1/002



To: The Pavilion At Sunny Hills

Company:

Fax: 714-526-4884

Phone:

From:

Phone: Company:

Subject:

Date and time of transmission: Thursday, July 27, 2023 9:53:56 AM Number of pages including this cover sheet: 02

NOTICE TO RECIPIENT: If you are not the intended recipient of this fax, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this fax in error, please notify the sender immediately by fax and permanently destroy or shred this fax and any attachments without reading, forwarding or saving them. Thank you



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

Representative: Hanh, daughter

16272 Chipper Ln

KPRFCC002

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

7/27/23

Dear Ho Cao V:

On 7/24/23, you received a Notice of Medicare Non-Coverage indicating the above services would end effective 7/26/23 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