

910210899735669



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

OK EMERGENCY PHYS PARTNERS PLLC  
ATTN: ERISA DEPARTMENT  
12790 MERIT DRIVE, SUITE 200  
DALLAS, TX 75251

03/24/2021

UNITED HEALTHCARE



4040

PO BOX 30555  
SALT LAKE CITY, UT 84130-0555

PATIENT NAME: GOFF, JENNIFER P  
PATIENT DOB: 02/05/1985  
DATE OF SERVICE: 05/09/2020  
INSURANCE GROUP #: 722266  
INSURANCE POLICY / ID#: 960249632  
ICN Number: CD01174638 0166510602

PROVIDER NAME: FERGUSON DO, TIFFANY  
OUR NPI: 1902140718  
TOTAL CHARGES: \$1,416.00  
DENIED / UNDERPAID AMOUNT: \$1,114.25  
INVOICE #: 67463123

Dear Plan/Claims Administrator:

**SECOND REQUEST** We are authorized to act on behalf of GOFF, JENNIFER P in the above-referenced claim. A copy of the patient's written authorization was obtained at the time of the patient visit and is on file in our office. In accordance with the patient's authorization, we hereby serve 2nd notice to you of our appeal related to the patient's recent visit and the resulting benefit underpayment for services rendered on 05/09/2020.

On behalf of the patient and as an authorized representative, we request a copy of your Summary of Benefits and Coverage & Uniform Glossary, as required to be maintained and provided upon request pursuant to ERISA Claim Regulations, 29 C.F.R. 2590.715-2715, subpart C. This request must be satisfied "as soon as practicable, but in no event later than seven business days following receipt of the request." 2590.715-2715 (a)(1)(ii)(F). Please be advised that, "A group health plan that willfully fails to provide information required under this section to a participant or beneficiary is subject to a fine of not more than \$1,000 for each such failure." 2590.715-2715(a)(5)(d).

Thank you for your attention and cooperation. I look forward to receiving the requested materials and pursuing the appeal of the adverse benefit determination. Please contact me upon receipt of this grievance to both confirm receipt and provide an expected completion date.

**REMIT TO:** OK EMERGENCY PHYS PARTNERS PLLC  
ATTN: ERISA DEPARTMENT  
12790 MERIT DRIVE, SUITE 200  
DALLAS, TX 75251

Sincerely,

Breon Terrance  
Revenue Recovery Associate  
P: breon\_terrance@scp-health.com F:  
337.593.1882

CC: Sarah C. H. Crass, Esq.  
General Counsel and Chief Compliance Officer

