

United HealthCare Services, Inc.
PO BOX 809025
DALLAS, TX 75380

Questions?
Please contact Customer Service at
(866) 808-8461

Electronic Service Requested

202108272003
10

CHECK NO.	CHECK DATE	CHECK AMOUNT
14170475	08/26/21	\$141.46



7180 0.0104



AHMAD S ALQURASHI
505 S MASON ST
FORT COLLINS, CO 80521-5040

CLAIM #: 21016344-01-01-001
POLICY #: 21-1965-01
APPEALS STATE DC
ID NUMBER: 7836462
SCHOOL ID: 1086072160
INSURED: AHMAD S ALQURASHI
PATIENT(SELF): AHMAD S ALQURASHI
PATIENT ACCT. #: P1199177220
PAYEE: UCHEALTH MEDICAL GROUP
ADDRESS: PO BOX 732031
DALLAS TX 75373-2031

BILLING NPI: 1366763260
PROVIDER: UCHEALTH MEDICAL GROUP
PROVIDER NPI: 1235688573 - Preferred Provider Organization

EXPLANATION OF BENEFITS - This is NOT a Bill Payment

Ref #	Service	Dates of Service From To	Proc Code	Amount Claimed	Ineligible	Discount	Total Covered	Co-Pay	Policy Deductible	Total Benefits	Patient Balance	Remark Code
	DOCTOR VISIT	08/23/21-08/23/21	99203	222.00	0.00	80.54	141.46	0.00	0.00	141.46	0.00	
Totals:				222.00	0.00	80.54	141.46	0.00	0.00	141.46	0.00	

Remarks:

Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.

Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.

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

Notice: The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this

Explanation of Benefits (EOB) are available upon request made to the carrier.

Totals as of 08/26/2021:

----- Out-of-Network Providers -----

Deductible: \$0.00 of \$10000.00 (per individual)

Note: To see current balances, please login to <https://myaccount.uhcsr.com/login>

HELP FIGHT FRAUD!! Review Your Health Care Invoice against this EOB. Call the Anti-Fraud Hotline with Any Discrepancies. HOTLINE # (866) 497-2445.

"This claim and all other claims shall remain subject to all Policy provisions and Exclusions/Limitations. We reserve the right to investigate for Pre-Existing Conditions and applicable Exclusions/Limitations."

Please see attached sheet for additional information/assistance you may request regarding your claim.

EOB (9/12)

**EXPLANATION OF BENEFITS
SAUDI ARABIAN CULTURAL MISSION
STUDENT HEALTH PLAN**

If Your Claim is Denied

If a claim for Benefits is denied in part or in whole, you may contact the Claims Administrator at the number on your ID card before requesting a formal appeal. If the Claims Administrator cannot resolve the issue to your satisfaction over the phone, you have the right to file a formal appeal as described below.

How to Appeal a Denied Claim

If you wish to appeal a denied claim for Benefits, you or your authorized representative must submit your appeal in writing within 90 days of receiving the adverse benefit determination. This communication should include:

1. The patient's name and ID number as shown on the ID card.
2. The provider's name.
3. The date of medical service.
4. The reason you disagree with the denial.
5. Any documentation or other written information to support your request.

You or your authorized representative may send a written request for an appeal to:

UnitedHealthcare/StudentResources, P.O.Box 809025, Dallas, Texas 75380-9025

You do not need to submit urgent care appeals in writing. For urgent care requests for Benefits that have been denied, you or your provider can call the Claims Administrator at the number on your ID card to request an appeal.

Review of an Appeal

The Claims Administrator will conduct a full and fair review of your appeal. The appeal may be reviewed by:

1. An appropriate individual(s) who did not make the initial benefit determination; or
2. A health care professional with appropriate expertise who was not consulted during the initial benefit determination process.

Once the review is complete, if the Claims Administrator upholds the denial, you will receive a written explanation of the reasons and facts relating to the denial.

Filing a Second Appeal

Your Plan offers two levels of appeal. If you are not satisfied with the first level appeal decision, you have the right to request a second level appeal within 60 days from receipt of the first level appeal determination. Second level appeals will be decided by the Claims Administrator working in conjunction with the Saudi Arabian Cultural Mission.

You or your representative may request a second appeal by:

- (a) if a member, contacting 866-808-8461; or
if a provider contacting 866-808-8464.
- (b) sending a written request to United@moe.gov.sa which will be addressed by the Saudi Arabian Ministry of Education.

A second appeal request should include all of the following:

1. The Covered Person's name, address, and insurance ID number.
2. Your designated representative's name and address, when applicable.
3. The service that was denied.
4. Any new, relevant information that was not provided during the first level appeal.

Limitation of Action

You cannot bring any legal action to recover benefits until 90 days after you have properly submitted a request for reimbursement and all required reviews of your claim have been completed. Any legal action must be brought within 2 years from the expiration of the time period in which a request for reimbursement must be submitted.