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

FAX

05/17/2021

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**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

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# FAX

**To: Attn to Melissa**

**Company:**

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**From:**

**Fax:**

**Phone:**

**E-mail:**

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**NOTES:**

Unauthorized interception of this facsimile could be a violation of federal and state law. We are required to safeguard privileged, confidential and/or protected health information by applicable law. The information in this document is for the sole use of the person(s) or company named above. If this you have received this fax in error, please contact us by phone immediately to arrange for return of the documents.

If you have difficulty with this transmission, please contact the number above.

**Date and time of transmission:** Thursday, May 13, 2021 11:07:28 AM

**Number of pages including this cover sheet:** 02



May 5, 2021

MELISSA STILLMAN  
10063 WHITE OAK PLACE  
HIGHT ANDS RANCH CO 80120

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A UnitedHealth Group Company

P.O. Box 30432 Salt Lake City UT 84130-0432

May 5 2021

MELISSA STILLMAN

10063 WHITE OAK PLACE

HIGHLANDS RANCH CO 80129

LEGAL ENTITY:	UNITEDHEALTHCARE INSURANCE COMPANY
CLAIM AMOUNT:	PRE-SERVICE
PRODUCT:	POS POINT OF SERVICE
TRANSACTION NUMBER:	K1171325004
GROUP NAME:	EMPOWER
GROUP NUMBER:	717649
EMPLOYEE:	STEVEN STILLMAN
ID NUMBER:	829525317
PATIENT NAME:	MELISSA STILLMAN
DATE(S) OF SERVICE:	PRE-SERVICE
MEDICATION:	ANNOVERA

Dear Melissa Stillman:

We reviewed the appeal filed on your behalf regarding coverage of the above medication(s) that you would like to receive from Field 30 Oster. You or your provider may have information that will assist us in our consideration of your appeal. The information we are asking you to provide is as follows:

Information from your treating provider indicating the medical necessity support for the specific collaborative, Annovera.

We are committed to providing our enrollees with timely responses to their appeals. Please provide as much detail as possible.

You may either fax this information to (801) 938-2100 or mail to:

UnitedHealthcare  
Salt Lake City, UT 84130

Thank you for your assistance. We will notify you of our determination in writing as soon as our review is completed.

Your satisfaction is important to us. As part of our continuing efforts to increase member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and



May 5, 2021

MELISSA STILLMAN  
10063 WHITE OAK PLACE  
HIGHLANDS RANCH CO 80129

LEGAL ENTITY:	UNITEDHEALTHCARE INSURANCE COMPANY
CLAIM AMOUNT:	PRE-SERVICE
PRODUCT:	POS - POINT OF SERVICE
TRANSACTION NUMBER:	K1171325004
GROUP NAME:	EMPOWER
GROUP NUMBER:	717640
EMPLOYEE:	STEVEN STILLMAN
ID NUMBER:	829525317
PATIENT NAME:	MELISSA STILLMAN
PROVIDER NAME:	HEIDI JO OSTER
DATE(S) OF SERVICE:	PRE-SERVICE
MEDICATION:	ANNOVERA

Dear Melissa Stillman:

We reviewed the appeal filed on your behalf regarding coverage of the above medication(s) that you would like to receive from Heidi Jo Oster. You or your provider may have information that will assist us in our consideration of your appeal. The information we are asking you to provide is as follows:

Information from your treating provider indicating the medical necessity support for the specific Contraceptive: Annovera.

We are committed to providing our enrollees with timely responses to their appeals. Please provide as much detail as possible.

You may either fax this information to (801) 938-2100 or mail to:

UnitedHealthcare  
PO Box 30432  
Salt Lake City, UT 84130

Thank you for your assistance. We will notify you of our determination in writing as soon as our review is completed.

Your satisfaction is important to us. As part of our continuing efforts to increase member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and

complete response. If you have any questions, please call us at the telephone number listed on the back of your UnitedHealthcare member ID card. TTY users can dial 711.

You may request translation of this letter into a non-English language. In order to request language translation, please call the phone number on the back of your UnitedHealthcare ID card, or send your request to:

UnitedHealthcare Central Escalation Unit  
ATTN: Language Translation  
4316 Rice Lake Road  
Duluth, MN 55811

**Availability of Consumer Assistance/Ombudsman Services**

In addition, there may be other resources available to help you understand the appeals process. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Please note that appeal deadlines have been extended until further notice due to COVID-19. You should consult with your employer and visit UHC.com or myUHC.com for more information and additional notices about the deadline extensions and how they may apply to you.

Sincerely,

Shorelynn C.  
Appeals Coordinator

Enclosure: Non-Discrimination Notice

cc: Heidi Jo Oster, M.D.



We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** UHC\_Civil\_Rights@uhc.com

**Mail:** Civil Rights Coordinator.

UnitedHealthcare Civil Rights Grievance,  
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019,  
1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

**ATENCIÓN:** Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

**請注意：**如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

**تنبيه:** إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية الخاص بك.

**ધ્યાન આપો:** જો તમે ગુજરાતી (Gujarati) બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. કૃપા કરી તમારા આઈડેન્ટીફિકેશન કાર્ડ પર આપેલા ટોલ-ફ્રી નંબર પર કોલ કરો.

**ATANSYON:** Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

**ATTENTION :** Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

**UWAGA:** Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

**ATENÇÃO:** Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

**ATTENZIONE:** in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

**ACHTUNG:** Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

**DÍI BAA'ÁKONÍNÍZIN:** Diné (Navajo) bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'í. T'áá shqodí ninaaltsoos nít'íizí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.

**توجہ درکار ہے:** اگر آپ اردو (Urdu) زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات دستیاب ہے۔ برائے کرم آپ کے شناختی کارڈ پر دیے گئے ٹال فری فون نمبر پر کال کریں۔

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