9102108470795



Indiana University Health

February 18, 2021

Itemized Billing Statement for:

 PATIENT: HADASSAH BRIELL WALBURN  
 ACCT #: 82923863

## INDIANA UNIVERSITY HEALTH FINANCIAL ASSISTANCE POLICY

Financial assistance is available to qualifying uninsured and underinsured patients receiving care at an IU Health hospital location. If you are uninsured, you will receive a discount and be billed only the amount that is generally billed to patients with insurance coverage at that IU Health hospital facility. If you receive a medically necessary service your insurance does not cover, you may receive a discount similar to the discount received by uninsured patients. If you enter into a pre-negotiated agreement with IU Health for payment of services, you will not qualify for financial assistance under this policy.

If you are an Indiana resident, as defined in the IU Health Financial Assistance Policy, who receives care via the emergency department, direct admission from a physician's office, or transfer from another hospital, you may be eligible to receive additional assistance if paying your medical bills is a financial hardship and you apply. If you meet the Federal Poverty Level (FPL) criteria below, you may be eligible for financial assistance up to the full amount of your medical bill.

# of Adults in Household	# of Dependents in Household	FPL Income Threshold
1+	0	200%
2+	1+	250%
1	1+	300%

If your income is above these levels but the amount you owe is more than 20% of your annual household income, you may apply for assistance and be eligible for a discount to 20% of your annual income.

No patient approved for financial assistance due to financial hardship will be charged more than the amounts generally billed to patients who have insurance coverage for similar care provided at the respective IU Health hospital facility where the patient received services.

Complete Financial Assistance Applications should include all required attachments and information in order to be considered. IU Health may determine that you qualify for additional assistance and aid you in the completion of an application for state assistance programs including Medicaid and the Healthy Indiana Plan. If financial assistance is approved, you will receive written notification and an updated statement with your reduced balance.

The IU Health Financial Assistance Application, Financial Assistance Policy and a summary of IU Health financial assistance are available for free at the registration desk at any IU Health location or online at [www.iuhealth.org/financialassistance](http://www.iuhealth.org/financialassistance). The policy, application, and this plain language summary are available to download or print in English as well as the following languages: Arabic, Burmese, Hakha Chin, Karen, Mandarin Chinese, and Spanish.

To learn more about available financial assistance, the application process, request an enrollment appointment with a certified Financial Navigator, or request a free copy of the application materials by mail, please contact us at 1-888-531-3004 or seek assistance at the registration desk at any IU Health location.

*This itemized statement only reflects services provided and corresponding charges through the date that it was requested. Any services provided subsequent to the request for this statement may not be reflected herein. Indiana University Health reserves the right to pursue payment and/or reimbursement from any and all relevant parties for all services provided to this patient, regardless of whether such services or corresponding charges are reflected in this statement.*

## Statement details found on the next page.

Statement ID: 80809546

Please complete &amp; return if your address or insurance has changed.

## Change of Insurance Information

NAME \_\_\_\_\_ ACCT # 82923863  
 RELATIONSHIP TO PATIENT \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_  
 POLICY NAME \_\_\_\_\_  
 POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_  
 NETWORK NAME \_\_\_\_\_  
 INSURANCE CO. PHONE \_\_\_\_\_  
 INSURANCE CO. NAME \_\_\_\_\_  
 INSURANCE CO. ADDRESS \_\_\_\_\_  
 EMPLOYERS NAME \_\_\_\_\_  
 EMPLOYERS ADDRESS \_\_\_\_\_  
 EMPLOYMENT STATUS \_\_\_\_\_

## Change of Address Information

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE \_\_\_\_\_ BUS. PHONE \_\_\_\_\_



Communications concerning bankruptcy notifications or disputed medical bills must be clearly marked as such and sent to:

IU Health Patient Financial Services  
 250 N. Shadeland Ave.  
 Indianapolis, IN 46219

Please do not send payment to this address.

9102108470795



Indiana University Health

February 18, 2021

Itemized Billing Statement for:

 PATIENT: HADASSAH BRIELL WALBURN  
 ACCT #: 82923863

Invoice # - Date - Quantity - Services - Amount	Total Charge	Pending with Insurance	What You Owe Now
Previous Visits prior to February 18, 2021			
<b>751386814 - 08/25/20 through 08/28/20 IU Health Bloomington Hospital</b> <b>Inpatient Admission - Neonatal Services</b> 08/25/2020 001 COOMBS DIRECT EA ANTISERUM \$128.00 08/25/2020 001 ERYTHROMYCIN OPH OINT 0.5% 1GM \$74.50 08/25/2020 001 HEPATITIS B VACC 10MGG/0.5ML \$145.80 08/25/2020 001 PHYTONADIONE VIT K INJ PER 1MG \$216.00 08/25/2020 001 TYPING BLOOD ABO GROUP \$422.00 08/25/2020 001 TYPING BLOOD RH FACTOR \$128.00 08/25/2020 003 R&B B2SW BASSINET \$4,188.00 08/26/2020 001 AABR, LIMITED \$568.00 08/26/2020 001 OXIMETRY MULTIPLE DETERMINATION \$416.00 08/26/2020 002 BILIRUBIN TOTAL TRANSCUTANEOUS \$44.00 09/03/2020 Financial Assistance Adjustment -\$4,391.32	6,330.30	0.00	1,938.98
Physician services associated with this visit			
<b>67907291 - 08/26/20 IUH Southern Indiana Physicians</b> <b>Group No: 27 - Provider: Heather Franklin MD</b> 08/26/2020 001 INITIAL HOSP/BIRTHING CTR CARE-PER DAY-NORMAL NEWBORN-E/M \$219.00 10/24/2020 TOS CASH DISCOUNT -\$87.60 01/08/2021 WEB CREDIT CARD -\$26.00	219.00	0.00	105.40
<b>67928955 - 08/27/20 IUH Southern Indiana Physicians</b> <b>Group No: 27 - Provider: Heather Franklin MD</b> 08/27/2020 001 Subsequent hospital care, per day, for evaluation and mgmt of normal newborn \$97.00 10/24/2020 TOS CASH DISCOUNT -\$38.80	97.00	0.00	58.20
<b>67928956 - 08/28/20 IUH Southern Indiana Physicians</b> <b>Group No: 27 - Provider: Heather Franklin MD</b> 08/28/2020 001 HOSP D/C DAY-30 MIN \$158.00 10/24/2020 TOS CASH DISCOUNT -\$63.20	158.00	0.00	94.80
<b>TOTAL</b>	<b>\$6,804.30</b>	<b>\$0.00</b>	<b>\$2,197.38</b>
<b>WHAT YOU CURRENTLY OWE BY March 12, 2021</b>			<b>\$2,197.38</b>
<b>TOTAL ACCOUNT BALANCE AS OF February 18, 2021</b>			<b>\$2,197.38</b>

NEW = New since last statement

\* = This amount is not included in the minimum payment calculation.

! = Past Due

A = Final Notice; account will transfer to collection if payment is not received.

9102108470795



The Walburns  
14350 Lyndwell Ct.  
Fishers, IN 46037

INDIANAPOLIS IN 460

17 MAR 2021PM 2 L



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FOREVER

United Healthcare Appeals  
P.O. Box 30432  
Salt Lake City, UT 84130

84130-043232

