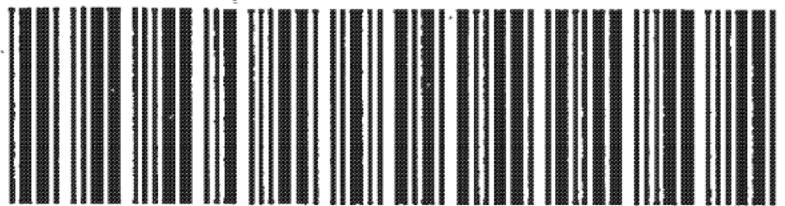


EXHIBIT A

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Document Separator

Used to Separate Each Transaction.

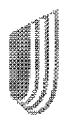
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SourceHOV, Inc
4050 South 500 West
Salt Lake City, UT 84123

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UnitedHealthcare®

A UnitedHealth Group Company

**This claim was received
in the Appeals P.O. BOX
30432, Salt Lake City,
UT, or through fax 801-
938-2100**

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Teresa Harris



Lafayette Hill, PA 19444

7/25/17

To Whom It May Concern:

This is a follow-up letter to the appeals department regarding breastfeeding support.

I have an infant daughter who after nine long months just got diagnosed with a rare disease caused FPIES (food protein induced enterocolitis syndrome). Describing the previous months, especially the newborn stage, as difficult would be an understatement. At her 2 month appointment my daughter's weight dropped and I described the days of her screaming for eight hours at a time along with arching her body. We trialed formula but she continued to worsen and my pediatrician recommended that I see a lactation consultant and referred me to the Breastfeeding Resource Center. He was extremely concerned and said that this was an urgent matter. Devastated I made an appointment at the center for the following day and then I made a number of phone calls (with a screaming infant and a toddler son). I notified United Healthcare to see if the center was in-network. The woman that I spoke to said that it is my job to figure out what is in network and that she did not have a list of consultants in network for me. I was shocked so I called my OB and received a list of consultant phone numbers. I called everyone on that list and left messages. The ones that returned my call only did phone "visits" which was useless to me. The pediatrician recommended that I have a pre and post feed weight check along with checking the baby's latch. After many hours on the phone and researching the area, I had no choice for my baby's well being but to keep my appointment at the Breastfeeding Resource Center.

Along with my frustration from the representative that I contacted on that day, I called back a few weeks later to inquire about the bill from the lactation consultant. That representative informed my that United Healthcare does have a list of in-network consultations (none thought within my house radius) and that I should file a claim and appeal. So after months of doctors' visits, ER visits, multiple specialists, and admission to CHOP I am now able to appeal the financial burden of a lactation consultant. I have enclosed a previous letter from my claim regarding that federal law requires a process for me to obtain in-network lactation consultation and that United Healthcare must rectify this situation by reimbursing my out of pocket costs. I have enclosed receipts, a copy of the Affordable Care Act, and my prior letter.

Sincerely,

Teresa Harris MSN, RN, CCNS, CCRN

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Teresa Harris

[REDACTED]
Lafayette Hill, PA 19444

6/10/2017

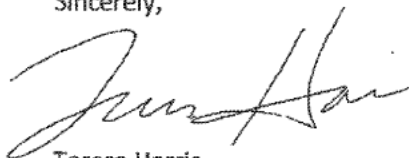
To Whom It May Concern:

I am enrolled in United Healthcare plan, policy number [REDACTED]. I recently tried to access lactation counseling that should be covered by my health insurance. The Patient Protection and Affordable Care Act require insurance coverage of breastfeeding support and supplies with no cost-sharing. However when I contacted United Healthcare about the coverage by phone, I was told I could not get coverage of lactation counseling because of no in-network providers.

Under §1001 of the Patient Protection and Affordable Care Act (ACA), which amends §2713 of the Public Health Services Act, all non-grandfathered group health plans and health insurance issuers offering group or individual coverage shall provide coverage of certain preventive services for women with no cost-sharing. The list of women's preventive services that must be covered in plan years starting after Aug 1, 2012 includes "comprehensive lactation support and counseling and costs of renting or purchasing breastfeeding equipment for the duration of breastfeeding" (see attachment).

The insurance plan has not established a process for me to obtain in-network lactation counseling, as required by federal law. Federal guidance on the preventive services clarify that, "... if a plan or issuer does not have in its network a provider who can provide a particular service, then the plan or issuer must cover the item or service." Since 2017, I have spent \$250.00 out of pocket on lactation counseling, despite the fact that it should have been covered during that time. I have attached copies of receipts which document these out-of-pocket expenses. United Healthcare must rectify this situation by reimbursing me for my out-of-pocket costs I have incurred during the period it was not covered without cost-sharing. Furthermore, United Healthcare must ensure breastfeeding support and supplies, including lactation counseling are covered without cost-sharing in the future by changing any corporate policies that do not comply with the Affordable Care Act.

Sincerely,



Teresa Harris

Encl:

Frequently Asked Question about the Affordable Care Act (Part XII)
Copies of Receipts Documenting Out of Pocket Costs

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Member ID (from Health Plan ID card):

Group Number (from Health Plan ID card):

Patient Information

Name (Last, First, MI):

HARRIS, TERESA, A.

Date of Birth:

Home Address:

[REDACTED]

Gender:

☐ M
☒ F

Relationship to Subscriber / Policyholder:

☐ Subscriber/Policyholder
☒ Spouse/Partner
☐ Child
☐ Other Dependent

City:

Lafayette Hill

State:

PA

ZIP Code:

19444

New Address?:

☐ Yes
☒ No

Phone #:

[REDACTED]

Subscriber/Policyholder Information

(Complete this section only if it is different than the patient information.)

Employee Name (Last, First, MI):

HARRIS, MATEW

Phone #:

[REDACTED]

Home Address:

[REDACTED]

Date of Birth:

[REDACTED]

City:

Lafayette Hill

State:

PA

ZIP Code:

19444

New Address?:

☐ Yes
☒ No

Provider Information

Provider Name:

Breastfeeding Resource Center

Provider Tax Identification #:

23-3049543

Provider Address:

1355 Old York Rd Suite 101

City:

Abington, PA

State:

PA

ZIP Code:

19001

Accident Information

Date of Accident:

[REDACTED]

Type of Accident: ☐ Work ☐ Auto ☐ Other

How did the accident happen?

[REDACTED]

Other Insurance

Is the patient covered by another insurance plan? ☐ Yes ☒ No

(If yes, please complete the following information.)

Name of person carrying other insurance (Last, First, MI):

Date of Birth:

[REDACTED]

Name of Other Insurance Carrier:

Policy Number:

Employer Name:

Assignment of Benefits

☐ Please check this box if you want UnitedHealthcare to pay benefits directly to the doctor/provider.

By signing below, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information, may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature:

Jules Harris

Date:

06/14/2017

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9101721671132

Breastfeeding Resource Center

International Board Certified Lactation Consultants

1355 Old York Rd., Suite 101, Abington PA 19001, 215-886-2433

NPI 1346507506 EIN 23-3049543

Receipt for Lactation Consultation

Date of Service: 01-05-18

Mother's Information	Baby's Information
Name: <u>Teresa Harris</u>	Name: [REDACTED]
Address: [REDACTED]	
<u>Lafayette Hill, PA 19444</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Primary Phone #: [REDACTED]	Baby's DOB: [REDACTED]
Mother's DOB: [REDACTED]	
Insurance Company: <u>United Healthcare</u>	
Policy #: [REDACTED]	
Group #: [REDACTED]	
PROVIDER'S SIGNATURE: <u>Louisa Brandenburger</u>	CREDENTIALS: <u>IBCLC</u>

Colette Acker, IBCLC * Janice McPhelin, IBCLC * Louisa Brandenburger, IBCLC * Jennifer McClure, IBCLC
 Carole Hahn, IBCLC

Services <input checked="" type="checkbox"/>	Office Visit			Diagnosis Codes <input checked="" type="checkbox"/>	Products	Cost
MOTHER	New Patient	Minutes	Fee	MOTHER		
	99203-25	30			676.44 Lact. Fail	
	99202-25	20			676.54 Supp. Lact.	
	99201-25	10			676.84 Disorder of Lact.	
	99404-33	60				
	99403-33	45			99404-33 Encounter with	
	99402-33	30		✓ <u>Z39.1</u>	Lactating mother	
	99401-33	15				
	Established Patient				V22.0 - Normal Pregnancy <u>Z36</u>	
	99212-25	10				
	99211-25	5				
	99404-33	60				
	99403-33	45				
	99402-33	30				
	99401-33	15				
✓	<u>S9443 Lact. Class</u>		155			
BABY	New Patient			BABY		
	99203	30			783.3 Feeding Difficulty	
	99202	20				
	99201	10				
	Established Patient					
	99212	10				
	99211	5				
OTHER	CPT Code				Method of payment:	Total Visit Fee: 155
					Cash credit check	Total Products:
					Check #:	GRAND TOTAL: 155

paid
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Breastfeeding Resource Center

www.BRC4Babies.com

1355 Old York Rd., Suite 101, Abington, PA 19001 * 215-886-2433
 2546 Knights Rd., Bensalem, PA 19020 * 267-520-0255
 987 Old Eagle School Rd., Suite 705, Wayne, PA 19087 * 484-582-6682

Report of Lactation Consultation

Date of visit: 1/5/17
 Mother: Teresa Harris
 DOB: [REDACTED]
 Infant: [REDACTED]
 DOB: [REDACTED]
 Age at consultation: 12 weeks 2 days
 Birth Weight: 8 lbs.
 Weight at consultation: 11 lbs. 13 oz.
 Intake at breast: 4.0 oz.
 Reason for visit: Mom & Baby – weight concerns

History:

- [REDACTED] has been exclusively breastfed since birth.
- At 2 months, [REDACTED] was prescribed Zantac for reflux.
- In 3 week span from December to January – [REDACTED] only gained 8 oz.
- [REDACTED] continues to often be frustrated at the breast and refusing to nurse.
- When Teresa is at work, [REDACTED] will take bottles without concern. Often times only taking 1-2 oz.
- [REDACTED] was just prescribed Prilosec by her pediatrician

Consultation:

- [REDACTED] latched today and transferred 4.0 oz. and was sated and content.

Plan:

- [REDACTED] latched well today and did wonderful.
- I am unsure of why her weight gain has been slow. The medication may be working and [REDACTED] is now able to tolerate a more appropriate feed.
- I would suggest you continue to feed [REDACTED] on demand.
- If [REDACTED] refuses to latch at all and is upset – offer a bottle and pump to replace the breastfeed
- Use your instincts in the middle of the night. If she's refusing to nurse and will not fall back to sleep – offer a bottle.
- Pumping after your first feed of the day to express milk for later use is a good way to keep ahead of the game.
- Weight check at the pediatrician next week to ensure weight gain.
- If weight gain isn't appropriate, return to the BRC.

Consultant: _____

Louisa Brandenburger, IBCLC
 Louisa Brandenburger, IBCLC

Breastfeeding Resource Center

International Board Certified Lactation Consultants

1355 Old York Rd., Suite 101, Abington PA 19001, 215-886-2433

NPI 1346507506 EIN 23-3049543

Receipt for Lactation Consultation

Date of Service: 01-10-17

Mother's Information	Baby's Information
Name: <u>Teresa Harris</u>	Name: [REDACTED]
Address: [REDACTED] <u>Lafayette Hill, PA 19444</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Primary Phone #: [REDACTED]	Baby's DOB: [REDACTED]
Mother's DOB: [REDACTED]	
Insurance Company: <u>United Healthcare</u>	
Policy #: [REDACTED]	
Group #: [REDACTED]	
PROVIDER'S SIGNATURE: <u>Louisa Brandenburger IBCLC</u>	CREDENTIALS: <u>IBCLC</u>

Colette Acker, IBCLC * Janice McPhelin, IBCLC * Louisa Brandenburger, IBCLC * Jennifer McClure, IBCLC
 Carole Hahn, IBCLC * Michelle Farfel, IBCLC * Erin Sheridan, IBCLC * Michelle Hudasko, IBCLC

Services <input checked="" type="checkbox"/>	Office Visit	Minutes	Fee	Diagnosis Codes <input checked="" type="checkbox"/>	Products	Cost
MOTHER	New Patient			MOTHER		
	99203-25	30			092.70 Unspecified	
	99202-25	20			Lactation Disorder	
	99201-25	10				
	99404-33	60			092.79 Other	
	99403-33	45			Lactation Disorder	
	99402-33	30				
	99401-33	15				
	Established Patient			<input checked="" type="checkbox"/>	<u>Z39.1</u> Encounter with Lactating Mother	
	99212-25	10				
	99211-25	5			Z36 - Normal Pregnancy	
	99404-33	60				
	99403-33	45				
	99402-33	30				
	99401-33	15				
<input checked="" type="checkbox"/>	<u>S9443 Lact. Class</u>		<u>95-</u>			
BABY	New Patient			BABY		
	99203	30			R63.3 Feeding Difficulty	
	99202	20				
	99201	10				
	Established Patient					
	99212	10				
	99211	5				
OTHER	CPT Code				Method of payment:	Total Visit Fee: <u>95.06</u>
					Cash credit check	Total Products:
					Check #:	GRAND TOTAL: <u>95.06</u>

paid in full

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Breastfeeding Resource Center

www.BRC4Babies.com

1355 Old York Rd., Suite 101, Abington, PA 19001 * 215-886-2433
2546 Knights Rd., Bensalem, PA 19020 * 267-520-0255
987 Old Eagle School Rd., Suite 705, Wayne, PA 19087 * 484-582-6682

Report of Lactation Consultation

Date of visit: 1/10/17

Mother: **Teresa Harris**
DOB: [REDACTED]

Infant: [REDACTED]
DOB: [REDACTED]

Age at consultation: 12 weeks 2 days
Weight on 1/5/17: 11 lbs. 13 oz.
Weight at consultation: 12 lbs. 3.4 oz.
Intake at breast: 1.6 oz.

Reason for visit: Mom – Fussy Baby
Baby – latch/intake concerns

Information Since Last Visit:

- [REDACTED] continued to nurse occasionally. Often times, she's refusing to nurse but will then take a bottle.
- Since their last visit, [REDACTED] has been taking Prilosec.
- This past weekend, Teresa reports that [REDACTED] had a few episodes of inconsolable crying.
- [REDACTED] gained 6.4 oz. since her last visit 5 days ago.

Consultation:

- [REDACTED] latched today and transferred 1.6 oz. and was content.
- [REDACTED] wasn't very active today at the breast.

Plan:

- [REDACTED] latched well today but didn't show off today.
- Her weight gain was appropriate but it took quite a bit of work for you to help her gain.
- I would suggest you continue to feed [REDACTED] on demand.
- If [REDACTED] refuses to latch at all and is upset -- offer a bottle and pump to replace the breastfeed
- Pumping after your first feed of the day to express milk for later use is a good way to keep ahead of the game.
- There isn't any rhyme or reason for [REDACTED] behavior at this time. You have milk, she's able to get it but she's not taking all she needs. This may be because the feeds are painful at times when they are larger feeds.
- Check out www.beanmom.com for more information about being dairy free as a breastfeeding mom.
- Call with questions or concerns.

Consultant: _____

Louisa Brandenburger, IBCLC
Louisa Brandenburger, IBCLC



FACT SHEET

Women's Preventive Services in the Affordable Care Act: Frequently Asked Questions

The health care law will not only expand health coverage to approximately 30 million people who now lack insurance, it will also improve health outcomes by making preventive health services more accessible and affordable. This component of the Affordable Care Act is especially important to women, who are more likely than men to go without necessary health care, including preventive care, because of cost.

To help address these cost barriers and make sure all women have access to preventive health care, the health care law requires all new and non-grandfathered private insurance plans to cover a wide range of preventive services without co-payments or other cost sharing requirements as of August 2012.¹ The ACA – including the preventive services provision – must be preserved under the new administration as millions of Americans stand to benefit from the provisions of the law.

I heard about this new law that requires health plans to cover preventive care like mammograms and contraceptives. What is it and what does it require?

The health care law requires certain preventive health services and screenings to be covered in all new health insurance plans without cost sharing. This means that, for these services, you will not be charged a co-payment or co-insurance for the services, nor will you need to pay out-of-pocket if you have not yet met your deductible.

What are the Women's Preventive Services that began on August 1, 2012?

As of August 1, 2012, all new health plans must cover a range of women's preventive services without cost sharing. These services have been identified by the Institute of Medicine and endorsed by the Health Resources and Services Administration. They include:

- (1) Breastfeeding support, supplies, and counseling;
- (2) Screening and counseling for interpersonal and domestic violence;
- (3) Screening for gestational diabetes;
- (4) DNA testing for high-risk strains of HPV;
- (5) Counseling regarding sexually transmitted infections, including HIV;
- (6) Screening for HIV;
- (7) Contraceptive methods and counseling;² and
- (8) Well woman visits.³

WOMEN'S PREVENTIVE SERVICES IN THE ACA: FAQ - FACT SHEET

What other preventive services are already covered under the law?

All new health insurance plans must cover, without cost-sharing, preventive services derived from four sets of expert recommendations: (1) services given an "A" or "B" recommended by the U.S. Preventive Services Task Force; (2) all vaccinations recommended by the Center for Disease Control's Advisory Committee on Immunization Practices; (3) a set of evidence-based services for infants, children, and adolescents based on guidelines developed by the American Academy of Pediatrics and the Department of Health and Human Services; and (4) as noted above, a set of additional evidence-based preventive services for women recommended by the Institute of Medicine and supported by the Health Resources and Services Administration.⁴

This coverage includes a number of preventive services that are of critical importance for women, such as:

- (1) Mammograms every 1-2 years for women over 40;
- (2) Cervical cancer screening every 3 years;
- (3) Smoking cessation programs for adults;
- (4) A wide range of prenatal screenings and tests;
- (5) Diabetes and blood pressure screening; and
- (6) Depression screening for adolescents and adults.⁵

The Advisory Committee on Immunization Practices includes a number of vaccines important to women, including vaccines for HPV, the flu, and Hepatitis, among others.

For more information on contraceptive coverage, please see:

[Contraceptive Coverage in the Health Care Law: Frequently Asked Questions.](#)

Does this mean I won't have to pay anything for preventive services?

You will be able to get the covered preventive services with no copayment or other cost-sharing. While some plans previously covered preventive services with no cost sharing requirements, many only paid a portion of the cost, while the patient would have to pay a co-payment or co-insurance. Now, the full range of services will be fully covered by insurance plans and you will not need to make a separate payment to your doctor or pharmacy.

Won't this make my monthly premiums go up?

While we can't say for certain, it is unlikely. There is significant evidence that many of the preventive services included on this list, such as tobacco cessation, obesity reduction services, immunizations and contraceptives, are cost-saving.

When do these new requirements take effect?

Many private insurance plans are already required to provide some of the preventive services without cost sharing—those recommended by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, and the American Academy of Pediatrics. All new plans are required to cover the additional Women's Preventive Services as of August 1, 2012, but since most plan changes take effect at the beginning of a new plan year, the requirements will be in effect for most plans as of January 1, 2013.

I get health insurance through my employer, how do I know if my plan is new and if these requir-9
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WOMEN'S PREVENTIVE SERVICES IN THE ACA: FAQ • FACT SHEET

ments apply to my plan?

Health plans that existed before the health care law are considered "grandfathered" into the new system.⁶ Grandfathered plans don't have to follow the new preventive services coverage rules. This means that the plan can continue to operate just as it has until it makes significant changes to the plan. These changes include: cutting benefits significantly; increasing co-insurance, co-payments, or deductibles or out-of-pocket limits by certain amounts; decreasing premium contributions by more than 5%; or, adding or lowering annual limits.⁷

Un-grandfathered plans are group health plans created after March 23, 2010, group health plans that have implemented significant changes, or individual plans purchased after that date, which is when the health care law was signed by the President. All un-grandfathered private health plans have to follow the new preventive health services coverage and cost-sharing rules. When you hear that "all new health plans" have to cover these services, it means that all "un-grandfathered" plans must cover them.

Will my plan ever become "un-grandfathered" and have to follow the new rule?

Yes. A survey found that 90% of all large U.S. companies expect that their health plans will lose grandfathered status by 2014.⁸ Eventually all plans will lose their grandfathered status and distinctions between the two types of plans will disappear. At that point, all plans will cover these important preventive health services without cost sharing.

What about women on Medicaid?

Many states already cover a wide range of preventive services for Medicaid enrollees with nominal or no co-payments. While existing Medicaid plans won't be required to cover these services without co-payments, the health care reform law provides a financial incentive for states to do so.⁹ The health care law also expands the group of people who are eligible for Medicaid and requires that this new group of Medicaid enrollees have access to the preventive health services, including the full range of contraceptive coverage, without cost sharing.¹⁰ This means that some women with Medicaid coverage in some states may have access to these benefits, but women in other states may not.

What about women who are students and enrolled in a student health plan?

The new provisions apply to both group and individual health insurance.¹¹ Student health plans are considered a type of individual health insurance,¹² and therefore must generally comply with the preventive health services requirement and cover these services without cost-sharing. However, if you joined your student health plan before enactment of the Affordable Care Act (March 23, 2010) it may still be grandfathered and therefore need not comply with this requirement. Other plans excepted from this requirement are self-funded student health plans.¹³

I've heard about something called the essential health benefits. How are they different from this preventive health services requirement?

Under the health care law, health plans in the individual and small group markets will be required to provide coverage for 10 benefit categories, such as maternity and newborn care, and rehabilitative and habilitative care, which the law calls "essential health benefits." Because all plans in these markets will cover services in these 10 benefit categories, consumers can be sure that the plan they choose will provide this coverage, at a minimum. The Administration has been clear that the preventive services that require coverage without cost-sharing are part of the essential health benefits category referred to as "preventive and wellness services and chronic disease management."¹⁴

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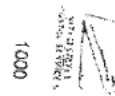
WOMEN'S PREVENTIVE SERVICES IN THE ACA: FAQ • FACT SHEET

- 1 Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 1001, 124 Stat. 119, 131 (2010) (to be codified at 42 U.S.C. § 300gg-13).
- 2 Some religious employers, such as churches and other houses of worship, are exempt from the contraceptive coverage requirement. In addition, the Department of Health and Human Services has proposed an accommodation that would allow other religious organizations to avoid covering contraception directly, but ensures that the women who work for them still receive contraceptive coverage without cost-sharing. For more information, please see our fact sheet Contraceptive Coverage "Accommodation" of Other "Religious Organizations": Frequently Asked Questions.
- 3 Coverage of Preventive Health Services, 45 CFR § 147.130 (2011), and Women's Preventive Services: Required Health Plan Coverage Guidelines (Aug. 1, 2011), <http://www.hrsa.gov/womensguidelines/>.
- 4 *Id.*
- 5 For a complete list of the USPSTF recommendations, please visit <http://www.uspreventiveservicestaskforce.org/uspstf/uspstabnrcs.htm>.
- 6 See Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 1251, 124 Stat. 119, 161-62 (2010) (to be codified at 42 U.S.C. § 18011).
- 7 Preservation of Right to Maintain Existing Coverage, 45 CFR § 147.140 (2011).
- 8 Stephen Miller, Society for Human Resources Management, Nine of 10 Big Companies Expect to Lose Grandfathered Status (Aug. 20, 2010), <http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/GrandfatherStatus.aspx>.
- 9 Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 1406 (2010).
- 10 The Supreme Court held in its decision on the Affordable Care Act that states need not participate in the expansion of Medicaid as a condition of continuing to receive their current Medicaid funding. *Nat'l Fed'n of Indep. Bus. et al. v. Sebelius*, 567 U.S. ____ (2012).
- 11 Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 45 CFR § 147.130 (2012).
- 12 Health Insurance Reform Requirements for the Group and Individual Health Insurance Markets, 45 C.F.R. § 147.145 (2012).
- 13 While for most university health plans, the student contracts directly with the health insurance company for insurance, a very small number of universities provide self-funded health plans to students. Such self-funded student plans are not considered individual health insurance and are not covered by the preventive services rule.
- 14 Dep't of Health & Human Svcs., Ctrs. For Medicare & Medicaid Svcs., Frequently Asked Questions on Essential Health Benefits 5 (Feb. 17, 2012), available at <http://ccio.cms.gov/resources/files/Files2/02172012/ehib-faq-508.pdf>.

9101721671132

9101721671132

P.O. Box 30432
Salt Lake City, Utah 84130-0432
Attn: Appeals Dept.
United Healthcare



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84130

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**UnitedHealthcare®**

P.O. Box 30573, Salt Lake City, UT 84130-573

8/7/2017

TERESA HARRIS

[REDACTED]
LAFAYETTE HILL, PA 19444

RE: TERESA A HARRIS

Date of Service (includes but not limited to): 01/05/2017

Dear Member or Provider:

You are not required to respond to this letter. This is an acknowledgement that we received the appeal request or a request on your behalf to review our previous benefit decision. We're currently reviewing your request, the documentation submitted, our payment policies, and the coverage document. If your request qualifies for an appeal, grievance, or complaint, we will complete our review and send you a letter about our decision within 30 days. All other requests will be handled as normal course of business.

Your Additional Rights for a Complaint

If we consider this matter to be a complaint, you or your authorized representative may question this classification by contacting the Department at the address listed below.

You may appoint a representative to act on your behalf at any time during the process.

You or your authorized representative may review information related to the complaint upon request and submit additional material to be considered by UnitedHealthcare.

You or your authorized representative may request the aid of a plan employee who has not participated in previous decisions to deny coverage for the issue in dispute, at no charge, in preparing your complaint.

A complaint is defined as an internal process with two levels of review by which an enrollee shall be able to file a complaint regarding a participating health care provider or the coverage, operations or management policies of the managed care plan.

Your Additional Rights for a Grievance

If we consider this matter to be a grievance, you or your authorized representative may question this classification by contacting the Department at the address listed below.

You may appoint a representative to act on your behalf at any time during the process.

A grievance is defined as an internal process with two levels of review and an expedited internal grievance process by which an enrollee or a health care provider, with the written consent of the enrollee, shall be able to file a written grievance regarding the denial of payment for a health care service. An enrollee who consents to the filing of a grievance by a health care provider under this section may not file a separate grievance.

You can reach the Pennsylvania Department of Health at the following:

Pennsylvania Department of Health
Health and Welfare Building
8th Floor West
625 Forster Street
Harrisburg, PA 17120

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You may request that this letter and future appeal correspondence be translated into a non-English language. In order to request language translation, please call the Customer Care phone number on the back of your UnitedHealthcare member ID card, or send your request to:

UnitedHealthcare Central Escalation Unit
ATTN: Language Translation
4316 Rice Lake Road
Duluth, MN 55811

Your satisfaction is important to us. As part of our continuing efforts to increase member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and complete response. If you have any questions, please call us at the telephone number listed on the back of the UnitedHealthcare member ID card.

We want to help you make the most of your health plan benefits. For personalized benefits information, claim status, the latest health information and more, visit www.MyUHC.com.

Sincerely,

Resolving Analyst
UnitedHealthcare
Central Escalation Unit

若需要中文协助，请拨打本文件内或会员卡背面的电话号码。

Dine k'ehji shich'i' hadoodzih ninizingo, beesh bee hane'e binumber naaltsoos bikaahigii bich'i' hodiilnih ei doodaii bee neehozin biniye nanitinigii bine'dee bikaa doo aldo'.

Para obtener asistencia en español, llame al número de teléfono que se incluye en este documento o al dorso de su tarjeta de identificación.

Para sa tulong sa Tagalog, tawagan ang numerong kabilang sa dokumentong ito o sa likod ng iyong ID card.

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August 11, 2017

TERESA HARRIS

[REDACTED]
LAFAYETTE HILL PA 19444

CASE ID: [REDACTED]
EMPLOYEE: MATTHEW HARRIS
ID #: [REDACTED]
PATIENT NAME: TERESA HARRIS
GROUP: ESTEE LAUDER
GROUP #: [REDACTED]
PROVIDER NAME: BREASTFEEDING RESOURCE CENTER
DATE(S) OF SERVICE: JANUARY 5, 2017 - JANUARY 10, 2017
CLAIM AMOUNT: \$250.00
PRODUCT: POS - POINT OF SERVICE

Dear Teresa Harris:

We reviewed the appeal regarding coverage of the services that you received from Breastfeeding Resource Center. We understand the appeal to state that this service(s) should be eligible for an in-network reimbursement because there were no in-network providers in your area and you had no choice but to utilize the services of the provider. During our review, we considered all the supporting information we have received to date.

We make decisions about payment based on your Benefit Plan and any information we receive as part of an appeal. Coverage is subject to the covered benefits and exclusions, limitations and other terms of your Benefit Plan. The name of the Benefit Plan specific to your coverage can be found on your UnitedHealthcare ID card.

Based on our review, according to your Benefit Plan, under the "Highlights" section, "Custom Care Plan" subsection, this request for payment was processed correctly.

This service(s), when received from an out-of-network provider, is covered at 70% of eligible expenses after you meet your deductible.

Your deductible was not met when we processed this claim. Therefore, we applied the total eligible expense(s) to your deductible.

We are required to process claims according to the information submitted by the provider of service. We use the provider's name, group practice name, address, telephone number, and tax identification number to determine a provider's contract status. We are also required to use the procedure and diagnosis codes submitted on the claim. If any of the information on the claim is incorrect, a corrected bill must be submitted for consideration.

Your plan gives you the option to bypass your primary physician and receive care from an out-of-network provider. When you use an out-of-network provider, benefits are usually subject to a deductible and are paid at lower coinsurance rates. This plan determines benefits based in part on who provides the care. Breastfeeding Resource Center was not contracted with the network your plan uses when the services were provided. The claim was correctly paid at the out-of-network benefit level.

In determining Reasonable and Customary (R&C) amounts under your plan, UnitedHealthcare used FH Benchmark, a benchmarking database product created by FAIR Health, Inc. FAIR Health (FH) is an independent non-profit organization established in October 2009. Its name is derived from the phrase "fair and independent research." FH Benchmark is a comprehensive source of information because it collects data based on a large volume of actual, non-discounted charges that providers have submitted to contributing payers in the previous 12 to 18 months in various geographic areas for services rendered by health care providers. The FH database does not include charges from government-sponsored programs. More information about the database can be found at fairhealth.org.

During adjudication of out-of-network claims, our system refers to the FH Benchmark database and automatically applies the amount reported at the plan's selected percentile for your geographic area (called the "geozip") for eligible claims. Your plan has chosen to use the 90th percentile.

The FH Benchmark product comprises actual charge data and a blended methodology for low-occurrence procedures:

- Actual provider charges are displayed when there are nine or more occurrences of a procedure in a particular geozip. These charges are then arrayed by percentiles.
- For areas with fewer than nine occurrences of a particular procedure, FAIR Health derives a charge using a blended methodology. Conversion factors are created using a relative value scale and related actual charge data. By using this methodology, relationships between procedures determine the benchmark amounts for the relevant procedure code and geozip.

You indicated that you received incorrect information from your provider's office staff. Please be advised that because your provider is neither an employee nor an agent of UnitedHealthcare, no one in the provider's office may guarantee payment of your claim by UnitedHealthcare or by your plan.

Please accept our sincere apology for any frustration as we have worked to resolve your case. Our goal is to provide the highest level of customer service possible, and we expect that from all of our employees. We appreciate that this matter was brought to our attention.

In your letter, you asked us to review the recording of your phone call. Unfortunately, not all calls are recorded. Those that are, are only recorded for quality purposes. These calls are typically reviewed and then discarded because of the privacy requirements of HIPAA (Health Insurance Portability and Accountability Act). Our documentation system creates typed records of calls to verify accuracy.

Your plan does not provide an exception that would apply network benefits to an out-of-network provider based on this circumstance.

Please understand that federal law requires UnitedHealthcare to strictly administer the terms of your health benefit plan. We may not deviate from the plain terms of your Benefit Plan.

Because the claim(s) for this service(s) was processed according to the above plan provisions, the original determination remains unchanged, and is upheld. This administrative decision does not reflect any view about the appropriateness of this service(s). Only you and/or your (or the patient's) physician can make decisions regarding proper care.

You have the right to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to your appeal, as well as copies of any internal rule, guideline or protocol that we relied on to make this payment decision. You may also have the right to receive, upon request and free of charge, an explanation of the scientific or clinical judgment that we may have relied upon in making this benefit decision as well as the diagnosis or treatment codes, and their corresponding meanings.

To request copies, submit a written request, separate from an appeal request, to: UnitedHealthcare - Appeal Document Request, P.O. Box 30432, Salt Lake City, UT 84130-0432. We will fulfill your request within thirty (30) calendar days of receipt. Please understand that your request for information will not change the time you have to file any subsequent appeals.

If you are not satisfied with this decision, you or your authorized representative may request a second level review. To request a review, you must send a letter requesting an appeal and include any additional information you want considered within 60 days of the date you receive this letter to:

UnitedHealthcare
P.O. Box 30432
Salt Lake City, UT 84130

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Your satisfaction is important to us. As part of our continuing efforts to increase member satisfaction, it is our goal to thoroughly review appeals and provide you with a prompt and complete response. A UnitedHealthcare resolving analyst reviewed your appeal. If you have any questions, please call us at the telephone number listed on the back of your UnitedHealthcare ID card. TTY users can dial 711.

You may request verbal translation of this letter into a non-English language. In order to request language translation, please call the Customer Care phone number on the back of your UnitedHealthcare ID card, or send your request to: UnitedHealthcare Central Escalation Unit, ATTN: Language Translation, 4316 Rice Lake Road, Duluth, MN 55811.

Availability of Consumer Assistance/Ombudsman Services

In addition, there may be other resources available to help you understand the appeals process. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Additionally, a consumer assistance program may be able to assist you at:

Pennsylvania Department of Insurance
1209 Strawberry Square
Harrisburg, PA 17111
(877) 881-6388
www.insurance.pa.gov

The Benefit Plan under which you are covered is a self-funded Group Employee Welfare Benefit Plan governed by ERISA (Employee Retirement Income Security Act of 1974). This Benefit Plan is not subject to state insurance law. UnitedHealthcare provides administrative and claim payment services to the Benefit Plan. UnitedHealthcare is not the insurer for this Benefit Plan.

Under the terms of your Benefit Plan you, but not your authorized representative or assignee, may have the right to file a civil action under section 502(a) of ERISA after you have exhausted all of your appeal rights. If you have such a right, there are limits that apply to lawsuits under the terms of your Benefit Plan. Those limits include the requirement that any legal action brought against the Benefit Plan or the plan, benefit or claims administrator must be brought within three years of the date you are notified of the Benefit Plan's final decision for in-network medical claims or the date a claim for reimbursement is required to be made for out-of-network medical claims. For more information about the limits that apply to lawsuits, see your Benefit Plan's summary plan description, any applicable summary of material modifications and any other documents considered to be governing plan documents by the plan sponsor.

Sincerely,

Siddarth G
Appeals Coordinator

We do 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 toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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, 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 toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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 LUU 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 معرف 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.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

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.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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।

CEEBOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

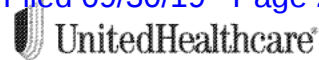
ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(Khmer)សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nítł'ízi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'i biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

UnitedHealthcare Service LLC
BUFFALO SERVICE CENTER
PO BOX 740800
ATLANTA, GA 30374-0800



Have more questions about your claim?
Visit **www.myuhc.com**
for all your claim and benefit information.

June 26, 2017

DPSS\$PKG
TERESA HARRIS
[REDACTED]
LAFAYETTE HILL PA 19444-1336

Member/Patient Information

Member: MATTHEW HARRIS
Member ID: [REDACTED]
Patient: TERESA HARRIS
Relationship: SP
Group Name: THE ESTEE LAUDER
COMPANIES INC
Group #: [REDACTED]

Explanation of Benefits Statement

This is not a bill. Do not pay. This is to notify you that we processed your claim.

Claims Summary

Detailed claim information is located on the following page(s).

Dollar Amount	Description
	Amount Billed
\$250.00	This is the total amount that your provider billed for the services that were provided to you.
	Plan Discounts
\$0.00	Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
	Your Plan Paid
\$0.00	This is the portion of the amount billed that was paid by your plan.
	Total amount you owe the provider(s)
\$250.00	The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your deductible, co-pay, coinsurance and/or non covered charges. This amount does not include any payments made to the subscriber*. If a payment was made directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or other health care professional. * When coordination of benefits applies, this amount will include payments made to the subscriber.



UnitedHealthcare Service LLC
 BUFFALO SERVICE CENTER
 PO BOX 740800
 ATLANTA, GA 30374-0800
 Phone: 1-877-370-2846

June 26, 2017

Have more questions about your claim?
 Visit www.myuhc.com
 for all your claim and benefit information.

Claim Detail for TERESA HARRIS

Provider: BREASTFEEDING

Claim Number: [REDACTED]

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Plan Paid (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**				Amount You Owe
							Deductible (+)	Copay (+)	Coinsurance (+)	Non Covered (=)	
01/05/2017	OFFICE VISITS	29	\$155.00	\$0.00	\$0.00	\$0.00	\$110.00	\$0.00	\$0.00	\$45.00	\$155.00
01/10/2017	OFFICE VISITS	W1	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00
Claim Total:			\$250.00	\$0.00	\$0.00	\$0.00	\$205.00	\$0.00	\$0.00	\$45.00	\$250.00

**This total does not reflect any payments / copays you made at the time of service.
 Please wait for a provider bill before making a payment.

Notes*

29 - YOUR PLAN COVERS THE ELIGIBLE EXPENSE AMOUNT REIMBURSABLE UNDER YOUR PLAN FOR COVERED OUT-OF-NETWORK HEALTH SERVICES. THE ELIGIBLE AMOUNT IS BASED ON A DATABASE OF COMPETITIVE FEES FOR SIMILAR SERVICES OR SUPPLIES IN YOUR AREA. BENEFITS ARE NOT AVAILABLE FOR THAT PORTION OF THE CHARGE THAT EXCEEDS THE ELIGIBLE AMOUNT DETERMINED FOR THIS SERVICE.

W1 - YOUR DEDUCTIBLE HAS NOT BEEN MET. PLEASE PAY THE AMOUNT OWED TO THE HEALTH CARE PROFESSIONAL.

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review no later than 30 days after we receive your request for review.

If your plan is governed by ERISA, you may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

You or your authorized representative, such as a family member or physician, may appeal the decision by submitting comments, documents or other relevant information to the appeal address referenced above.

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

Availability of Consumer Assistance/Ombudsman Services:

STD-EOB

Use this EOB statement as a reference or retain as needed

Page 2 of 6

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UnitedHealthcare Service LLC
BUFFALO SERVICE CENTER
PO BOX 740800
ATLANTA, GA 30374-0800
Phone: 1-877-370-2846

June 26, 2017

Have more questions about your claim?
Visit **www.myuhc.com**
for all your claim and benefit information.

There may be other resources available to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789. Your state consumer assistance program may also be able to assist you at:

Pennsylvania Department of Insurance
1209 Strawberry Square
Harrisburg, PA 17120
(877) 881-6388
www.insurance.pa.gov

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call 1-877-370-2846.

Rather view this online?

Sign up for **myuhc.com** to easily view claims and account balances, see where you're at against your deductible, locate a network doctor, compare costs, select paperless delivery of your important plan documents and more.

Rather view this on your mobile device?

Download the free UnitedHealthcare Health4Me app, then sign up to easily find and map care, compare costs, view claims and account balances and more. Get access to the same personalized health plan information while you're on the go.

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBs), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the top of this Statement.

Please call the number included in this document or on the back of your ID card if you need diagnosis and/or treatment code information regarding the services referenced in this communication.

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you weren't treated fairly you can send a complaint to: Civil Rights Coordinator, United HealthCare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UTAH 84130, UHC_Civil_Rights@uhc.com. 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 toll-free member number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.



UnitedHealthcare Service LLC
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June 26, 2017

Have more questions about your claim?
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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, 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

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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 LU'U 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 معرف العضوية.



UnitedHealthcare Service LLC
BUFFALO SERVICE CENTER
PO BOX 740800
ATLANTA, GA 30374-0800
Phone: 1-877-370-2846

June 26, 2017

Have more questions about your claim?
Visit **www.myuhc.com**
for all your claim and benefit information.

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. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा अपने पहचान पत्र पर दिए टोल-फ्री फोन नंबर पर काल करें।

Dǫǫ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shq'odi ninaaltsoos nít'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodílnih.



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Account Summary

Summary of Deductible and Out of Pocket

Plan Year: 2017

TERESA

Relationship: SP

	Annual Amount	(-)Applied to Date	(=)Remaining Balance
IN NETWORK			
Deductible	\$350.00	\$205.00	\$145.00
Out of Pocket	\$2,650.00	\$115.00	\$2,535.00
OUT OF NETWORK			
Deductible	\$1,000.00	\$205.00	\$795.00
Out of Pocket	\$3,500.00	\$115.00	\$3,385.00

FAMILY	Annual Amount	(-)Applied to Date	(=)Remaining Balance
IN NETWORK			
Deductible	\$875.00	\$634.16	\$240.84
Out of Pocket	\$6,625.00	\$2,003.28	\$4,621.72
OUT OF NETWORK			
Deductible	\$2,500.00	\$205.00	\$2,295.00
Out of Pocket	\$8,750.00	\$2,003.28	\$6,746.72

Definitions of Key Terms

Applied to Date: The total amount of money applied to your deductible or out of pocket as of this EOB statement.

Out of Pocket: This is the amount you pay before your plan benefit starts paying 100% for eligible health care services. Please refer to your plan documents for more information.

Plan Year: The dates your plan benefit maximums are applicable.

Deductible: The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Please refer to your plan documents for specific information regarding what services apply to the deductible.

Patient Non Covered: The amount of money you pay for services that are not covered under your plan.

Breastfeeding Resource Center

International Board Certified Lactation Consultants
1355 Old York Rd., Suite 101, Abington PA 19001, 215-886-2433
NPI 1346507506 EIN 23-3049543

Receipt for Lactation Consultation

Date of Service: 05-05-18

Mother's Information	Baby's Information
Name: <u>Teresa Harris</u>	Name: [REDACTED]
Address: [REDACTED] <u>Lafayette Hill, PA 19444</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Primary Phone #: [REDACTED]	Baby's DOB: [REDACTED]
Mother's DOB: [REDACTED]	
Insurance Company: <u>United Healthcare</u>	
Policy #: [REDACTED]	
Group #: [REDACTED]	
PROVIDER'S SIGNATURE: <u>Coulisa Brandenburger</u>	CREDENTIALS: <u>IBCLC</u>

Colette Acker, IBCLC * Janice McPhelin, IBCLC * Coulisa Brandenburger, IBCLC * Jennifer McClure, IBCLC
Carole Hahn, IBCLC

Services	Office Visit	Minutes	Fee	Diagnosis Codes	Products	Cost
<input checked="" type="checkbox"/> MOTHER	New Patient			<input checked="" type="checkbox"/> MOTHER		
	99203-25	30			676.44 Lact. Fail	
	99202-25	20			676.54 Supp. Lact.	
	99201-25	10			676.84 Disorder of Lact.	
	99404-33	60				
	99403-33	45			99403-33 Encounter with	
	99402-33	30		✓ <u>Z39.1</u>	Lactating mother	
	99401-33	15				
	Established Patient				Z39.0 - Normal Pregnancy <u>Z36</u>	
	99212-25	10				
	99211-25	5				
	99404-33	60				
	99403-33	45				
	99402-33	30				
	99401-33	15				
✓ <u>S9443 Lact. Class</u>			155			
<input type="checkbox"/> BABY	New Patient			<input type="checkbox"/> BABY		
	99203	30			783.3 Feeding Difficulty	
	99202	20				
	99201	10				
	Established Patient					
	99212	10				
	99211	5				
OTHER	CPT Code				Method of payment:	Total Visit Fee: <u>155</u>
					Cash credit check	Total Products:
					Check #:	GRAND TOTAL: <u>155</u>

*paid
full*

6/16/2017 0700



Breastfeeding Resource Center

www.BRC4Babies.com

1355 Old York Rd., Suite 101, Abington, PA 19001 * 215-886-2433

2546 Knights Rd., Bensalem, PA 19020 * 267-520-0255

987 Old Eagle School Rd., Suite 705, Wayne, PA 19087 * 484-582-6682

Report of Lactation Consultation

Date of visit: 1/5/17
 Mother: Teresa Harris
 DOB: [REDACTED]
 Infant: [REDACTED]
 DOB: [REDACTED]
 Age at consultation: 12 weeks 2 days
 Birth Weight: 8 lbs.
 Weight at consultation: 11 lbs. 13 oz.
 Intake at breast: 4.0 oz.
 Reason for visit: Mom & Baby – weight concerns

History:

- [REDACTED] has been exclusively breastfed since birth
- At 2 months, [REDACTED] was prescribed Zantac for reflux.
- In 3 week span from December to January – [REDACTED] only gained 8 oz.
- [REDACTED] continues to often be frustrated at the breast and refusing to nurse.
- When Teresa is at work, [REDACTED] will take bottles without concern. Often times only taking 1-2 oz.
- [REDACTED] was just prescribed Prilosec by her pediatrician

Consultation:

- [REDACTED] latched today and transferred 4.0 oz. and was sated and content.

Plan:

- [REDACTED] latched well today and did wonderful.
- I am unsure of why her weight gain has been slow. The medication may be working and [REDACTED] is now able to tolerate a more appropriate feed.
- I would suggest you continue to feed [REDACTED] on demand.
- If [REDACTED] refuses to latch at all and is upset – offer a bottle and pump to replace the breastfeed
- Use your instincts in the middle of the night. If she's refusing to nurse and will not fall back to sleep – offer a bottle.
- Pumping after your first feed of the day to express milk for later use is a good way to keep ahead of the game.
- Weight check at the pediatrician next week to ensure weight gain.
- If weight gain isn't appropriate, return to the BRC.

Consultant:

Louisa Brandenburger, IBCLC
 Louisa Brandenburger, IBCLC

Breastfeeding Resource Center

International Board Certified Lactation Consultants

1355 Old York Rd., Suite 101, Abington PA 19001, 215-886-2433

NPI 1346507506 EIN 23-3049543

Receipt for Lactation Consultation

Date of Service: 01-10-17

Mother's Information	Baby's Information
Name: <u>Teresa Harris</u>	Name: [REDACTED]
Address: [REDACTED]	
<u>Lafayette Hill, PA 19444</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Primary Phone #: [REDACTED]	Baby's DOB: [REDACTED]
Mother's DOB: [REDACTED]	
Insurance Company: <u>United Healthcare</u>	
Policy #: [REDACTED]	
Group #: [REDACTED]	
PROVIDER'S SIGNATURE: <u>Janice McPhelin</u> CREDENTIALS: <u>IBCLC</u>	

Colette Acker, IBCLC * Janice McPhelin, IBCLC * Louisa Brandenburg, IBCLC * Jennifer McClure, IBCLC
 Carole Hahn, IBCLC * Michelle Farfel, IBCLC * Erin Sheridan, IBCLC * Michelle Hudasko, IBCLC

Services <input checked="" type="checkbox"/>	Office Visit	Minutes	Fee	Diagnosis Codes <input checked="" type="checkbox"/>	Products	Cost
MOTHER	New Patient			MOTHER		
	99203-25	30			092.70 Unspecified Lactation Disorder	
	99202-25	20				
	99201-25	10				
	99404-33	60			092.79 Other Lactation Disorder	
	99403-33	45				
	99402-33	30				
	99401-33	15				
	Established Patient			<input checked="" type="checkbox"/>	<u>Z39.1</u> Encounter with Lactating Mother	
	99212-25	10				
	99211-25	5			Z36 - Normal Pregnancy	
	99404-33	60				
	99403-33	45				
	99402-33	30				
	99401-33	15				
<input checked="" type="checkbox"/>	<u>S9443 Lact. Class</u>		<u>95.</u>			
BABY	New Patient			BABY		
	99203	30			R63.3 Feeding Difficulty	
	99202	20				
	99201	10				
	Established Patient					
	99212	10				
	99211	5				
OTHER	CPT Code					
					Method of payment:	Total Visit Fee: <u>95.00</u>
					Cash credit check	Total Products:
					Check #:	GRAND TOTAL: <u>95.00</u>

paid full

6/16/2017 0700

Case Notes

8/11/2017	ms\lgoud100	Closing Comments	***The ASO Closing macro was used on this case. 6:25 PM *** UHC rec date: 8/4/2017 NASC rec date: 8/4/2017 Case #: V [REDACTED] FLN #: [REDACTED] ICN(s): [REDACTED] Date of Service: 01/05/2017 Provider Name: Breastfeeding Resource Center Appeal Reason(s): Appealing for reimbursement. Appeal was Upheld because Claim processed correctly. The letter is saved in ETS. The source of truth used for this determination was SPD. The COC/SPD is in SCHDRS. The SC doc# is [REDACTED] Other documents used in the determination were: na.
8/7/2017	ms\lgoud100	Pend Comments	Internal check