

ACN Group, Inc.
P.O. Box 5600
Kingston, NY 12402

Phone: 888-676-7768, 8:00-4:30 EST

Ref #: 5941658

March 06, 2008

Sandra Villanueva
105 N Ketch Drive
Sunrise, FL 33326

Provider Name: Select Pt Holdings, PT

Health Plan: UnitedHealthcare

Timeframe submitted: 03/04/2008 - 04/01/2008

Submission #: 5941658

Date Received: March 06, 2008

Support Clinician: Mary Polissedjian, PT

Timeframe established: **03/04/2008 - 04/01/2008**

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.

Your provider was advised that should your treatment needs extend beyond April 1, 2008 or services indicated above, updated information must be submitted by their office. As with most health problems it is very important to carefully follow all recommendations that might help you quickly achieve a lasting and full recovery.

We hope your treatment meets or exceeds your expectations. You may be selected to receive a survey upon completion of your treatment. If you receive a survey, please take a minute to tell us about your health care experience.

10-10-10

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter.

I am sorry that I cannot give you a more definite answer at this time, but I am sure that you will understand my position.

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