

April 6, 2005

[REDACTED]  
[REDACTED] rt  
Kissimmee, FL 34744

[REDACTED] both  
[REDACTED]

Patient: [REDACTED]  
Group: [REDACTED]  
Group #: [REDACTED]  
Provider Name: Shands Rehabilitation Hospital  
Service: In-patient Hospital Services  
Service Dates: 7/23/2004-8/04/2004

*Thanks  
Alicia  
@*

Dear [REDACTED]

As you requested, we reviewed our coverage decision. I am pleased to tell you that based on the information reviewed, these services are covered under your medical benefit plan.

We processed the claim for payment of these services at your in-network benefit. As a reminder, you are responsible for any applicable copayment, deductible and/or coinsurance required under your plan. You have no financial responsibility for this claim.

We make decisions about claims payment for medical care based on your Certificate of Coverage and any information received as part of an appeal. Coverage is subject to the exclusions, limitations and other terms of your Certificate of Coverage. Per Section 1, subsection 13, of your Certificate of Coverage inpatient hospital stays are processed in-network at 100% of eligible expenses after your \$250.00 a day copayment, with a maximum of \$1000.00, has been satisfied. You have already been assessed this \$1000.00 copayment on your Shands at the University of Florida Hospital stay. It has been confirmed that the claim for Shands Rehabilitation Hospital is part of the same hospital confinement.

At UnitedHealthcare, we make every effort to respond clearly and completely to customer concerns. If you have any questions about this letter, please call us at 1-800-525-6377, Monday through Friday from 8:00 a.m. to 4:30 p.m. Central time.

Sincerely,

Shawna H.  
Appeals Coordinator

cc: Patient file