



UnitedHealthcare Insurance Company of New York
P.O. Box 1600 Kingston NY 12402

August 19, 2005

Mr. [REDACTED]
[REDACTED]
[REDACTED]

Re: Empire Plan
Policy Number: [REDACTED]
Enrollee: [REDACTED]
Identification Number: [REDACTED]
Patient: Self
Mail Number: [REDACTED]
Total Charge: \$20809.00
Account Number: [REDACTED]

Dear Mr. [REDACTED]

We have received a claim for Self for services provided on 04-15-2005. The claim was evaluated according to the terms of the New York State benefits plan.

Under the terms of the plan, coverage is provided for expenses within a reasonable allowance. To determine "allowable and reasonable" expenses, we use independent research from across the health care industry. This includes over 200 million records of fees charged by health care providers for surgical and non-surgical procedures in many different geographic locations. We also consider variations in fees that may be due to complications or unusual circumstances.

Based on the information provided, the fees charged exceed the reasonable allowance and the excess amount is not covered.

There is a right to appeal this determination. There are two (2) levels of appeal available under the terms of the Empire Plan. If you wish to submit a Level II appeal, Please include any additional documentation that was not previously submitted for our review. The deadline for submitting an appeal is sixty (60) days from the date of this letter. The address for submitting an appeal is as follows:

United Healthcare Insurance Company of New York
P. O. Box 1600
Kingston, NY 12401-1600

If you have any questions or concerns, please contact one of our United Healthcare customer care professionals, toll free, at 1-877-7NYSHIP (1-877-769-7447) or write to us at the address above.

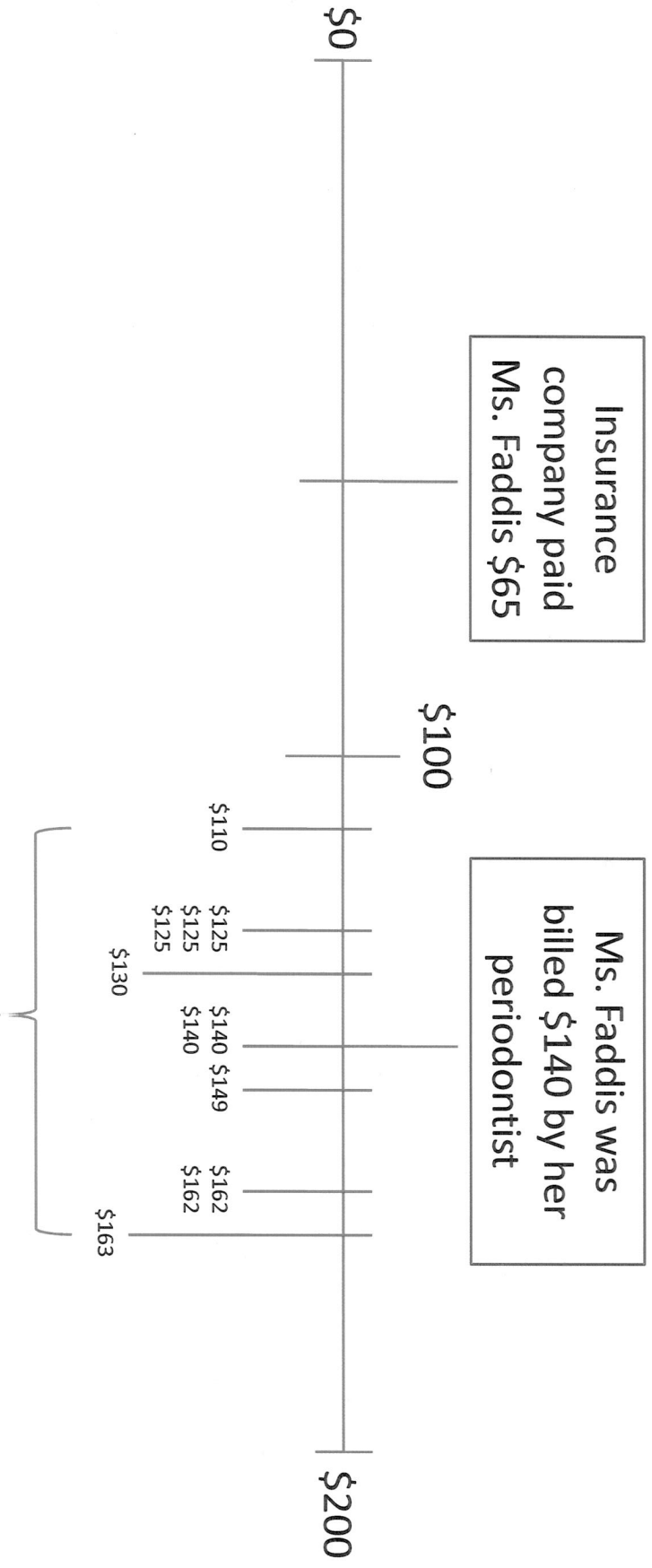
Sincerely,

Jeannie M Benson
Service Representative
Kingston Customer Care and Transaction Center

“Client is responsible for decisions made and actions taken based on the database. The database is designed and intended for use by professionals experienced in the use and limitations of claims processing, and it is client’s responsibility to ascertain the suitability of the database for client’s purposes. The database is provided for informational purposes only and Ingenix disclaims any endorsement, approval or recommendation of data in the database.”

*Disclaimer included with MDR and PHCS database products.

Costs of Dental Services as Collected by Jill Faddis in 2001 For a General Office Visit (Code – D0150)



Ms. Faddis' survey of periodontist charges for the same service

PAYMENTS FOR DOCTOR VISITS
ERIE COUNTY, NY (2007)

Doctor Office Visit Codes	Ingenix “usual and customary” Reimbursement Rate	NY AG Estimate of Prevailing Cost	Difference (%)
99211	\$36-\$37	\$45	18-20%
99212	\$53-\$61	\$68	10-22%
99213	\$70-\$78	\$84	7-17%
99214	\$105-\$122	\$130	6-19%
99215	\$145-\$182	\$200	9-28%
99245	\$276-\$340	\$373	9-26%

Source: State of New York, Office of the Attorney General, Health Care Report: The Consumer Reimbursement System is Code Blue (Jan. 13, 2009), 20.