

United HealthCare Services, Inc.
SPRINGFIELD SERVICE CENTER
P O BOX 30555
SALT LAKE CITY, UT 84130-0555
PHONE: 1-877-842-3210



DATE: 07/07/15
TIN: 77-0594016
NPI: 1386554366
GROUP NUMBER: [REDACTED]
GROUP NAME: GRAND & BENEDICTS
CHECK NUMBER: PG 46778779
CHECK AMOUNT: \$45.63

DAVID L BELK
DAVID I. BELK MD
2070 CLINTON AVE STE 5E
ALAMEDA CA 94501

7/7

PROVIDER EXPLANATION OF BENEFITS

PATIENT: [REDACTED]

MEMBER NAME: [REDACTED] **CONTROL NUMBER:** [REDACTED]
MEMBER ID: [REDACTED] **DATE RECEIVED:** 07/02/15
PRODUCT: CHOYC+ **PROVIDER OF SERVICE:** D. L BELK MD
PATIENT ACCOUNT: [REDACTED]

DATE(S) OF SERVICE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	NOT COVERED	PROV ADJ DISCOUNT	AMOUNT ALLOWED	DEDUCT	COPAY	PLAN COV	PAID TO PROVIDER	RMK CD	PATIENT RESP
06/30/15	99213	\$110.00		\$41.26	\$68.74		\$25.00	100%	\$43.74	D1	
CONTROL #		\$110.00		\$41.26	\$68.74		\$25.00		\$43.74*		\$25.00
SUBTOTAL:											

REMARKS:

- (D1) THE DISCOUNT SHOWN IS YOUR SAVINGS. YOUR NETWORK PHYSICIAN OR HEALTH CARE PROVIDER HAS AGREED TO THE PLAN DISCOUNT. THE AMOUNT YOU OWE MAY INCLUDE WHAT YOU NEED TO PAY IF YOU HAVE REACHED A BENEFIT LIMIT ON COVERED HEALTH SERVICES. IF YOU NEED MORE INFORMATION ABOUT YOUR BENEFITS, PLEASE GO TO YOUR MEMBER WEBSITE OR PLAN DOCUMENTS.
- (*) PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

THE MEMBER, PROVIDER, OR AN AUTHORIZED REPRESENTATIVE MAY REQUEST RECONSIDERATION OR APPEAL THE DECISION BY SUBMITTING COMMENTS, DOCUMENTS OR OTHER INFORMATION TO UNITEDHEALTHCARE. NETWORK PROVIDERS SHOULD REFER TO THE ADMINISTRATIVE GUIDE FOR CLAIM RECONSIDERATION OR APPEAL INFORMATION. IF YOU ARE A NETWORK PROVIDER APPEALING A CLINICAL OR COVERAGE DETERMINATION ON BEHALF OF A MEMBER, OR A NON-NETWORK PROVIDER APPEALING A DECISION ON BEHALF OF A MEMBER, FOLLOW THE PROCESS FOR APPEALS IN THE MEMBER'S BENEFIT PLAN DOCUMENT. DECISIONS ON APPEALS MADE ON BEHALF OF MEMBERS WILL BE COMPLETED IN 30 DAYS OF SUBMISSION OR WITHIN THE TIMEFRAME REQUIRED BY LAW.

UNITEDHEALTHCARE IS IMPROVING SERVICE TO YOU BY ADOPTING ELECTRONIC PAYMENTS & STATEMENTS (EPS) AS A STANDARD WAY TO PAY CLAIMS. EPS WILL DRAMATICALLY REDUCE THE TIME AND EFFORT YOUR ORGANIZATION SPENDS ON ADMINISTERING PAPER CHECKS AND EXPLANATION OF BENEFITS. GET A HEAD START AND ENROLL TODAY BY SELECTING THE ELECTRONIC PAYMENTS & STATEMENTS LINK FOUND ON THE HOME PAGE WWW.UNITEDHEALTHCAREONLINE.COM OR CONTACT US AT 1-866-UHC-FAST (1-866-842-3278), OPTION 5. FOR MORE INFORMATION ABOUT OUR FREE OR LOW COST SOLUTIONS FOR SUBMITTING CLAIMS ELECTRONICALLY TO UNITEDHEALTHCARE AND OTHER PAYERS, PLEASE CONTACT US TOLL FREE AT 1-800-842-1109, OPTION 3.