

January 26, 2018

ZACHARY JACKSON
12109 S 49TH AVE
PAPILLION NE 68133

Patient:	Zachary Jackson
Service Ref #:	A038269955
Member:	Wynter Keller
Member ID:	967016305
Group Name:	TD AMERITRADE HOLDING CORP
Group #:	710553
Letter ID:	CON_CCR001

Dear Zachary Jackson:

We reviewed your request for Outpatient Facility services to cover for you. Based on the information submitted to us for review and your current health benefit plan, we found that the health care service(s) below are eligible for Outpatient Facility coverage.

Description of services	
Procedure code	Procedure description
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)

If you reach the plan's limit for visits, days, or dollar amounts before or while receiving any or all of the services listed in this letter, coverage will not be provided for services above the plan's limit.

A network provider is a doctor, health care professional, or facility (like a hospital) that has a contract with us at discounted rates. You will likely pay less when you get services from a network doctor, health care professional, or facility. Also, some plans may have a Designated Network of Tier 1 provider that you may pay even less to see than a network provider. It's always a good idea to ask what your costs will be before you get care.

A referral is a note sent electronically from your primary care provider (PCP) to UnitedHealthcare. If required by your plan, your PCP will need to send us an electronic referral before you see a specialist such as a surgeon or therapist. If you receive care without a referral, you will pay more - perhaps the entire cost.

Payment is based on information in the submitted claim, the actual health care services you received, and your plan benefit language and eligibility when the services are provided. We review claims submitted by providers to assure that the codes submitted are consistent with the services approved for coverage. At the time the claims are submitted, we may request medical records in order to verify that the services performed are the approved covered services. Claim payments are based on reimbursement policies, correct coding, co-payments, co-insurance, and deductibles.

The information in this letter does not guarantee payment or represent a treatment decision. Treatment decisions are made between you and your doctor.

This approval does not guarantee that the plan will pay for the service(s). Please remember the following:

- You need to be a member of the plan when you get the service(s) in order for the plan to cover the service(s).
- If you leave your plan or your plan ends and you get the service(s), the plan may not cover the service(s). If that happens, you may need to pay for the service(s). Your provider needs to check eligibility three days before you receive services.
- Payment of covered service(s) depends on other plan rules, including coordination of benefits.
- Services that were never rendered or were a result of fraud, waste, or abuse may not be paid for by the plan.
- Services provided by a provider that was sanctioned or excluded from Government Programs at the time services were provided who is not eligible for claim payment may not be paid for by the plan.

What if I need help understanding this letter?

Please call the toll-free member number on your health plan ID card if you:

- Have questions about our decision
- Have questions about claims payment
- Change the date of service
- Need help filing an appeal
- Need an interpreter to help you to understand the information in your language
- Need this letter in another format like large print

These services are free. You can call Monday through Friday, 8 a.m. to 8 p.m. TTY users dial 711.

Sincerely,
UnitedHealthcare

Copy to: Paul Watson
Copy to: Lakeside Ambulatory Surgical Ctr

Enclosure: *Nondiscrimination*

Clin Cov Rev Appv
Rev: 11/2014

The company does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the member toll-free phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free: 1-800-368-1019 or Toll-free: 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue. SW
Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.