

Empire Blue Cross and Blue Shield
P.O. Box 34255
San Antonio, TX 78265-4255
Attn: Pharmacy Department



An Anthem Company

01/08/2020

ORANGE REGIONAL MED CTR
707 E MAIN ST
MIDDLETOWN, NY 10940

Confidential UM Information for:
Member Name: GLENN VIDAL
Date of Birth: 03/26/2002

Start Date: 01/05/2020
End Date: 01/03/2021
Reference Number: 49337260

Place of Service: Outpatient Service
Number of Visits: 13
Medication: REMICADE 100 MG VIAL, J1745
Quantity: 1430
Dose: 110
Requesting Provider: Howard Bostwick
Servicing Provider: ORANGE REGIONAL MED CTR

**The medication you or your doctor asked us to review is approved.
Read on for important information.**

Reviewed for your plan by Anthem UM Services, Inc.

Dear ORANGE REGIONAL MED CTR:

Thank you for trusting us with your health care coverage. Recently, you or your doctor asked us to review a request for the medication, REMICADE 100 MG VIAL, and the request has been approved. This approval is effective from 01/05/2020 until 01/03/2021. This approval means that, based on the information given to us, the medication is considered medically necessary under your benefit plan.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Anthem UM Services, Inc. is a separate company providing utilization review services on behalf of Empire.

This approval is for the specific days, service and provider listed. The location also matters. Your provider may be in your plan's network at one location but not another. If any of these change, or your plan renews before you get the service, we'll need to review your case again. If that happens, just call the precertification number on your ID card.

Will my claim be covered?

It should be covered as long as:

- You are eligible and remain enrolled in your health plan when you get the medication.
- You don't reach a benefit limit that applies to the medication at the time we process the claim.
- The information we received when we reviewed your request is accurate.

Curious how much you'll owe? That will depend on your provider's bill and your benefits. You may be responsible for all or part of the charges if your provider is out of network. You may need to pay for part or all of the cost depending on your plan's deductible, copays or benefit limits. If you have questions, please call the customer service number on your ID card so we can help you.

Other things to think about

- Be sure other providers you see are in your plan's network. A variety of providers play a role in your care when you go to a hospital or facility. Think about radiologists, anesthesiologists, ER doctors, and where you get your medical supplies. If you get care from an out-of-network provider, they can bill you. And depending on your plan, that may cost you more.

This is a perfect time to revisit your plan information and review what's covered, as well as your copays, deductibles, and coinsurance. Not sure how your plan works? Refer to your plan documents or log in to your online account if you have one. And, of course, you can always call the number on your ID card.

Last, just a friendly reminder to show your ID card when you get care. It will simplify the process and help ensure you get all the benefits of your health plan. Thank you for being a Empire Blue Cross and Blue Shield member.

Sincerely,

Empire Blue Cross and Blue Shield
Care Management

cc: GLENN VIDAL

Providers: You are required to return, destroy or further protect any PHI received on this document pertaining to members that you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or re-disclose such PHI.