

UnitedHealthcare Insurance Company
PO BOX 809025
DALLAS, TX 75380

Questions?
Please contact Customer Service at
(800) 767-0700

Electronic Service Requested

202106032002
IO

CHECK NO.	CHECK DATE	CHECK AMOUNT
10895715	06/01/21	\$51.89



7223 0.0104



AKSHAY ANAND
1128 OCALA RD APT F7
TALLAHASSEE, FL 32304-1604

CLAIM #: 20555794-01-01-001

POLICY #: 20-0641-04

APPEALS STATE FL

ID NUMBER: 8488398

SCHOOL ID: 200828535

INSURED: AKSHAY ANAND

PATIENT(SELF): AKSHAY ANAND

PATIENT ACCT. #: 8878654V1651

PAYEE: MINUTECLINIC DIAG OF FL LLC

ADDRESS: PO BOX 8445
BELFAST ME 04915-8445

BILLING NPI: 1073780730

PROVIDER: MINUTECLINIC DIAG OF FL LLC

PROVIDER NPI: 1760770929 - 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	05/18/21-05/18/21	99402	69.00	0.00	17.11	51.89	0.00	0.00	51.89	0.00	642
Totals:				69.00	0.00	17.11	51.89	0.00	0.00	51.89	0.00	

Remarks:

642 This service was processed under the Preventive Care benefit in your policy.

Discount: PPO discount provided by UHC CHOICE PLUS.

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!

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

Florida

You or your authorized representative, such as a family member or physician, may request an internal appeal of this determination. The request for an internal appeal must be made within 180 days from the date you receive this statement. Please call our Customer Service Department at 800-767-0700 if you have any questions regarding this determination or to begin the appeal process. Please send your written request for an internal appeal, along with any written comments, documents, records or other material relevant to the claim, to: UnitedHealthcare/StudentResources, PO Box 809025, Dallas TX 75380-9025.

You may also request copies, free of charge, of information relevant to your claim by contacting us at the address shown above.

If you need diagnosis and/or treatment code information related to this claim, please call the number shown on your ID card or the Customer Service Department at the number shown above.

You may request, free of charge, a copy of the internal rule, guideline or protocol, or an explanation of the scientific basis and/or clinical judgment we relied upon in making this decision regarding your claim.

You may have the right to have this decision reviewed by an external independent third party who has no association with us. This external review right is available after the internal appeal process is completed. In addition, and under limited circumstances, a request for an expedited external review may be requested at the same time you submit an internal appeal request. For details, contact our Customer Service Department at the number shown above.

SPANISH (Español): Para obtener asistencia en Español, llame al 800-767-0700.

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-767-0700.

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 800-767-0700.

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-767-0700.