

May 12, 2015

JEFFREY EPSTEIN
6100 RED HOOK QUARTER B-3
ST THOMAS VI 00802-0000

Claim Information	
Patient:	Jeffrey Epstein
Patient Acct #:	1 15289 UH
Date of Service:	07/28/2014
Provider:	Dominick Cannavo, M.D.
Claim ID:	854905597/EE/108422
Claim #:	4791351186
Member:	Jeffrey Epstein
Member ID:	854905597
Group:	SOUTHERN TRUST COMPANY
Group #:	GA272605/1W000
Letter ID:	OVPT001

Dear Jeffrey Epstein:

We make every effort to process claims accurately, but sometimes errors occur. We overpaid you on a claim for you and need a refund.

Please repay us \$1,797.22 within 45 days of the date on this letter. Thank you and we apologize for any inconvenience this causes you.

Claim overpayment details

- Reason for overpayment: We didn't pay the correct amount for this service.
- Check date: 11/12/14
- Check number: QC09089752
- Amount of check sent to you: \$1,797.22 (This amount may include other claim payments.)
- Correct amount paid for this claim: \$0.00
- Patient responsibility (what you owe) for this claim: \$0.00

Mail your payment and this letter to:
GREENSBORO SMALL GROUP
P O BOX 740800
ATLANTA, GA 30374-0800

We suggest you keep a copy for your records.

If we do not get the refund, some state laws may allow us to deduct the amount due from future claim payments.

You may have additional rights about this claim. For more information or further explanation, please check your Health Statement, Explanation of Benefits or other coverage documents.

If you have questions about this letter or other questions related to your health insurance, please call the toll-free member phone number listed on your health plan ID card.

Sincerely,
UnitedHealthcare

UnitedHealthcare Insurance Company
GREENSBORO SMALL GROUP
P O BOX 740800
ATLANTA, GA 30374-0800



Have more questions about your claim?
Visit www.myuhc.com
for all your claim and benefit information.



May 13, 2015

134BADADDRUHGPS0002001-05106-01
JEFFREY EPSTEIN
6100 RED HOOK QUARTER B-3
ST THOMAS, VI 00802

Member/Patient Information

Member/Patient: JEFFREY EPSTEIN
Member ID: A854905597
Relationship: EE
Group Name: SOUTHERN TRUST
COMPANY
Group #: 0272605

Explanation of Benefits Statement

This is not a bill. Do not pay. This is to notify you that we processed your claim.

Claims Summary

Detailed claim information is located on the following page(s).

Dollar Amount	Description
\$6,422.82	Amount Billed This is the total amount that your provider billed for the services that were provided to you.
\$600.00	Plan Discounts Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
\$5,822.82	Your Plan Paid This is the portion of the amount billed that was paid by your plan.
\$0.00	Total amount you owe the provider(s) The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your deductible, co-pay, coinsurance and/or non covered charges. This amount does not include any payments made to the subscriber*. If a payment was made directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or other health care professional. * When coordination of benefits applies, this amount will include payments made to the subscriber.



UnitedHealthcare Insurance Company
 GREENSBORO SMALL GROUP
 P O BOX 740800
 ATLANTA, GA 30374-0800
 Phone: [REDACTED]

May 13, 2015

Have more questions about your claim?
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 for all your claim and benefit information.

Claim Detail for JEFFREY EPSTEIN

Provider: D CANNAVO

Claim Number: 479135118601

Patient Account Number: 1 15289 UH

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**			Amount You Owe
						Deductible (+)	Copay (+)	Coinsurance (+) Non Covered (=)	
07/28/2014	ANESTHESIA	IT	\$6,000.00	\$600.00	\$5,400.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Total:						\$0.00	\$0.00	\$0.00	\$0.00

**This total does not reflect any payments / copays you made at the time of service
 Please wait for a provider bill before making a payment

Claim Detail for JEFFREY EPSTEIN

Provider: D CANNAVO

Claim Number: 479135118601

Patient Account Number: 1 15289 UH

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**			Amount You Owe
						Deductible (+)	Copay (+)	Coinsurance (+) Non Covered (=)	
07/28/2014	CLM EXPENSE INTEREST	5U	\$422.82	\$0.00	\$422.82	\$0.00	\$0.00	\$0.00	\$0.00
Claim Total:						\$0.00	\$0.00	\$0.00	\$0.00

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Notes*

5U - THIS AMOUNT REPRESENTS INTEREST PAID.

IT - THIS PHYSICIAN OR HEALTH CARE PROVIDER IS OUT-OF-NETWORK. BASED ON AN AGREEMENT WITH MULTIPLAN, THE PROVIDER HAS ACCEPTED A DISCOUNT FOR THIS SERVICE. THE DISCOUNT SHOWN IS YOUR SAVINGS AND IS NOT INCLUDED IN THE AMOUNT YOU OWE. IF YOU HAVE PAID THE PHYSICIAN OR HEALTH CARE PROVIDER MORE THAN THE AMOUNT YOU OWE, PLEASE CALL THEM FOR A REFUND.

STD-EOB

000000704673307

Use this EOB statement as a reference or retain as needed

UnitedHealthcare

A UnitedHealth Group Company

UnitedHealthcare Insurance Company
GREENSBORO SMALL GROUP
P O BOX 740800
ATLANTA, GA 30374-0800
Phone: [REDACTED]

May 13, 2015

Have more questions about your claim?
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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 30573, Salt Lake City, UT 84130-0573. 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 receive your request for review.

If your plan is governed by ERISA, you may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

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Availability of Consumer Assistance/Ombudsman Services

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Division of Banking and Insurance
1131 King Street, Suite 101
Christiansted, St. Croix, VI 00820
[REDACTED]
www.itg.gov.vi

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call [REDACTED].

Meet Your Needs Online

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UnitedHealthcare Insurance Company
 GREENSBORO SMALL GROUP
 P O BOX 740800
 ATLANTA, GA 30374-0800
 Phone: [REDACTED]

May 13, 2015

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Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we 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.

Please call the number included in this document or on the back of your ID card if you need diagnosis and/or treatment code information regarding the services referenced in this communication.

Account Summary

Summary of Deductible and Out of Pocket

Plan Year: 2014

JEFFREY

Relationship: EE

	Annual Amount	(-) Applied to Date	(=) Remaining Balance
IN NETWORK			
Out of Pocket	\$2,500.00	\$200.00	\$2,300.00
OUT OF NETWORK			
Deductible	\$500.00	\$500.00	Met
Out of Pocket	\$5,000.00	\$1,142.19	\$3,857.81

FAMILY	Annual Amount	(-) Applied to Date	(=) Remaining Balance
IN NETWORK			
Out of Pocket	\$5,000.00	\$200.00	\$4,800.00
OUT OF NETWORK			
Deductible	\$1,000.00	\$500.00	\$500.00
Out of Pocket	\$10,000.00	\$1,125.03	\$8,874.97

Definitions of Key Terms

Applied to Date: The total amount of money applied to your deductible or out of pocket as of this EOB statement.

Deductible: The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Please refer to your plan documents for specific information regarding what services apply to the deductible.

Out of Pocket: The out of pocket maximum is the dollar amount you pay before your plan benefit starts paying at 100% for eligible health care services. Please refer to your plan documents for specific information on what costs apply to the maximum amount.

Plan Year: The dates your plan benefit maximums are applicable.



UnitedHealthcare Insurance Company
 GREENSBORO SMALL GROUP
 P O BOX 740800
 ATLANTA, GA 30374-0800
 Phone: [REDACTED]

May 13, 2015

Have more questions about your claim?
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Claim Detail for JEFFREY EPSTEIN

Provider: QUEST DIAGNOSTICS

Claim Number: 504161738801

Patient Account Number: 156189349

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**			Amount You Owe
						Deductible (+)	Copay (+)	Coinsurance (+) Non Covered (=)	
04/24/2015	LABORATORY SERVICES	IT	\$18.35	\$15.35	\$2.40	\$0.00	\$0.00	\$0.60	\$0.60
04/24/2015	LABORATORY SERVICES	IT	\$234.16	\$188.04	\$36.90	\$0.00	\$0.00	\$9.22	\$9.22
04/24/2015	LABORATORY SERVICES	IT	\$93.29	\$75.58	\$14.17	\$0.00	\$0.00	\$3.54	\$3.54
04/24/2015	LABORATORY SERVICES	IT	\$232.54	\$192.67	\$31.90	\$0.00	\$0.00	\$7.97	\$7.97
04/24/2015	LABORATORY SERVICES	IT	\$110.77	\$90.55	\$16.18	\$0.00	\$0.00	\$4.04	\$4.04
04/24/2015	LABORATORY SERVICES	IT	\$71.39	\$58.36	\$10.42	\$0.00	\$0.00	\$2.61	\$2.61
Claim Total:			\$760.50	\$620.55	\$111.97	\$0.00	\$0.00	\$27.98	\$27.98

**This total does not reflect any payments / copays you made at the time of service
 Please wait for a provider bill before making a payment.



UnitedHealthcare Insurance Company
 GREENSBORO SMALL GROUP
 P O BOX 740800
 ATLANTA, GA 30374-0800
 Phone: [REDACTED]

May 13, 2015

Have more questions about your claim?
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 for all your claim and benefit information.

Claim Detail for JEFFREY EPSTEIN

Provider: QUEST DIAGNOSTICS

Claim Number: 504161738802

Patient Account Number: 156189349

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**			Amount You Owe	
						Deductible (+)	Copay	(+) Coinsurance (+) Non Covered (=)		
04/24/2015	LABORATORY SERVICES	IT	\$218.97	\$162.80	\$44.94	\$0.00	\$0.00	\$11.23	\$11.23	
04/24/2015	LABORATORY SERVICES	IT	\$159.89	\$133.52	\$21.10	\$0.00	\$0.00	\$5.27	\$5.27	
Claim Total:						\$378.86	\$296.32	\$66.04	\$0.00	\$16.50

**This total does not reflect any payments / copays you made at the time of service. Please wait for a provider bill before making a payment.





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 ATLANTA, GA 30374-0800
 Phone: [REDACTED]

May 13, 2015

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Claim Detail for JEFFREY EPSTEIN

Provider: QUEST DIAGNOSTICS

Claim Number: 504161738901

Patient Account Number: 156189349

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Plan Paid (=)	Your Itemized Responsibility to Provider**			Amount You Owe
						Deductible (+)	Copay	(+) Coninsurance, (+) Non Covered (=)	
04/24/2015	LABORATORY SERVICES	IT	\$151.35	\$116.88	\$27.58	\$0.00	\$0.00	\$6.89	\$6.89
04/24/2015	LABORATORY SERVICES	IT	\$211.45	\$176.69	\$27.81	\$0.00	\$0.00	\$6.95	\$6.95
04/24/2015	LABORATORY SERVICES	IT	\$144.47	\$132.41	\$9.65	\$0.00	\$0.00	\$2.41	\$2.41
04/24/2015	LABORATORY SERVICES	I4	\$49.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49.75
04/24/2015	LABORATORY SERVICES	IT	\$34.95	\$31.29	\$2.93	\$0.00	\$0.00	\$0.73	\$0.73
04/24/2015	LABORATORY SERVICES	IT	\$65.61	\$58.84	\$5.42	\$0.00	\$0.00	\$1.35	\$1.35
Claim Total:			\$657.58	\$516.11	\$73.39	\$0.00	\$0.00	\$18.33	\$68.08

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Notes*

I4 - PAYMENT FOR THIS SERVICE OR SUPPLY IS DENIED BASED ON OUR REIMBURSEMENT POLICY. THIS SERVICE WAS INCLUDED IN A SERVICE ALREADY REPORTED OR IT IS NOT PAID SEPARATELY. IF YOU USED A NETWORK PROVIDER, YOU DON'T OWE ANYTHING.

IT - THIS PHYSICIAN OR HEALTH CARE PROVIDER IS OUT-OF-NETWORK. BASED ON AN AGREEMENT WITH MULTIPLAN, THE PROVIDER HAS ACCEPTED A DISCOUNT FOR THIS SERVICE. THE DISCOUNT SHOWN IS YOUR SAVINGS AND IS NOT INCLUDED IN THE AMOUNT YOU OWE. IF YOU HAVE PAID THE PHYSICIAN OR HEALTH CARE PROVIDER MORE THAN THE AMOUNT YOU OWE, PLEASE CALL THEM FOR A REFUND.

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

UnitedHealthcare Insurance Company
3 REENSBORO SMALL GROUP
PO BOX 740800
ATLANTA, GA 30374-0800
Phone: [REDACTED]



May 13, 2015

Have more questions about your claim?
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for all your claim and benefit information.

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Division of Banking and Insurance
1131 King Street, Suite 101
Christiansted, St. Croix, VI 00820
[REDACTED]
www.lig.gov.vi

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call [REDACTED]

Meet Your Needs Online

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Myuhc Registration

You can register and begin using myuhc in the same session. Navigate to www.myuhc.com to register. The information required for registration is on your insurance ID card (first name, last name, member ID, group number and date of birth).



May 14, 2015

JEFFREY EPSTEIN
6100 RED HOOK QUARTER B-3
ST THOMAS VI 00802-0000

Claim Information	
Patient:	Jeffrey Epstein
Patient Acct #:	VV07206913
Date of Service:	04/22/2015
Provider:	Mount Sinai Hospital Pbc
Claim ID:	854905597/EE/008273
Claim #:	5035975306
Member:	Jeffrey Epstein
Member ID:	854905597
Group:	SOUTHERN TRUST COMPANY
Group #:	GA272605/IM/000
Letter ID:	SUBR004

Dear Jeffrey Epstein:

We received a claim for you for health care services on 04/22/2015. Before we can process the claim, we need to know if these services were related to an accident or injury. We work with Optum® on accident and injury claims to determine if we are to pay the claim or another insurance company is responsible, such as auto insurance or workers compensation.

If you have already been in contact with Optum or completed a questionnaire from UnitedHealthcare about this claim, please ignore this letter. You may receive additional letters if there is more than one claim related to the accident or injury. You only need to answer the questionnaire once.

Please call Optum toll-free at [REDACTED] between 7 a.m. and 7 p.m. Central Time. Have the information below when calling.

Is the claim due to an accident or injury? Yes or No.

1. If yes, you will be asked details about the accident or injury, including where or when it happened and when the condition started.
2. You will also be asked about any other insurance, such as auto or workers compensation.

What will happen next with your claim

We are holding your claim for 45 days so that you are able to provide us with the information needed.

- Once we get the information, we will process the claim within 15 days.
- If you do not respond within 45 days, unfortunately, we may have to deny the claim because of the missing information. We must process claims within time periods required by federal and state regulations.

Thank you for your help. We look forward to taking care of this for you as quickly as possible.

Sincerely,
UnitedHealthcare

GREENSBORO SMALL GROUP
P O BOX 740800
ATLANTA, GA 30374-0800
www.myuhc.com

UnitedHealthcare
A UnitedHealth Group Company
UnitedHealthcare Insurance Company

Address Change? Please contact your employer's benefit department.
138BADADDRUHGPS0002001-05144-01
JEFFREY EPSTEIN
6100 RED HOOK QUARTER B-3
ST THOMAS VI 00802

Member ID
854905597
Statement Period
04/22/15 - 05/13/15

THIS IS NOT A BILL

Customer Care [REDACTED]

Wear Sunglasses

Ultraviolet (UV) rays from the sun cannot only hurt your skin but your eyes, too. Strong sunlight can burn the corneas of your eyes and long-term exposure can lead to eye disease. The best way to protect your eyes from the sun is to wear sunglasses designed to screen UV radiation. The good news is that sunglasses do not have to be expensive to be effective. Look for glasses that block 90 to 100 percent of both UVA and UVB light.

Medical claims where payments may be needed from you:

Claims processed between 04/22/15 to 05/13/15

	Pay your provider(s) when they bill you
04/24/15 services for JEFFREY provided by 'QUEST DIAGNOSTICS' Claim Number: 0504161738801 Provider Billed: \$780.50 Payments and Discounts: -\$732.52	\$27.98
04/24/15 services for JEFFREY provided by 'QUEST DIAGNOSTICS' Claim Number: 0504161738802 Provider Billed: \$378.86 Payments and Discounts: -\$362.36	\$16.50
04/24/15 services for JEFFREY provided by 'QUEST DIAGNOSTICS' Claim Number: 0504161738901 Provider Billed: \$657.58 Payments and Discounts: -\$589.50	\$88.08
Total:	\$112.56

For more information about these claims, please refer to the Explanation of Benefits or visit: www.myuhc.com.

This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records.

These charges represent your responsibility as defined by your health benefit plan. They may include your deductible, coinsurance, or a product or service that is not an eligible expense. If you have coverage with another insurance carrier or Medicare, these charges may not include any product or service in which the other insurance carrier or Medicare was primary. In addition, the amount in the "Pay your provider(s) when they bill you" area above may include payments made to the subscriber. Please see your coverage documents for more information.

Please see the next page for more information
Page 1 of 4

Your Deductibles as of 05/13/15 for Plan Year 01/01/15 - 12/31/15

Out-of-Network

Annual	Applied	Remaining
JEFFREY		
\$500.00	\$500.00	SATISFIED
		\$0.00

Deductible: The deductible is the fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin. Please refer to your plan documents for specific information regarding what services apply to the deductible.

Your Out of Pocket Maximums as of 05/13/15 for Plan Year 01/01/15 - 12/31/15

In-Network

Annual	Applied	Remaining
JEFFREY		
\$2,500.00	\$0.00	NONE USED
		\$2,500.00

Out-of-Network

Annual	Applied	Remaining
JEFFREY		
\$5,000.00	\$707.81	
		\$4,292.19

Out of Pocket Maximum: The out of pocket maximum is the dollar amount you pay before your plan benefit starts paying at 100% for eligible health care services. Please refer to your plan documents for specific information on what costs apply to the maximum amount.

Medical claims where payments are not needed from you:

Claims for JEFFREY Processed between 04/22/15 to 05/13/15

Provider Billed	Plan Discount	Allowed Amount	Health Plan Paid
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07/28/14 services provided by 'D CANNAVO'

Claim Number: 0479135118801

\$5,000.00	-\$600.00	\$5,400.00	-\$5,400.00
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- THIS CLAIM WAS PROCESSED ON 05/12/15.
- THIS PHYSICIAN OR HEALTH CARE PROVIDER IS OUT-OF-NETWORK. BASED ON AN AGREEMENT WITH MULTIPLAN, THE PROVIDER HAS ACCEPTED A DISCOUNT FOR THIS SERVICE. THE DISCOUNT SHOWN IS YOUR SAVINGS AND IS NOT INCLUDED IN THE AMOUNT YOU OWE. IF YOU HAVE PAID THE PHYSICIAN OR HEALTH CARE PROVIDER MORE THAN THE AMOUNT YOU OWE, PLEASE CALL THEM FOR A REFUND.

07/28/14 services provided by 'D CANNAVO'

Claim Number: 0479135118801

\$422.82	...	\$422.82	-\$422.82
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- THIS CLAIM WAS PROCESSED ON 05/12/15.
- THIS AMOUNT REPRESENTS INTEREST PAID.

For more information about your claims, please visit: www.myuhc.com.

Please see the next page for more information

Page 2 of 4

Customer Care

Get the most out of your plan

Website Registration:

Register today online at www.myuhc.com, so that you can begin using your personal website! You'll need your ID card handy to register.

The Dynamic Duo

Vitamin D and calcium do more than give you strong bones and teeth. Several recent studies show that when taken together, vitamin D and calcium ward off premenstrual syndrome. It can also reduce the risk of colon polyps by up to 36 percent, and reduce the risk of hip fractures by 26 percent. On its own, vitamin D may reduce the risk of several cancers and calcium may help lower blood pressure. Add a glass of milk or orange juice to your diet to power up with this dynamic duo!

Benefits of taking a walk

Taking a walk can be a refreshing change of pace. The air can clear your mind and reduce stress, which can be helpful for weight loss. Research shows that stress can increase levels of cortisol, a hormone that may increase appetite and promote fat storage. Getting outside will help to decrease stress levels and feelings of hunger.

About Your Rights

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

Medical or Pharmacy Claims Only

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Division of Banking and Insurance

1131 King Street, Suite 101
Christiansted, St. Croix, VI 00820

[REDACTED]
www.ltg.gov.vi

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Please see the next page for more information

Page 3 of 4

Customer Care [REDACTED]

Maintaining the privacy and security of individuals' personal information is very important to us at UnitedHealthcare. To protect your privacy, we 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 bottom of this Statement.

Contact us

Questions? You can reach Customer Care at our toll free number, [REDACTED], Monday through Friday or log into your personal website at www.myuhc.com.

Please see the next page for more information

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Customer Care [REDACTED]