

UNITED HEALTHCARE INSURANCE COMPANY  
 POST OFFICE BOX 30374  
 ATLANTA GA 30374  
 PHONE (888) 780-4876



**Member Number Policy Statement Period**  
 800450011 0010752 01/01/2006 - 01/31/2006

**HEALTH STATEMENT**

JOHN C SAMPLE  
 675 MAIN ST  
 ANYTOWN GA 30005

Visit [www.myuhc.com](http://www.myuhc.com)  
 for more detail on account  
 balances and activity

Remaini ng Account Bal ances	Network Deducti ble	Network Out Of Pocket
<b>Fami ly</b>	\$1,400.00	\$2,307.10
<b>JOHN</b>	\$792.50	\$1,714.52
<b>NANCY</b>	\$874.96	\$1,669.22

The deductible and out of pocket amounts above represent the Network amounts for reaching the thresholds defined by your plan. Balances may not match what is on your personal website. This health statement reflects balances as of the end of the statement period, while balances on your personal website are updated daily. For more detail on these account balances and on your out-of-network activity, please visit myuhc.com.

**Prevent Back Pain by Drinking Water**

Minor back pain is often the result of a deficiency in body fluid levels. The disks in our back are in reality little hydraulic shock absorbers. These disks are made up of an outer shell filled with fluid, primarily water. A properly hydrated disk creates a cushion that absorbs the shock of physical activity and supports the weight of the upper body. So give your back a break and drink plenty of water!

See last page for more helpful information

Claim Details *	Amount Billed	Discount	Cost Of Care	Health Plan Paid	You Owe **	Remark Code ***
<b>JOHN on 1/08/06</b> #0101474720001 MEDCO POS PHARMACY	125.00	25.00	100.00	85.00	15.00	D1
<b>NANCY on 1/12/06</b> #0101474720025 JAMIE LEWIS MEMORIAL MEDICAL	200.00	25.00	175.00	105.00	70.00	QN
<b>NANCY on 1/23/06</b> #0101474720100 QUELLO CLINIC MEDICAL	180.00	80.00	100.00	90.00	10.00	D1
<b>TOTALS</b>	505.00	130.00	375.00	280.00	95.00	

**All of your Explanation of Benefit forms (EOB) are available online at [www.myuhc.com](http://www.myuhc.com).**

- \* Some claim detail may not appear on this statement to maintain the privacy of our members.
- \*\* This is the amount you owe the physician, health care professional or facility. This may include amounts already paid to your provider / pharmacy at the time of service.
- \*\*\* See next page for explanation of Remark Code



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## Remark Code Explanation

- D1 Thank you for using a network physician or other health care professional. We have applied the contracted fee. The patient is not responsible for the difference between the amount charged by the physician or health care professional and the amount allowed by the contract. However, the patient is responsible for any deductible.
- QN Your claim may have been separated for processing purposes. Any additional charges will be processed as soon as possible.

## Consumer Alerts

### Take the ID Migraine Quiz

Do you suffer from pounding headaches? To see if your headache is really a migraine, answer these questions: 1) Does light bother you when you have a headache? 2) Do you get nauseated or sick to your stomach when you have a headache? 3) Has a headache limited your activities for a day or more in the past 3 months? If you answered yes to two questions, you should talk with your doctor; you may be experiencing migraine headaches.

### A Healthy Mouth Helps Your Body

Taking care of your mouth, teeth and gums is not just a matter of good grooming. It can prevent infections - and maybe even diseases - throughout your body. Researchers are also discovering new reasons to brush and floss. An unhealthy mouth may increase your risk of serious health problems, such as heart attack, stroke, poorly controlled diabetes and preterm labor.

### Do You Need a New ID Card?

You will need your UnitedHealthcare medical ID Card anytime you see your doctor. So, just in case you ever lose your ID card, we have made it easy to request a new one from myuhc.com. It will take approximately two weeks from the time of your request for your new card to be delivered. Need an ID card in the meantime? No problem! Print a temporary card from myuhc.com.

## Appeal and Privacy Information

A review of this benefit determination may be requested by submitting your appeal to us in writing at the following address: UnitedHealthcare Appeals, P.O. Box 30432, Salt Lake City, UT 84130-0432. The request for your review must be made within 180 days from the date you receive this statement. If you request a review of your claim denial, we will complete our review not later than 30 days after we received your request for review.

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we have implemented strict confidentiality practices. These practices include the ability to use a unique individual identifier. You may see the unique individual identifier on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBS), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the top of this statement.

## Understanding Your Health Statement

**Network Deductible:**  
Total dollar amount of eligible expenses you need to incur before your co-insurance begins to apply.

**Network Out of Pocket:**  
The maximum dollar amount you would still have to pay before your plan covers 100% of eligible expenses.

Remaining Account Balances	Network Deductible	Network Out Of Pocket
Family	\$1400.00	\$2307.10
Phil	\$792.50	\$1714.52
Nancy	\$874.96	\$1669.22

**Discount:** Reduction from Amount Billed due to savings from a network or other agreement.

**Cost of Care:** Cost after all discounts have been applied.

**Health Plan Paid:** Amount paid by your plan's Health Coverage for qualified expenses.

**You Owe:** Amount you owe the physician, health care professional or facility. May include amounts already paid to your provider/ pharmacy at the time of service.

**Remark Code:** Refer to Remark Code Definitions section of this statement to find the description that is associated with this code.

**Amount Billed:** Amount billed for service before any discounts.

Claim Details *	Amount Billed	Discount	Cost Of Care	Health Plan Paid	You Owe**	Remark Code ***
Phil on 4/08/05 #1234567890001 Acme Clinic Medical	116.00	20.00	96.00	76.80	19.20	D1