



UnitedHealth Group®

9
1
0
2
1
0
8
3
1
8
5
2
5

THIS DOCUMENT WAS RECEIVED IN

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

FAX

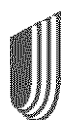
03/24/2021

1421

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
5
2
5

HealthAdvocate™

Always At Your Side

FACSIMILE TRANSMITTAL SHEET	
To: UHC - Member Appeals	From: Issueupdate
Company:	Date: 3/24/2021
Fax #: (801)938-2100	Fax #: 610-941-4200
Phone #:	Phone #: 866-695-8622
re: [CI:8552143]Second Level Member Appeal FAX 1 of 2	Email: issueupdate@healthadvocate.com

Message:

Member: Elizabeth Jorgensen
Member ID #: 954745303

Please accept the attached second level member appeal. Please review and respond directly to the member. Health Advocate assists the member **only** in the submission of this appeal, but is **not** acting as a member representative/agent.

****1 of 2 Faxes due to size****

Debbie Landry

Appeals Specialist

o 866-799-2731 f 610-941-4200



From: Deborah Landry

Sent: Friday, March 19, 2021 3:21 PM

To: 801-938-2100

Subject: FW:Second Level Member Appeal and letter
Resubmission

Debbie Landry

Appeals Specialist

o 866-799-2731 f 610-941-4200



From: Deborah Landry

Sent: Tuesday, March 16, 2021 3:38 PM

To: 801-938-2100

Subject: Second Level Member Appeal and letter

Please accept the attached second level member appeal. Please review and respond directly to the member. Health Advocate assists the member only in the submission of this appeal, but is not acting as a member representative/agent. Please see email from Betsy below.

Debbie Landry

Appeals Specialist

o 866-799-2731 f 610-941-4200



From: betsy.kay.b@gmail.com

Sent: Thursday, March 11, 2021 1:36 PM

To: issueupdate@healthadvocate.com

Subject: Appeal and letter

I give my permission to Health Advocate to submit my appeal for review. They are assisting in the submission only, and are not acting as representative in my place. Please review my appeal request accordingly.

Enclosure:

Second Level Member Appeal Letter.pdf

Provider Support Letter.pdf

3043 Walton Rd. Suite 150 • Plymouth Meeting, PA 19462

The information contained in this communication may be confidential, and is intended only for the use of the recipient(s) named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication, or any of its contents, is strictly prohibited. If you have received this communication in error, please return it to the sender immediately and shred the original message and any copy of it, and delete it from your computer system, if applicable. If you have any questions concerning this message, please contact the sender.

9
1
0
2
1
0
8
3
1
8
5
2
5

February 26, 2021

United Healthcare
Attn: Member Appeals Unit
P.O. Box 30575
Salt Lake City, UT 84130-0575

Fax: 801-938-2100

Member: Elizabeth Jorgensen
Member ID #: 954745303
Group Name/ID #: Workfront/743597
Procedure: Repair of Achilles Tendon Rupture (CPT 27650)
Date of Service: 06/12/2020
Total Charge: \$11,092.79

Subject: **Second Level Member Appeal**

To Whom It May Concern:

Please accept this letter as a request for a Second Level Member Appeal regarding the application of my out-of-network benefits to my surgery on 06/12/2020 at Mountain Point Medical Center.

Due to an emergent situation and injury, I consulted with Dr. Devin Tranter and he agreed met me at Mountain Point Medical Center for emergent surgery to repair my ruptured achilles tendon. Dr. Tranter is a contracted provider with United Healthcare, however he does not have admitting privileges/surgical privileges at any of the contracted hospitals/surgical centers. This includes the three facilities mentioned in the letter which I received dated 06/13/2020 (the day after the surgery).

In that I sought the services of a network provider credentialed by your plan, I rely on his direction for a recommended treatment plan. I was not able to direct Dr. Tranter to an in-network facility, nor did I at the time have the ability to choose any other facilities. Dr. Tranter also contacted UHC and spoke with two representatives who explained that the surgery could be approved as an exception based on the circumstances. This matched with Dr. Tranter's previous experiences as well. To my detriment, I relied on this information at a time when I was not able to understand the financial ramifications. There was also no time due to my clinical situation to make another decision regarding a provider or facility.

I request review of my appeal to be performed by individuals with no previous involvement with my case and who are not subordinates of anyone involved with the original determination. One of these individuals must be a Plan Medical Director who holds an active, unrestricted license to practice podiatric surgery.

Please accept this request that the original decision to process this claim at my out of network benefits be reversed and coverage allowed under my in-network plan benefits.

If the appeal decision is unfavorable and additional benefits are not reconsidered and applied, please submit the applicable policy language, the detailed specific reasons believed to justify the decision, and a copy of the pertinent medical policy.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Jorgensen', with a large loop at the end.

Elizabeth Jorgensen
3959 E Sioux Street
Eagle Mountain, UT 84005

Enclosures

9
1
0
2
1
0
8
3
1
8
5
2
5

9
1
0
2
1
0
8
8
3
1
8
5
2
5