



UNITED HEALTHCARE INSURANCE COMPANY
P.O. BOX 31362
SALT LAKE CITY UT 84131-0362

Case 12-51502 Dec 12 2013 Filed 06/21/13 Entered 07/03/13 15:03:33 Main Document
Pg 1 of 7
Patient is responsible for patient liability column only. If you are billed more than that amount, please call Customer Service.

ROGER L WYCISKALLA
4468 STATE HWY 154
SESSER IL 62884

RECEIVED & FILED
JUN 21 2013
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI

If you have any questions, please write or call our Customer Service Department at:

UnitedHealthcare Insurance Co
PO Box 31362
Salt Lake City

UT 84131-0362

800-457-8506



EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Patient: ROGER L WYCISKALLA
Number: 12887-930204338-00

Date: 06/12/13
Policy: PATRIOT COAL-COAL ACT RETIREES

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Not Covered Amount	Deductible	Copay	Total Patient Cost
07507230-00	N ST MARYS GOOD SAMARITAN MEDICAL GROUP						
	ARTERIAL SVC	4/15/13	97.00	97.00 723	0.00	0.00	0.00
	ARTERIAL SVC	4/15/13	148.00	148.00 723	0.00	0.00	0.00
	ARTERIAL SVC	4/15/13	140.00	140.00 723	0.00	0.00	0.00
07507230-01	ARTERIAL SVC	4/15/13	66.00	66.00 723	0.00	0.00	0.00
	ARTERIAL SVC	4/15/13	440.00	440.00 723	0.00	0.00	0.00
07507231-00	OFFICE VISIT	4/01/13	232.00	232.00 723	0.00	0.00	0.00
TOTALS			1,123.00	1,123.00	0.00	0.00	0.00

BILLED
NOT COVERED

Payment has been made to:

ST MARYS GOOD SAMARITAN MED

Amount: 0.00 Deductible/copay accumulations for: 4/01/13- 3/31/14

0.00
NONE

5.00 OF 50 INDIVIDUAL COMBINED LIMIT

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Pg. 2 of 7

DATE: 6/12/13

CODE DESCRIPTIONS

723 MODIFIER INCORRECT/INAPPROPRIATE/MISSING FOR PROCEDURE. SUBMIT CORRECTED CLAIM.



**SMGS PULMONARY &
CRITICAL CARE**
4106 S. Water Tower
Place
Mount Vernon IL
62864-6544
Phone 618-242-8900
Fax 618-242-8967

5/22/2013

Roger L Wyciskalla
4468 St Hwy 154
Sesser IL 62884

Dear Mr. Wyciskalla:

Susan Marantz, MD

Our records indicate you are scheduled for the following appointment(s):
06/03/2013 at 2:00 PM

Please call (618) 242-8900 to confirm this appointment.

Also bring any new radiology films that were done somewhere other than St. Mary's Good Samaritan Hospital to your next appointment.

If you are late for your appointment, please telephone our office as we may need to reschedule the appointment. If this time or date is not convenient, please call to reschedule

Sincerely,

Susan Marantz, MD

BMI SpO2
26.96 kg/m2 96%

Your Current Medications Are

	Disp	Refills	Start	End
Insulin Pen Needle (PEN NEEDLES 3/16") 31G X 5 MM MISC (Taking) Sig - Route: Use 100 Each 2 times daily. - Does not apply Class: Print Cosign for Ordering: Accepted by Jose Dennis Amorado, MD on 5/30/2013 9:14 AM	100 Each	11	5/29/2013	
ramipril (ALTACE) 2.5 MG tablet (Taking) Sig - Route: Take 5 mg by mouth once daily. - Oral Class: Historical Medication				
exenatide (BYETTA 10 MCG PEN) 10 MCG/0.04ML injection (Taking) Sig - Route: Inject 10 mcg subcutaneously 2 times daily. - Subcutaneous Class: Historical Medication				
sitaGLIPTin (JANUVIA) 100 MG tablet (Taking) Sig - Route: Take 100 mg by mouth once daily. - Oral Class: Historical Medication				
metformin CR 24hr (GLUCOPHAGE XR) 750 MG tablet (Taking) Sig - Route: Take 750 mg by mouth 2 times daily. - Oral Class: Historical Medication				
Multiple Vitamins-Minerals (MULTIVITAMIN & MINERAL PO) (Taking) Sig - Route: Take by mouth. - Oral Class: Historical Medication				
pravastatin (PRAVACHOL) 80 MG tablet (Taking) Sig - Route: Take 80 mg by mouth at bedtime. - Oral Class: Historical Medication				
pantoprazole (PROTONIX) 40 MG packet (Taking) Sig - Route: Take 40 mg by mouth once daily. - Oral Class: Historical Medication				

We ordered/performed the following:

BASIC METABOLIC PANEL (CALCIUM TOTAL) [LAB01735 Custom]
HEMOGLOBIN A1C [LAB06285 Custom]
LIPID PROFILE [LAB01042 Custom]
TELEMETRY MONITORING [NUR225 Custom]

Immunization History as of 6/3/2013

Never Reviewed

No immunizations on file.

Problem List

	Codes	Priority	Class	Date Reviewed: 6/3/2013
DM (diabetes mellitus)	250.00			Noted - Resolved 5/20/2013 - Present
Calcification Coronary Arteries	429.1			5/15/2013 - Present
Chronic airway obstruction, not elsewhere classified (Chronic)	496			5/13/2013 - Present
Dyspnea on exertion	786.09			5/9/2013 - Present

Wyciskalla, Roger L (MR # 5729)

Printed 6/3/13 2:12 PM

IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS**WHAT IF I DON'T AGREE WITH THIS DECISION?****YOU HAVE THE RIGHT TO APPEAL.**

File your appeal in writing within 60 calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline.

WHO MAY FILE AN APPEAL?

You may file an appeal. If you don't want to file an appeal yourself, you may name a relative, friend, advocate, attorney, doctor, or someone else to act as your representative. Others also already may be authorized under State law to act for you.

You can call us at: 1-800-457-8506 to learn how to name your representative. TTY: 711.

If you want someone to act for you, you and your representative must sign, date and send us a statement naming that person to act for you.

HOW DO I FILE AN APPEAL?

Mail or deliver your written appeal to the address below:

Appeals and Grievance Department
P.O. Box 6106
Cypress, CA 90630
MailStop: CY124-0157

*I FILED AN APPEAL
AS I HAVE IN THE PAST
ON PREVIOUS BILLS. A
WASTE OF TIME & EFFORT.*

We must give you a decision no later than 60 calendar days after we receive your appeal request.

WHAT DO I INCLUDE WITH MY APPEAL?

Your written request should include: your name, address, member number, reasons for appealing, and any evidence you wish to attach.

You may send supporting medical records, doctors' letters, or other information that explains why we should pay for the service. Call your doctor if you need this information to help you with your appeal. You may send this information or present this information in person if you wish.

WHAT HAPPENS NEXT?

If you appeal, we will review our decision. After we review our decision, if any of the services you requested are still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your Medicare health plan. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

CONTACT INFORMATION:

If you need information or help, call US at:

Toll Free: 1-800-457-8506
TTY: 711

OTHER RESOURCES TO HELP YOU:

Medicare Rights Center:
Toll Free number 1-888-HMO-9050

Elder Care Locator
Toll Free: 1-800-677-1116

1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

Form CMS 10003-NDP (Exp. 10/31/2013)

OMB Approval 0938-0829

Plans are insured or covered by an affiliate of UnitedHealthcare Insurance Company, a Medicare Advantage Organization with a Medicare contract and a Medicare-approved Part D sponsor.

KOGER WYCISKALLA
468 STATE HWY 154
SESSER, IL 62884

URGENT
CASE NAME
12-51502-AB95
PATRIOT ORAL CONF.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
% STEVE CRUSE DEPUTY CLERK
THOMAS FEALYTON U.S. COURT HOUSE
111 SOUTH TENTH ST. FOURTH FLOOR
ST LOUIS, MISSOURI 63102

20 JUN 2013 PM 01



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LENT, US BANKRUPTCY COURT
EASTERN DISTRICT
ST LOUIS, MISSOURI

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