UnitedHealthcare
PacifiCare

PacifiCare Health Plan Administrators
5757 Plaza Drive, Cypress, CA 90630
Mail Stop: CA124-0181

Subscriber Name
Address
City, STATE Zip

DATE

Insured: ***Member Name***
ID Number: ***Member ID***
Requested Service: ***Requested Services***
Requesting Provider: ***Attending Provider***
Case Number: ***Case Number***

Dear ***Member. Name***:

PacifiCare Life and Health Insurance Company ("PacifiCare") received the request for service from the above provider/physician. This notice is to inform you the service is being Denied. This determination was made based upon our review of your health condition in relation to PacifiCare's medical necessity criteria or guidelines and in accordance with the terms and conditions of your coverage as described in the Certificates, Exclusion and Limitations.

Based on the information provided by the requesting provider/physician, you do not meet the established medical necessity criteria or guidelines for Requested Services at this time.

Specifically, ***Medical Director Denial Language***

You may always request a written statement of the clinical rationale, including the clinical review criteria used to make your determination.

Sincerely,
PacifiCare Life and Health Insurance Company

cc: ***Attending Provider***
Servicing Provider

IMPORTANT: You can get an interpreter at no cost to talk to your doctor or

health insurance company. To get an interpreter or to ask about written information in (your language), first call your insurance company's phone number at:

PacifiCare SignatureElites℠ (PPO) 1-866-316-9776 TDHI: 1-866-816-2018
PacifiCare SignatureFreedom® (SDHP) 1-866-867-0700 TDHI: 1-866-867-0701

Someone who speaks (your language) can help you. If you need more help, call the Department of Insurance Hotline at 1-800-927-4357.

IMPORTANTE: Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su compañía de seguros. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su compañía de seguros al:
1-800-730-7270 TDHI: 1-800-828-1120.
Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame a la línea directa del Departamento de seguros al 1-800-927-4357.

重要事項:您與您的醫生或醫療保險公司交談時，可獲得免費口譯服務。

如欲請翻譯員提供口譯，或欲查詢中文書面資料，請先致電您的保險公司，電話號碼:

1-800-938-2300 聽語障專線 (TDHI): 1-800-828-1120.

講粵語或國語人士將為您提供協助。如需更多協助，請致電保險部熱線 1-800-927-4357。

YOUR RIGHTS

If you disagree with this determination, you or your authorized representative ("you") may have a right to appeal. You should request an appeal not later than one hundred and eighty (180) days after the date of this notice.

There are two types of appeals: an expedited appeal for urgent matters, and a standard appeal. The two types of appeals operate in a similar fashion, except that expedited appeals are processed much faster because of the patient's condition. Additionally, you may be able to appeal the Company's decision through Independent Medical Review; please refer to the Certificate for information regarding Independent Medical Review.

As a PacifiCare covered person, you may have the right to further review through PacifiCare's appeal process. Except for claims subject to the Employee Retirement Income Security Act of 1974 (ERISA), the next level of review is Binding Arbitration.

Individuals enrolled in employee welfare benefit plans subject to the ERISA may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved.

We rely on you to let us know if you have any service questions, issues or comments. You may contact us at the address and telephone number provided below. Additionally, you may submit any question, issues or comments regarding your appeal rights or your health insurance plan to the state insurance company regulatory department.

PacifiCare:
Appeal Coordinator
National Service Center
P.O. Box 400046
San Antonio, TX 78229
Customer Service Tel: (866) 316-9776
Customer Service Fax: 888-615-6584

State Insurance Regulatory Department:
California Department of Insurance
Consumer Complaints and Inquiries
300 South Spring Street
Los Angeles, CA 90013
Toll Free Number: (800) 927-4357
Phone Number: (213) 897-8921