

CARECONTINUUM

Suite 2130
4750 E. 450 South
Whitestown, IN 46075-8404
877-273-2122 (Toll Free)
877-814-4047 (Fax)

ORANGE REGIONAL MEDICAL CENTER
707 EAST MAIN STREET
MIDDLETOWN, NY - 10940

12/11/2019

Decision Date: 12/11/2019
Patient Name: FRANCO SCARCELLO
Member Name: FRANCO SCARCELLO
Member ID: 9800149571
Fund Type: National Benefit Fund
Physician: DAVID J ELLIS
Facility Name: ORANGE REGIONAL MEDICAL CENTER
Setting: Outpatient
HCPCS Code: J1745
Approved Date Range: 11/29/2019 - 06/14/2020
Approved Units: 30.040 NDC Units
Reference Number: 4082543
Approved Service: REMICADE 100 MG VIAL

Dear FRANCO SCARCELLO:

Care Continuum, a subsidiary of Express Scripts, performs utilization management reviews of specialty drugs on behalf of the 1199SEIU Benefit Funds (the Funds).

We recently received your request for services and based on the information provided to us from your treating healthcare provider, we have determined that medical necessity has been established and have authorized the service referenced above.

Because your eligibility may change, it is important that you understand this is a medical necessity determination only. It is not a guarantee of claim payment. Should the date of the proposed service change, or you or your healthcare provider identify the need for additional services, please notify us in advance by calling (877) 273-2122.

Your eligibility, coverage and benefit payments are subject to all the terms and provisions of your Fund's Summary Plan Description (SPD) that is in effect when you receive this service.

If you go to a non-participating healthcare provider for this service, you may have out-of-pocket costs. You will be personally responsible for the balance of the bill that exceeds the Funds' Schedule of Allowances. To make sure you avoid these costs, please contact your Fund's Member Services Department to determine if your healthcare professional is part of the Funds' participating network. **Please be aware that this medical necessity approval is for the service listed above only.**

FRANCO SCARCELLO

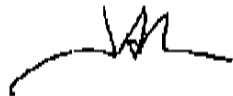
12/11/2019

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For any questions about your benefit plan, please call the Benefit Funds' Member Services Department at (646) 473-9200, or your healthcare professional can use the Funds' Interactive Verification Retrieval (IVR) system to confirm your eligibility 24 hours a day, 7 days a week by calling (888) 819-1199.

If you have any questions regarding this letter or this determination, please call Care Continuum at (877) 273-2122 between 8:00 am -7:00 pm ET, Monday through Friday.

Sincerely,



Jeremy Rower, MD

License Number

MD2/021

Medical Director

Utilization Management

CC: DAVID J ELLIS

FRANCO SCARCELLO