

Case 12-51502 Doc 4266 Filed 06/25/13 Entered 07/03/13 15:28:50 Main Document Pg 1 of 5
UNITEDHEALTHCARE INSURANCE COMPANY
P.O. BOX 31362
SALT LAKE CTY UT 84131-0362

Patient is responsible for patient liability column only. If you are billed more than that amount, please call Customer Service.

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

ROGER L WYCISKALLA
4468 STATE HWY 154
SESSER IL 62884

RECEIVED & FILED
JUN 25 2013
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI

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: 06/20/13
Policy: PATRIOT COAL-COAL ACT RETIREES

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Amount	Deductible	Copay	Total Patient Cost
07630990-00 07630991-00	N CARMODY, M.D., RADIOLOGY TIMOTHY J. RADIOLOGY	4/03/13 5/21/13	298.38 704.13	250.93 630.31	1133 1133	0.00 0.00	0.00 0.00
TOTALS			1,002.51	881.24	0.00	0.00	0.00

How will I PAY THIS BILL

Payment has been made to: CARMODY, M.D., TIMOTHY J. Amount: 121.27 Deductible/copay accumulations for: 4/01/13- 3/31/14 5.00 OF 50 INDIVIDUAL COMBINED LIMIT

I AM A DISABILED PERSON SINCE MY ACCIDENT IN 09/1984 HAVE NOT BEEN ABLE TO WORK SINCE. I NEED HELP WITH MEDICAL EXPENSES

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

DATE: 6/20/13

CODE DESCRIPTIONS

1133 WE HAVE PAID THE MEDICARE AMOUNT. YOU SHOULD NOT BE BILLED FOR THE BALANCE, BUT YOU MAY NEED TO PAY A COPAYMENT, COINSURANCE, OR DEDUCTIBLE.

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

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.

KOPER WYCIASKALCA

4468 STATE Hwy 154

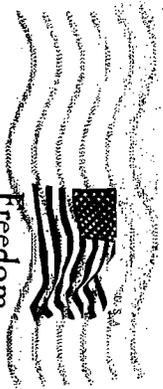
SESSEN 62884

RECEIVED FILE

2013 JUN 25 AM 10:02

CLERK OF BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS, MISSOURI

SAINT LOUIS, MISSOURI
25 JUN 2013 PM 2:1



UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI

STEVE CRUSE DEPUTY CLERK
THOMAS F. EAGTON U.S. COURT HOUSE
111 SOUTH TENTH ST. FOURTH FLOOR

ST LOUIS MISSOURI 63102

ES10211259



URGENT:
CASE NAME
12-51502-AB95
PATRIOT @AUCO.