



Atlanta, GA 30374-0376



APPROVED:
Service requested is
covered by your plan

MIKHAILA SCHLEGEL
6 ELIZABETH LN
DANVILLE CA 94526

Group ID: 0700406
Group name: APPLE INC.
Member ID: 944254698

February 23, 2023

Dear Mikhaila,

We received a request to cover health care services. Based on the information we received from your provider, we're pleased to tell you we've approved the service(s) below:

Member name: Mikhaila Schlegel

Authorization #: A187918173

Provider/health care professional: William P. Stewart Dpm

Facility or office name: William P. Stewart Dpm

Dollar amount: See cost estimator information below.

Service(s) approved:

- **Procedure code:** L3000
 - **Procedure description:** Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each
 - **Total requested:** 2 Units
 - **Frequency:** 2 Time(s)
 - **Date(s) of service:** 02/16/2023 to 05/16/2023

Medication Requests: Your request will be approved and reimbursed if it follows dosing requirements according to the Federal Drug Administration (FDA). This includes following the UnitedHealthcare Maximum Dosage and Frequency Policy. The drug must be administered within the maximum dosage requirements, unless otherwise authorized.

This is a benefit determination, not a medical decision. Only you and your doctor can decide what medical care you need.

Questions? We're here to help.

If you have any questions, please call the toll-free number on your health plan ID card 8 a.m. to 8 p.m. local time, Monday through Friday. TTY users should call 711.

Sincerely,

United HealthCare Services, Inc. on behalf of UnitedHealthcare Insurance Company
5701 Katella Avenue
CA120-0300
Cypress, CA 90630

Copy to: William P. Stewart Dpm

Prior Authorization Approval
Revised: 09/21

This approval does not guarantee that the plan will pay for the service. Other plan rules apply to claims payment.

You are responsible for deductibles, coinsurance, copayments, and items not covered by the plan. Before getting services, it's a good idea to check your provider's network status and cost of service.

Coverage for these services is subject to the terms and conditions of your health benefit plan including exclusions, limitations, conditions, and patient eligibility. Payment is based on the submitted claim, the actual health care services you received, your plan benefit language when services are received, and other plan rules, including coordination of benefits. If required by your plan, your primary care provider must send an electronic referral before you see a specialist. If you see a specialist without a referral, you might have to pay the full cost for services.

Visit **myuhc.com®** to access the cost estimator tool, look up benefits, update account information, find a doctor or facility, learn more about healthy living, or view your claims, Health Statements, and Explanation of Benefits. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care.

Visit **justplainclear.com** to find simple definitions for complicated health care terms.
