

Aug. 10. 2004 3:19PM

No. 0265 P. 5

UnitedHealthcare
A UnitedHealth Group Company

UNITED HEALTHCARE SERVICES INC
P.O. Box 659745
SAN ANTONIO TX 78265-9745

PROVIDER REMITTANCE ADVISE

LESLIE A SILVERMAN
DEPT 1010
PO BOX 271170
WEST HARTFORD CT 06127-1170

CHECK DATE 08/01/04	REF # 6187 UBS AS6 007 846
CHECK NO. NO CHECK	AMOUNT NO CHECK
TAX ID NO. 040445829	

QUESTIONS? CALL 1-866-214-6827 OR
WRITE: UNITED BEHAVIORAL HEALTH P.O.
BOX 1459, ROUTE MN070-ST65
MINNEAPOLIS, MN 55440-1459

PROV NO. 62-94952 NAME SILVERMAN, LPC, LESLIE A. UPIN NO. PLZ SUBMIT

MEMBER [REDACTED] **NUMBER** 86055-049506214-01 **ACCOUNT NO.** ROU1500

CLAIM NO. 28245109-00 ICD9 DIAG 29630

DOS	PROC	U	CLAIMED	COPAY	DEDUCT	INELIG-MEM	INELIG-PROV	CODE	DISCOUNT	WITHHELD	AMOUNT PAID
12/05/03	90806	01	70.00				70.00	053			.00
			70.00				70.00				.00

CLAIMED	COPAY	DEDUCT	INELIG-MEM	INELIG-PROV	CODE	DISCOUNT	WITHHELD	AMOUNT PAID
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PROVIDER TOTAL 70.00 70.00 .00

YTD RESERVES .00

NO CHECK ISSUED .00

Wire Soft \$100,000

UNITED HEALTHCARE SERVICES, INC. as paying agent for self-funded group medical plans

Verification