

May 31, 2024

AB 01 005465 93010 H 20 B



V-LABS AMERICA INC
1404 W WALNUT HILL LN STE 100
IRVING, TX 75038



Medical records request

Dear V-LABS AMERICA INC:

The following pages contain medical record requests. Your cooperation is essential, and your prompt attention is appreciated. Failure to submit the requested records may result in your claim(s) being denied or adjusted.

Please note that if you are contracted with Humana and/or the ChoiceCare Network[®], you may be required to provide the requested information without charging Humana for the cost of submitting the documents. Please refer to the medical records section of your contract for further information.

To ensure expedited routing to the appropriate department, please be sure to submit the bar-coded medical record request as a cover sheet when returning the requested information.

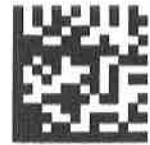
These requests for medical records are a permissible use and/or disclosure under both state and federal privacy laws and regulations, including the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and a patient authorization for the release of the requested information is not required.

We recognize that special requirements exist under 42 CFR Part 2 for the disclosure of patient records regarding alcohol and drug use. Please let us know if you have concerns about releasing certain items under these provisions.

Sincerely,

Humana.

Initial Pre-Pay Medical Record Request



HMRM29913275

Member/Patient	TIA L GOWINS FLORES	Service dates	5/1/2024-5/1/2024
Member ID	H6228017700		
Date of birth	12/15/1952		

Comments

Records required for the selected date of service. Please send ordering and/or referring provider notes and supporting documentation pertaining to the date the tests were ordered, or the most relevant date of service.

Record types requested

- Lab Reports		- Physician Progress Notes	
Request ID	HMRM29913275	Humana business area	FR
Claim number	820241460223219	Department/region	FR-WAB
Reason for request	Lab	Patient account number	3418422651
Response needed	30 days from original request date	Entity ID	601647538

Please return this page as a cover sheet when faxing or mailing the requested information.

Returning requested information:



Requested information can be uploaded using the Medical Records Management tool in the secure provider area of **www.availity.com** (registration required).



If the record cannot be uploaded, it can be sent by secure fax to **866-305-6655**.



The record can also be mailed to the following address:
Humana Medical Records Management
P.O. Box 14465
Lexington, KY 40512



For questions, call **1-800-438-7885 (TTY: 711)**, Monday through Friday, 8 a.m. to 8 p.m. Eastern time

P.O. Box 105067
Atlanta, GA 30348

VLABS AMERICA
ATTN: MEDICAL RECORDS
1404 W WALNUT HILL LN STE 100
IRVING TX 75038-3016

1982 - 1/5: 9906



June 2, 2024





P.O. Box 105067
Atlanta, GA 30348



May 31, 2024

VLABS AMERICA
Attn: Medical Records
1404 W WALNUT HILL LN STE 100
IRVING, TX 75038-3016

Claim Information

Patient:	BEVERLY MCWILLIAMS
Date of Birth:	05/24/1963
Date(s) of Service:	02/21/2024
Provider:	VLABS AMERICA
Claim ID:	262756915
Subscriber:	MAPLE MCWILLIAMS
Member ID:	53235181000
Plan:	WILLIAM WESLEY CARNES SR INC
Group #:	1502911
Type of Plan:	POS

Re: FINAL REQUEST - Medical records needed to complete claim processing

Dear VLABS AMERICA:

We recently requested medical records for **BEVERLY MCWILLIAMS** for services provided on **February 21, 2024**. Our records show that we have not yet received the necessary medical records to complete our review. **This is our final request for that information.** This review will be conducted by Optum on behalf of UnitedHealthcare. More information about our relationship with UnitedHealthcare is at the end of this letter.

Medical Records Needed

Please send complete medical records as outlined below. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

Care Provider Records

- Demographic sheet
- Physician consultations, orders, progress and office notes
 - Comprehensive health, development and physical history (including current height, weight, vital signs and BMI)
 - Current medication and allergy list
 - Required/recommended screenings and results (vision, hearing, preventive, etc.)
 - Immunization record (including documented refusals)
 - History and current status of smoking
 - Substance abuse/drug screen
 - High-risk behavior screen
 - Depression screening and any applicable behavioral health notes
 - Chronic conditions and/or problem list
 - Documentation of any health education/anticipatory guidance provided
- Admission records (initial patient intake form, face sheet, nursing assessment, in-patient physician order, initial intake visit etc.)
- Treatment administration record
 - Ancillary reports (lab, radiology, operative, pathology, anesthesia, etc.)
 - Respiratory/ventilation sheets
 - Infusion flow sheets
- All diagnostic and therapeutic services for which a member was referred by a practitioner, such as:
 - Specialty physician reports
 - Emergency room records
 - Any hospital records
- Coding and discharge summary
- Physician signature (including credentials) for verification
- Itemized bill and UB04 form (including ICD-10 C)
- Any other information contained in the medical records during the time span indicated

LN02100003609607

Hospital/Surgical Center Records

- Emergency room records (including diagnostic impression)
- Admission sheets (face sheet, physician orders, consultations, nursing admission assessment, etc.)
- Physician and nursing progress notes
- Treatment administration record
 - Medical chart documentation for the stay
 - Procedure and surgical report(s)
 - All ancillary reports and records (lab, radiology, operative, pathology, anesthesia, etc.)
 - Medication record
 - Respiratory/ventilation sheets
 - Recovery room report
 - Intake/output record
 - IV Flow sheets
- Coding and discharge summary

Other

- Any additional information that is a part of the patient's treatment records:
 - Medical chart documentation for the stay
 - History and physical
 - Medication record
 - Respiratory therapy
 - Occupational therapy, physical therapy and/or speech therapy notes
- Copy of the Uniform Billing Form
- Line itemized bill detail supporting billed charges to include procedure, revenue code nomenclature, date of service, units of service and charges

Home Health Requests

- Initial patient intake form
- History and assessments (first visit and all subsequent assessments)
- Certification documentation
- Home visit and/or face-to-face documentation (timesheets, call logs, etc.)
- Orders, progress, evaluations and office notes (physician, nursing, home health aide, social worker and therapy)
- Outcome and Assessment Information Set (OASIS) forms

- Treatment administration record
 - Plan of care
 - Ancillary reports (lab, radiology, pathology, etc.)
 - Medication administration records
 - Infusion flow sheets
- Discharge summary
- Signature log
- Any other documentation that supports the billed charges

Durable Medical Equipment (if applicable)

Documentation should include, but is not limited to:

- Initial set-up/delivery documentation or shipping documentation for mail order
- Physician order/Certificate of Medical Necessity (CMN) for original date of service and renewal orders/CMN covering through date of service requested
- Supporting physician notes for services requested
- Proof of use, such as ongoing supporting supply deliveries (oxygen refills, oxygen tubing, CPAP supply deliveries, etc.)



LN02100003609607





P.O. Box 105067
Atlanta, GA 30348



Lab Claims

- Physician's orders for the laboratory test, including any standing orders and/or provider custom panel orders, whether for the ordering provider or all referring providers
- Laboratory testing method, specimen type and test results related to all billed services
- CLIA documentation (certificates, licenses, permits, etc.)
- Manufacturer and model number of the testing equipment used for billed services
- Manufacturer and brand information for all test supplies used for billed services

Submission deadline

Please submit these medical records within **15** calendar days from the date of this letter. Please do not send a new claim or request for reconsideration.

Submission instructions

- **Online:** Through the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In in the upper right corner. Then, click on Claims.
- **Mail:** Send the records and a copy of this letter to:

Optum
P.O. Box 740805
Atlanta, GA 30374-0805

If you prefer to submit the medical records on a CD or DVD, please read the enclosed *Instructions for Sending Medical Records on CD or DVD* to ensure it is formatted correctly.

Next steps

This claim is on hold until we receive the requested medical records. If we don't receive the information by the deadline, the claim will be processed based on the information currently available. Once we process the claim, we'll notify you of our decision through a Provider Remittance Advice.

Questions? We're here to help.

If you have any questions about this request, please call Provider Services at 866-230-5783, Monday - Friday, 8 a.m. - 6 p.m. CT.

Sincerely,

The Optum Payment Integrity Team on behalf of UnitedHealthcare

Protecting Patient Privacy

Optum is an affiliate of UnitedHealthcare that conducts payment integrity reviews on behalf of UnitedHealthcare to help ensure claims are processed correctly as a key avenue to reducing health care costs. The relationship between Optum and UnitedHealthcare includes a Business Associate Agreement compliant with HIPAA privacy regulations. This means Optum can request medical records for the purpose of payment activities, without additional patient authorization.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Inc., Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United Healthcare Services, Inc., Tufts Health Freedom Plans Inc., or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), or its affiliates.



Instructions for Sending Medical Records on CD or DVD

If you'd like to send us the medical records on a CD or DVD format, please follow the steps outlined in this document.

Step 1: Clearly label each CD or DVD with the following:

- The letters "UHC"
- The provider's name
- The date of the request and the letter reference number on the letter

Example: UHC-John Doe Medical Center-9/1/2017-ref#12345678

Step 2: Encrypt all CDs and DVDs with a password using WinZip.

- Please don't encrypt the image files individually
- The generic password used should be "CDunlock" or "%Uh@L8c2"
- If you use a different password, you'll need to clearly label the CD/DVD with the letter reference number. Then, send the password to us in one of two ways:
 - **By mail:** Send a separate letter with the password and include the letter reference number
 - **By phone:** Call the number on this request to give us the password over the phone

CDs and DVDs that We Can't Process

Occasionally, we may receive a CD or DVD that cannot be processed. This may happen if:

- The CD/DVD files are corrupt
- The files aren't in a .tiff, .txt, .pdf, .doc or .xls format
- The CD/DVD doesn't have any content
- We receive a damaged/broken CD/DVD

If this happens, we'll mail you a letter with the reason why we couldn't process the CD and directions on next steps. However, we won't return the CD/DVD.





UnitedHealthCare Services, Inc.
BUFFALO SERVICE CENTER
PO BOX 740800
ATLANTA, GA 30374-0800
151STANDARDWBW0006001-15247-01

VLABS AMERICA CORP
1404 W WALNUT HILL LN STE 100
IRVING TX 75038-3016



Claim Information	
Patient:	Rhonda Pullen
Patient Acct#:	3418106786
Date of Service:	04/17/2024
Provider:	Vlabs America Corp
Claim ID:	979008770/EE/008273
Claim #:	EM47432602
Member:	Rhonda Pullen
Member ID:	979008770
Group:	SANTANDER HOLDINGS USA, INC.
Group #:	GA918622/LE/001
Letter ID:	PFA028

May 30, 2024

Dear Vlabs America Corp:

We are requesting medical records to complete a pre-payment review for a claim submitted for Rhonda Pullen, for services provided beginning on 04/17/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

Care Provider Records

Demographic sheet

Physician consultations, orders, progress and office notes

- Comprehensive health, development and physical history (including current height, weight, vital signs and BMI)
- Current medication and allergy list
- Required/recommended screenings and results (vision, hearing, preventive, etc.)
- Immunization record (including documented refusals)
- History and current status of smoking
- Substance abuse/drug screen
- High-risk behavior screen
- Depression screening and any applicable behavioral health notes
- Chronic conditions and/or problem list
- Documentation of any health education/anticipatory guidance provided

Admission records (initial patient intake form, face sheet, nursing assessment, in-patient physician order, initial intake visit etc.)

Treatment administration record

- Ancillary reports (lab, radiology, operative, pathology, anesthesia, etc.)
- Respiratory/ventilation sheets
- Infusion flow sheets

All diagnostic and therapeutic services for which a member was referred by a practitioner, such as:

- Specialty physician reports
- Emergency room records
- Any hospital records

Coding and discharge summary

Physician signature (including credentials) for verification

Itemized bill and UB04 form (include ICD-10 C)

Any other information contained in the medical records during the time span indicated.

- X-rays

Any prior dental records related to the teeth
being repaired as part of the accident

**How to Submit Medical Records**

There are two ways to send us the medical records:

Online: Go to **UHCprovider.com** and click on the "Sign In" button in the top right corner. Then, click on Claims to upload your information.

By Mail: Mail the information with a copy of this letter to:

UnitedHealthcare
P.O. Box 740805
Atlanta, GA 30374-0805

Deadline and Next Steps

The claim is on hold. It's important that we hear back from you in 45 calendar days from the date of this letter. When you send us the information we need, we'll process the claim and notify you of our decision. If the information isn't received by the deadline, the claim may be denied.

Questions? We're here to help.

If you have questions, please call Provider Services at **877-842-3210** from 8 a.m. to 5 p.m. Central Time, Monday through Friday. To review reimbursement and medical policies, check member eligibility and benefits, manage claims, request prior authorization and more, go to **UHCprovider.com** and click on the "Sign In" button in the top right corner.

Sincerely,

The UnitedHealthcare Team



Go Paperless!
UHCprovider.com/paperless

WellMed Medical Management, Inc.
P.O. Box 30508
Salt Lake City, UT 84130

196



W1NU150C008713 ELNU

V-LABS AMERICA INC
1404 W WALNUT HILL LN STE 100
IRVING TX 75038

Your name, V-LABS AMERICA INC, and Tax ID have been verified by the IRS.

Tax ID: 852668857

EPC Draft #: 0

Payment Week: 21

Payment Date: 05/28/2024

Page 1 of 2

Claim#: 240521547029

Patient Acct#: 3411721752

Plan: 2024H1278013

MemberID: 994371443

Patient Name: EDDIE DUKES

Product: UGT

Rendering Provider:

Statement Dates: 05/01/24

Service Date	Procedure Code/ Revenue Code	Total Charge	Allowed Amount	Withheld Amount	Co-Ins	Copsy	Deductible	Not Covered/ Other Adjustment	Discount Amount	Paid Amount	Explanation Code
05/01/24	80184	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.00	\$0.00	N425 CO96
05/01/24	80299	\$18.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.00	\$0.00	N425 CO96
05/01/24	80307	\$160.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$160.00	\$0.00	N425 CO96
05/01/24	G0482	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00	\$0.00	N425 CO96
Subtotals:		\$618.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$618.00	\$0.00	

Total Member Obligation \$0.00

Claim Payment \$0.00

Interest Penalty \$0.00

Adjustment \$0.00

Net Claim Payment \$0.00

Statement Summary	Total Charge	Allowed Amount	Withheld Amount	Patient Obligation	Not Cov /OtherAdj	Provider Discount	Net Payment Amount
Administered By							
WellMed	\$618.00	\$0.00	\$0.00	\$0.00	\$0.00	\$618.00	\$0.00

Document Total

Total Amount Paid: \$0.00

Total Auto Debit: \$0.00

Total Check: \$0.00



UnitedHealthCare Services, Inc.
RICHARDSON/SPRGFLD SRVC CNTR
PO BOX 30555
SALT LAKE CITY, UT 84130-0555
148STANDARDBW1007001-00006-01

VLABS AMERICA CORP
1404 W WALNUT HILL LN STE 100
IRVING TX 75038-3016



Claim Information

Patient:	Christi Simpkins
Patient Acct#:	3369865833
Date of Service:	04/04/2024
Provider:	Vlabs America Corp
Claim ID:	987802468/EE/008273
Claim #:	EM40950029
Member:	Christi Simpkins
Member ID:	987802468
Group:	INTEGRITY MARKETING GROUP
Group #:	GA929287/A /001
Letter ID:	PFA028

May 27, 2024

Dear Vlabs America Corp:

We are requesting medical records to complete a pre-payment review for a claim submitted for Christi Simpkins, for services provided beginning on 04/04/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

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 - Emergency room records
 - Any hospital records
- Coding and discharge summary
- Physician signature (including credentials) for verification
- Itemized bill and UB04 form (include ICD-10 C)
- Any other information contained in the medical



- Any follow up care and proposed timeframe
 - X-rays
- Any prior dental records related to the teeth being repaired as part of the accident

How to Submit Medical Records

There are two ways to send us the medical records:

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UnitedHealthcare
P.O. Box 740805
Atlanta, GA 30374-0805

Deadline and Next Steps

The claim is on hold. It's important that we hear back from you in 45 calendar days from the date of this letter. When you send us the information we need, we'll process the claim and notify you of our decision. If the information isn't received by the deadline, the claim may be denied.

Questions? We're here to help.

If you have questions, please call Provider Services at **877-842-3210** from 8 a.m. to 5 p.m. Central Time, Monday through Friday. To review reimbursement and medical policies, check member eligibility and benefits, manage claims, request prior authorization and more, go to **UHCprovider.com** and click on the "Sign In" button in the top right corner.

Sincerely,

The UnitedHealthcare Team



Go Paperless!
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UnitedHealthCare Services, Inc.
GREENSBORO SERVICE CENTER
PO BOX 740800
ATLANTA, GA 30374-0800

VLABS AMERICA CORP
1404 W WALNUT HILL LN STE 100
IRVING TX 75038-3016



Claim Information

Patient:	Heidi Chatwin
Patient Acct#:	3418608513
Date of Service:	05/01/2024
Provider:	Vlabs America Corp
Claim ID:	966477155/SP/008273
Claim #:	EM40950026
Member:	Scott Chatwin
Member ID:	966477155
Group:	PETER KIEWIT SONS', INC.
Group #:	GA702561/AP/033
Letter ID:	PFA028

May 27, 2024

Dear Vlabs America Corp:

We are requesting medical records to complete a pre-payment review for a claim submitted for Heidi Chatwin, for services provided beginning on 05/01/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

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- Itemized bill and UB04 form (include ICD-10 C)
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- X-rays
- Any prior dental records related to the teeth being repaired as part of the accident

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Atlanta, GA 30374-0805

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Sincerely,

The UnitedHealthcare Team



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UnitedHealthCare Services, Inc.
RICHARDSON/SPRGFLD SRVC CNTR
PO BOX 30555
SALT LAKE CITY, UT 84130-0555

VLABS AMERICA CORP
1404 W WALNUT HILL LN STE 100
IRVING TX 75038-3016



Claim Information

Patient:	Jesus Gonzalez, Jr.
Patient Acct#:	3369865825
Date of Service:	04/02/2024
Provider:	Vlabs America Corp
Claim ID:	924882467/EE/008273
Claim #:	EM40950053
Member:	Jesus Gonzalez, Jr.
Member ID:	924882467
Group:	PEBC - DENTON COUNTY
Group #:	GA730503/AA/001
Letter ID:	PFA028

May 27, 2024

Dear Vlabs America Corp:

We are requesting medical records to complete a pre-payment review for a claim submitted for Jesus Gonzalez, Jr., for services provided beginning on 04/02/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

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P.O. Box 740805
Atlanta, GA 30374-0805

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Sincerely,

The UnitedHealthcare Team



Go Paperless!
UHCprovider.com/paperless



UnitedHealthCare Services, Inc.
GREENSBORO SERVICE CENTER
PO BOX 740800
ATLANTA, GA 30374-0800

VLABS AMERICA CORP
1404 W WALNUT HILL LN STE 100
IRVING TX 75038-3016



Claim Information

Patient:	Dacrie Machuca
Patient Acct#:	3418608506
Date of Service:	04/26/2024
Provider:	Vlabs America Corp
Claim ID:	982326423/EE/008273
Claim #:	EM40950023
Member:	Dacrie Machuca
Member ID:	982326423
Group:	TAKEDA PHARMACEUTICALS NORTH A
Group #:	GA931871/AB/001
Letter ID:	PFA028

May 27, 2024

Dear Vlabs America Corp:

We are requesting medical records to complete a pre-payment review for a claim submitted for Dacrie Machuca, for services provided beginning on 04/26/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

Care Provider Records

- Demographic sheet
- Physician consultations, orders, progress and office notes
 - Comprehensive health, development and physical history (including current height, weight, vital signs and BMI)
 - Current medication and allergy list
 - Required/recommended screenings and results (vision, hearing, preventive, etc.)
 - Immunization record (including documented refusals)
 - History and current status of smoking
 - Substance abuse/drug screen
 - High-risk behavior screen
 - Depression screening and any applicable behavioral health notes
 - Chronic conditions and/or problem list
 - Documentation of any health education/
- Admission records (initial patient intake form, face sheet, nursing assessment, in-patient physician order, initial intake visit etc.)
- Treatment administration record
 - Ancillary reports (lab, radiology, operative, pathology, anesthesia, etc.)
 - Respiratory/ventilation sheets
 - Infusion flow sheets
- All diagnostic and therapeutic services for which a member was referred by a practitioner, such as:
 - Specialty physician reports
 - Emergency room records
 - Any hospital records
- Coding and discharge summary
- Physician signature (including credentials) for verification
- Itemized bill and UB04 form (include ICD-10 C)
- Any other information contained in the medical



- Any follow up care and proposed timeframe
 - X-rays
- Any prior dental records related to the teeth being repaired as part of the accident

How to Submit Medical Records

There are two ways to send us the medical records:

- **Online:** Go to **UHCprovider.com** and click on the "Sign In" button in the top right corner. Then, click on Claims to upload your information.
- **By Mail:** Mail the information with a copy of this letter to:
UnitedHealthcare
P.O. Box 740805
Atlanta, GA 30374-0805

Deadline and Next Steps

The claim is on hold. It's important that we hear back from you in 45 calendar days from the date of this letter. When you send us the information we need, we'll process the claim and notify you of our decision. If the information isn't received by the deadline, the claim may be denied.

Questions? We're here to help.

If you have questions, please call Provider Services at **877-842-3210** from 8 a.m. to 5 p.m. Central Time, Monday through Friday. To review reimbursement and medical policies, check member eligibility and benefits, manage claims, request prior authorization and more, go to **UHCprovider.com** and click on the "Sign In" button in the top right corner.

Sincerely,

The UnitedHealthcare Team



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UHCprovider.com/paperless



UnitedHealthcare Insurance Company
 RICHARDSON/SPRGFLD SRVC CNTR
 P.O. BOX 30555
 SALT LAKE CITY, UT 84130-0555

VLABS AMERICA CORP
 1404 W WALNUT HILL LN STE 100
 IRVING TX 75038-3016



Claim Information

Patient:	Kristi Peterson
Patient Acct#:	3369865823
Date of Service:	04/04/2024
Provider:	Vlabs America Corp
Claim ID:	980839612/EE/008273
Claim #:	EM40950024
Member:	Kristi Peterson
Member ID:	980839612
Group:	BILL UTTER FORD
Group #:	GA930015/AA/003
Letter ID:	PFA028

May 27, 2024

Dear Vlabs America Corp:

We are requesting medical records to complete a pre-payment review for a claim submitted for Kristi Peterson, for services provided beginning on 04/04/2024. The information from the review will help determine eligible expenses under the patient's health plan and help ensure that claim processing is accurate.

Medical Records Needed

Please send complete medical records as outlined below, based on your specialty or where the service(s) was given. The records should cover every date of service on the claim. If the medical records include any non-standard abbreviations, please provide a reference key so the files can be interpreted. Thank you in advance for providing this information.

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Sincerely,

The UnitedHealthcare Team



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