

**United HealthCare Insurance Company**

P.O. Box 809025

Dallas, TX 75380-9025

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

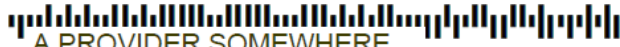
CHECK NO.	CHECK DATE	CHECK AMOUNT
0	MM/DD/YY	\$0.00

**CLAIM #:** 12345678-01-01-001**POLICY #:** YY-XXXX-XX**APPEALS STATE:** TX**ID NUMBER:** 1234567**SCHOOL ID:** 12345678**INSURED:** John Doe**PATIENT:** John Doe**PATIENT ACCT. #:** 01Z123456**PAYEE:** A Provider Somewhere**ADDRESS:** PO Box 123456

Somewhere, TX 71234

**BILLING NPI:****PROVIDER:** A Provider Somewhere**PROVIDER NPI:****Electronic Service Requested**

8495 0.5234 FP 0.433



A PROVIDER SOMEWHERE

PO BOX 123456

SOMEWHERE, TX 71234-6789

**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
	DOCTOR VISIT	MM/DD/YY-MM/DD	99213	96.00		19.91	76.09		76.09		76.09	685
<b>Totals:</b>				96.00		19.91	76.09		76.09		76.09	

**Remarks:**

685-If you have no other insurance, please contact our office at 1-800-767-0700.

Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.

Patient Balance: Co-pay, Policy Deductible, Co-Insurance &amp; 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"**  
EOB (9/12)**RESERVED FOR CHECKS**

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 the number shown above.

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

TAGALOG (Tagalog): Kung kailangang ninyo ang tulong sa Tagalog tumawag sa 800-767-0700.

CHINESE (Chinese): 如需帮助，请拨打 800-767-0700。

NAVAJO (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijjigo holne' 800-767-0700.

**NOTICE:** This is a sample Explanation Of Benefits (EOB). Due to the specific language which may be required in your state, the EOBs received by the providers and insureds under your plan could be different from what is on these sample pages. Please contact the Customer Service Department at UnitedHealthcare StudentResources if you have any questions or need a copy of an EOB with language specific to your state.