

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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July 08, 2019

190REGULARBW0004001-03854-01

**Jonathan Griffith**  
**8384 E Solano Dr**  
**Scottsdale, AZ 85250**

Provider Name:	<b>Foothills Sports Medicine And Rehab Scottsdale, PT</b>	Submission #:	22600183
Health Plan:	UnitedHealthcare Service LLC	Date Received:	July 05, 2019
Submitted Initial Date:	07/02/2019	Member ID #:	824581647101
Dates this response applies to:	<b>07/02/2019 - 08/13/2019</b>	Support Clinician:	Patricia Jorgensen, PT
Number of visits:	<b>Up to 10</b>		

Dear Patient,

We perform clinical review services on behalf of UnitedHealthcare Service LLC and have received information from your health care provider regarding your recent visit for services. Coverage for the requested service(s) has been approved.

Your provider was advised that should your treatment needs extend beyond August 13, 2019 or services indicated above, updated information must be submitted by their office.

Your provider has also been sent a written response with this information. If your provider has any questions regarding this decision, he/she may contact the Support Clinician listed above. If you have any questions, or need assistance in other languages, please contact Customer Services at the number listed above.

On behalf of your health care provider, we would appreciate you completing a survey about the treatment you recently received. Simply log on to <https://www.directsurv.net/ophmep3.asp>

You will be asked to input your submission number which can be found above.

Foothills Sports Medicine Physical Therapy  
Billing Department  
15410 S. Mountain Parkway, Suite 112  
Phoenix, AZ 85044

Phone: 480-706-1161  
Fax : 480-706-7997

Date: 10/8/19

Dear Jon,

We have tried to contact you via phone regarding the account listed below. We received a hold on processing claims for physical therapy from your insurance company requesting **Coordination of Benefits**. You must contact them directly to supply the requested information (**whether it is applicable or not**) in order to process the claims for physical therapy.

**Patient's Name: JONATHAN GRIFFITH**

**Patient ID: 824581647**

**Insurance Company: UHC**

**Member Services Phone #: on the back of your insurance card**

**Outstanding Charges: \$ 402.00**

Please contact your insurance company within 14 days for timely filing of the claims. As you know, payment is ultimately the responsibility of the patient or the patient's guarantor until payment is received from the insurance company.

If you would like to discuss this account, please do not hesitate to contact our Billing Department at 480-706-1161 between the hours of 8:00 am and 4:00 pm. Your prompt attention is appreciated.

Sincerely,

Jessica L

Patient Accounts Representative