



## NOTICE OF AUTHORIZATION OF SERVICES

3/18/2025

VERONICA R ANGEL  
1010 J ST APT 106  
REEDLEY, CA 936542850

**DOB:** 08/06/1997  
**Member ID:** 95446442D  
**Health Plan:** HEALTH NET MEDI-CAL  
**Requesting Provider:** JACOB COLARIAN  
**Refer to Provider:** JACOB COLARIAN  
**Authorization/Precertification Number:** 25031802710316500002

Dear VERONICA R ANGEL,

This notice is to inform you that the coverage for the requested service has been **approved**.

**Authorized Service:** 1.00 - 43275 - ERCP REMOVE FORGN BODY DUCT  
1.00 - 00732 - ANES UPR GI NDSC PX ERCP  
**Authorization Valid From/To:** 03/18/2025 To 07/16/2025

Prior authorization/precertification requests are reviewed for medical necessity and plan benefits. Requests for additional visits, treatments, testing, or surgery may require an additional authorization/precertification by United Physicians Network.

All prior authorizations/precertification are administered in accordance with applicable state and federal laws.

**Questions?** Please call United Physicians Network member services at 888-293-6383, 8:00 a.m. to 5:00 p.m., Monday through Friday.

Sincerely,  
United Physicians Network

**CC:**

JACOB COLARIAN  
2335 E KASHIAN LN STE 280  
FRESNO, CA 937012211  
5593201090

FRESNO COMMUNITY HOSPITAL & MEDICAL  
CTR  
1925 E DAKOTA  
FRESNO CA 937258888  
(559) 459-1763

---

***Requested Provider:*** Please confirm the member's eligibility prior to service. The service is approved only if the member is eligible at the time of service.

## Notice of non-discrimination

Discrimination is against the law. CalViva Health follows State and Federal civil rights laws. CalViva Health does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

CalViva Health provides:

- Free aids and services to people with disabilities to help them communicate better, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the CalViva Health 24 hours a day, 7 days a week by calling 1-888-893-1569. Or, if you cannot hear or speak well, please call (TTY/TDD 711) to use the California Relay Service. Upon request, this document can be made available to you in braille or accessible PDF, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to: CalViva Health, 7625 N. Palm Ave., Suite #109, Fresno, CA 93711, 1-888-893-1569, California Relay 711.

### **HOW TO FILE A GRIEVANCE**

If you believe that CalViva Health has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with CalViva Health Member Services. You can file a grievance in writing, in person, or electronically:

- By phone: Contact us 24 hours a day, 7 days a week by calling 1-888-893-1569. Or, if you cannot hear or speak well, please call (TTY/TDD 711) to use the California Relay Service
- In writing: Fill out a complaint form or write a letter and send it to: CalViva Health Member Appeals and Grievances Department, P.O. Box 10348, Van Nuys, CA 91410-0348. 1-888-893-1569 (TTY/TDD 711)  
Fax: 1-877-831-6019
- In person: Visit your doctor's office or CalViva Health and say you want to file a grievance.
- Electronically: Visit CalViva Health's website at [www.CalVivaHealth.org](http://www.CalVivaHealth.org).

### **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Services)**.
- In writing: Fill out a complaint form or write a letter and send it to Deputy Director, Office of Civil Rights, Department of Health Care Services, Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413.  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against because of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD: 1-800-537-7697** or **711** to use the California Relay Service.
- In writing: Fill out a complaint form or send a letter to: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>