

March 21, 2008

**Sandra Villanueva  
105 N Ketch Drive  
Sunrise, FL 33326**

Provider Name: **Select Pt Holdings**  
Health Plan: **UnitedHealthcare**

Submission #: **6014119**  
Date Received: **March 21, 2008**

Timeframe submitted: **03/21/2008 - 05/02/2008**

Timeframe established: **None**

Dear Patient,

UnitedHealthcare has contracted with us to perform clinical review services. We have received a Patient Summary form and clinical information from your health care provider regarding your recent visit. Your provider has also received a written response. We are not yet able to make a determination for the reason(s) noted below. You are not financially responsible for your provider's failure to correct the deficiency noted.

**The submission of clinical forms/information by your provider was not considered complete as the following information was missing or not recorded properly. Your provider has been asked to correct and resubmit within the next 10 days.**

A valid completed Patient Health Questionnaire (PHQ) was not received from your provider. This form is required for all submissions.

The Cause of current episode was not indicated.