

9102108974038



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

HYDEN EMERGENCY PHYSICIANS LLC  
ATTN: ERISA DEPARTMENT  
12790 MERIT DRIVE, SUITE 200  
DALLAS, TX 75251

03/24/2021

UNITED HEALTHCARE



2974

PO BOX 30555  
SALT LAKE CITY, UT 84130-0555

PATIENT NAME: PACE,MARTA  
PATIENT DOB: 03/10/1978  
DATE OF SERVICE: 06/30/2020  
INSURANCE GROUP #: 717297  
INSURANCE POLICY / ID#: 946008077  
ICN Number: CE39427706 0075705844

PROVIDER NAME: LUAN MD,AIPING  
OUR NPI: 1497036776  
TOTAL CHARGES: \$1,465.00  
DENIED / UNDERPAID AMOUNT: \$1,163.25  
INVOICE #: 68369806

Dear Plan/Claims Administrator:

**SECOND REQUEST** We are authorized to act on behalf of PACE,MARTA 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 06/30/2020.

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:** HYDEN EMERGENCY PHYSICIANS LLC  
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

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