

United HealthCare Services, Inc. Insured: AHMAD S ALQURASHI
Patient:
PO BOX 809025
DALLAS TX 75380-9025 Policy#: 20-1965-01
(866) 808-8461 Claim #: 20467036-00-00

Date: 05/14/2021

AHMAD S ALQURASHI
505 S Mason St,
FORT COLLINS CO 80524

SRID: 7836462

We are pleased that you are participating in your plan sponsor's Health Benefit Plan whose benefits are administered by UnitedHealthcare StudentResources.

This correspondence is informational only; no action is required.

This acknowledges receipt of the recently submitted claim(s). The claim will be evaluated and if any additional information is required, you will be notified as soon as possible.

The claim(s) were submitted by the provider(s) listed below:

Received Date	Provider Name	Dates of Service	Bill Amount
05/05/2021	POUDRE VALLEY HEALTH CARE INC	09/16/20-09/16/20	1166.02

Sincerely,

Claims Department

UnitedHealthcare StudentResources is going green. Simply go to www.uhcsr.com and log into my account or create an account to start receiving important correspondence electronically!

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LETTER NO: 38
LETTER DCN: 211349303863
SRID: 7836462
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