

To: The Pavilion At Sunny Hills

Company:

KPRFC002

Fax: 714-526-4884

Phone:

Fax:

Phone: Company:

Subject:

Date and time of transmission: Monday, July 24, 2023 12:06:20 PM Number of pages including this cover sheet: 02

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KAISER PERMANENTE»

Kaiser Foundation Health Plan, Inc. 393 E. Walnut Street, Pasadena, CA 91188 1-800-464-4000 (TTY 711)

NOTICE OF REINSTATMENT OF COVERAGE

Legal Name: Ho Cao V Preferred Name: Ho Cao V

16272 Chipper Ln Huntington Beach CA 92649-2752

Member ID Number: 000016614366

Date of Service: 7/14/23

Attending Physician: PELLEGRINO, MARK DREW (M.D.)

Facility/Provider Name: Pavilion at Sunny Hills. 2222 N Harbor Bld Fullerton, CA

92835. 714-992-5701

SKILLED NURSING

7/24/23

Dear Ho Cao V:

On 7/21/23, you received a Notice of Medicare Non-Coverage indicating the above services would end effective 7/25/23 and that you would have to pay for any services you receive after that date.

This Reinstatement Notice is to inform you that, upon further review, it has been determined that coverage of the above services shall continue with no lapse.

You will receive a new Notice of Medicare Non-Coverage indicating when your coverage will end, when it has been determined that you no longer require the above services.

Sein (R.N.) Jeong, R.N.

Anaheim Long Term Care Department

CC: PELLEGRINO, MARK DREW (M.D.)

Facility Business Office