

**UnitedHealthcare Insurance Company**  
PO BOX 809025  
DALLAS, TX 75380

**Questions?**  
**Please contact Customer Service at**  
**(800) 767-0700**



4 OF 5

ENV 36446

### Forwarding Service Requested

SINGLE PIECE

36446 1.0532 SP 0.480



CHEYENNE SKIN CLINIC  
123 WESTERN HILLS BLVD  
CHEYENNE, WY 82009-3446

264

CHECK NO.	CHECK DATE	CHECK AMOUNT
0	04/21/16	\$0.00

**CLAIM #:** 15304882-01-01-002  
**POLICY #:** 15-5857-01  
**APPEALS STATE:** WY  
**ID NUMBER:** 5668455  
**SCHOOL ID:** W04192708  
**INSURED:** SPENCER T FABER  
**PATIENT:** SPENCER T FABER  
**PATIENT ACCT. #:** 397720  
**PAYEE:** SPENCER T FABER  
**ADDRESS:** 1171 N 10th St  
Laramie WY 82072

**BILLING NPI:**  
**PROVIDER:** CHEYENNE SKIN CLINIC  
**PROVIDER NPI:**

### EXPLANATION OF BENEFITS - This is NOT a Bill Payment

Ref #	Service	Dates of Service From To	Proc Code	Amount Claimed	Ineligible	Discount	Total Covered	Co-Pay	Policy Deductible	Total Benefits	Patient Balance	Remark Code
	DENIED	04/14/16-04/14	99213	84.00	84.00						84.00	184
	DENIED	04/14/16-04/14	80061	9.00	9.00						9.00	184
	DENIED	04/14/16-04/14	85025	11.00	11.00						11.00	184
	DENIED	04/14/16-04/14	80076	8.00	8.00						8.00	184
	DENIED	04/14/16-04/14	82310	8.00	8.00						8.00	184
	DENIED	04/14/16-04/14	82435	7.00	7.00						7.00	184
	DENIED	04/14/16-04/14	82565	7.00	7.00						7.00	184
	DENIED	04/14/16-04/14	82947	7.00	7.00						7.00	184
	DENIED	04/14/16-04/14	82977	6.00	6.00						6.00	184
<b>Totals:</b>				147.00	147.00						147.00	

#### Remarks:

184- Policy excludes treatment for acne.

Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.

UnitedHealthcare StudentResources is going green. Simply go to uhcsr.com and log into my account or create an account to start receiving important correspondence electronically!

**HELP FIGHT FRAUD!! Review Your Health Care Invoice against this EOB. Call the Anti-Fraud Hotline with Any Discrepancies. HOTLINE # (866) 497-2445.**

"This claim and all other claims shall remain subject to all Policy provisions and Exclusions/Limitations. We reserve the right to investigate for Pre-Existing Conditions and applicable Exclusions/Limitations."

**Please see attached sheet for additional information/assistance you may request regarding your claim.**

EOB (9/12)

**Expansion of Benefits****Wyoming**

You or your authorized representative, such as a family member or physician, may request an internal appeal of this determination. The request for an internal appeal must be made within 180 days from the date you receive this statement. Please call our Customer Service Department at 800-767-0700 if you have any questions regarding this determination or to begin the appeal process. Please send your written request for an internal appeal, along with any written comments, documents, records or other material relevant to the claim, to:  
UnitedHealthcare/StudentResources, PO Box 809025, Dallas TX 75380-9025.

You may also request copies, free of charge, of information relevant to your claim by contacting us at the address shown above.

If you need diagnosis and/or treatment code information related to this claim, please call the number shown on your ID card or the Customer Service Department at the number shown above.

You may request, free of charge, a copy of the internal rule, guideline or protocol, or an explanation of the scientific basis and/or clinical judgment we relied upon in making this decision regarding your claim.

You may have the right to have this decision reviewed by an external independent third party who has no association with us. This external review right is available after the internal appeal process is completed. In addition, and under limited circumstances, a request for an expedited external review may be requested at the same time you submit an internal appeal request. For details, contact our Customer Service Department at 800-767-0700.

There may be other resources available to help you understand the appeals process. For questions about your appeal rights or an adverse benefit determination, the Wyoming Department of Insurance may be able to assist you at:

Wyoming Department of Insurance  
Attn: External Review  
106 East 6th Avenue  
Cheyenne, Wyoming 82002  
Phone (307) 777-7401  
Fax (307) 777-2446  
<http://doi.wyo.gov>

SPANISH (Español): Para obtener asistencia en Español, llame al 800-767-0700

TAGALOG (Tagalog): Kung kailanganninyo ang tulong sa Tagalog tumawagsa 800-767-0700.

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 800-767-0700.

NAVAJO (Dine): Dinek'ehgoshikaat'ohwolnininisigo, kwijigoholne' 800-767-0700.