



UnitedHealth Group®

9
1
0
2
1
0
8
3
1
8
4
7
8

THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

03/24/2021

1509

United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

1355 South 4700 West
Salt Lake City, UT 84104



UnitedHealthcare®
A UnitedHealth Group Company

**RECEIVED
VIA
FAX/FTP**

BEST COPY AVAILABLE

**DO NOT Return to the RMO for
Rescan**

9
1
0
2
1
0
8
3
1
8
4
7
8

FAX

To:

Fax: 8019382100

Phone:

From:

Fax:

Phone:

E-mail: xenia.russell@alight.com

NOTES:

Attn: Appeals

Date and time of transmission: Wednesday, March 24, 2021 5:01:46 PM

Number of pages including this cover sheet: 03

9
1
0
2
1
0
8
3
1
8
4
7
8

Good Afternoon,

The below member is submitting this appeal letter for review. We will follow-up shortly to confirm it was received and processing. If you have any questions or concerns, please feel free to contact me. My information is located below in my signature.

Patient's Name: Rhonda Chester Smith

Member's ID#: 928586283

Patient's DOB: 10/18/1963

Date of service:

- 8/10

- 8/11

- 08/13

- 08/17

- 08/20

08/31

Thanks,

Xenia Russell

Health Pro Specialist I

Healthcare Navigation

Xenia.Russell@alight.com

P: 800.513.1667 x445 | F: 214.854.3436

alight

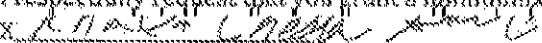
United Healthcare
Attention: Appeals Department
PO Box 30432
Salt Lake City, Utah 84130-0432
Fax: 801-938-2100

Member Name: Rhonda Chester Smith
Member ID: 928586283
~~XXXXXXXXXXXXXXXXXXXX~~
Service Dates: 8/10/20, 8/11/20, 8/13/2020, 8/17/20, 8/20/20, 8/25/20, 8/27/20, and 8/31/20

To Whom It May Concern:

I am writing to you to appeal for additional therapy sessions, which have been ordered by my orthopedic surgeon, Dr. Marc Goldman. As a result of my total hip replacement procedure performance on January 27th, 2020, I began physical therapy services under the care and supervision of my physician, Dr. Goldman. Unfortunately, my 2020 policy's strict limit of 24 covered sessions per plan year is not sufficient for the treatment plan designed by my physician.

In order for me to have continued on my medically advised treatment plan, I would have needed the 8 additional covered visits mentioned above to meet my doctor's request. Cessation of these services would have been detrimental to my continued healing, as well as overall health and wellbeing. Because I followed my doctor's orders, I am now being assessed nearly \$3,698 worth of physical therapy charges. I agreed to undergo all requested therapy sessions in good faith with the understanding that my doctor had deemed these services essential; however, the financial hardship this amount of money will bring if these services are excluded from coverage under my plan will be too great for me to bear.

I respectfully request that you grant a minimum of 7 additional covered services so that I may continue to make progress.


Member Name: Rhonda Chester Smith

United Healthcare
Attention: Appeals Department
PO Box 30432
Salt Lake City, Utah 84130-0432
Fax: 801-938-2100

Member Name: Rhonda Chester Smith

Member ID: 928586283

Reference Number: D6406

Service Dates: 8/10/20, 8/11/20, 8/13/2020, 8/17/20, 8/20/20, 8/25/20, 8/27/20, and 8/31/20

To Whom It May Concern:

I am writing to you to appeal for additional therapy sessions, which have been ordered by my orthopedic surgeon, Dr. Marc Goldman. As a result of my total hip replacement procedure performance on January 27th, 2020, I began physical therapy services under the care and supervision of my physician, Dr. Goldman. Unfortunately, my 2020 policy's strict limit of 24 covered sessions per plan year is not sufficient for the treatment plan designed by my physician.

In order for me to have continued on my medically advised treatment plan, I would have needed the 8 additional covered visits mentioned above to meet my doctor's request. Cessation of these services would have been detrimental to my continued healing, as well as overall health and wellbeing. Because I followed my doctor's orders, I am now being assessed nearly \$3,698 worth of physical therapy charges. I agreed to undergo all requested therapy sessions in good faith with the understanding that my doctor had deemed these services essential; however, the financial hardship this amount of money will bring if these services are excluded from coverage under my plan will be too great for me to bear.

I respectfully request that you grant a minimum of 7 additional covered services so that I may continue to make progress.

Rhonda Chester Smith

Member Name: Rhonda Chester Smith