

**Total Member Responsibility for
this Claim**
(see below for details)

This is not a bill. Please remit payment to your provider of service upon receipt of an invoice if you have not previously paid.

This document serves as notice of a benefit determination. If we have declined to provide benefits, in whole or in part, for the requested treatment or service described below, and you think this determination was made in error, you have the right to appeal (see the back of this page for information about your appeal rights). If you suspect fraud please call us toll-free at XXX-XXX-XXXX.

[illegible]

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