



01/30/2019

RE: Coverage Approval
Patient: KARYNA SHULIAK
Physician: ELLEN MARMUR
File ID: PA-53100240

KARYNA SHULIAK
6100 RED HOOK QTRS
SUITE B-3
ST. THOMAS, VI 00802

Date of Request: 01/30/2019
Date of Decision: 01/30/2019

Dear KARYNA SHULIAK:

We are pleased to inform you that your prescription for CLARAVIS has been approved for coverage up to the plan's supply limit for this medication. **This medication is approved for coverage until 07/30/2019, or until coverage for the medication is no longer available under the benefit plan or the medication becomes subject to a pharmacy benefit coverage requirement, such as supply limits or notification, whichever occurs first.** You will be responsible for paying your copayment and any additional amount, as required by the provisions of your pharmacy benefit.

Your UnitedHealthcare Insurance Company prescription drug program is administered by OptumRx. For certain drugs, more information is needed to determine coverage eligibility. In these cases, your physician must supply the additional information needed to determine if the coverage conditions have been met. The information your physician provided was reviewed and the coverage was approved. A letter was sent to your physician informing him or her of the decision.

UnitedHealthcare encourages members to take an active role in their health care. If you have questions about this coverage decision, please call a representative at 1-800-711-4555. Representatives are available to help you 5 a.m. – 10 p.m. PT, Monday-Friday and 6 a.m. – 3 p.m. PT, Saturday.

Thank you for choosing UnitedHealthcare.

Sincerely,

OptumRx





DENTAL BOARD OF CALIFORNIA
 2005 Evergreen Street
 Suite 1550
 Sacramento, CA 95815
 (916) 263-2300
 www.dbc.ca.gov



Dental License Renewal Notice

LICENSEE NAME
SHULIAK, KARYNA

LICENSE NO.
DDS65268

EXPIRATION
DATE
05/31/19

AMOUNT DUE
NOW
\$662.00

AMOUNT DUE IF
POSTMARKED AFTER
JUNE 30, 2019
\$987.00

i. Renewal Instructions

Attention:

- **To Renew Online, visit www.breeze.ca.gov.** Online renewals are processed in 48-72 hours. If not renewing online, please read the renewal instructions below. Allow 6-10 weeks for processing your renewal when renewing by mail.
- Do not send the delinquent fee amount unless your renewal will be postmarked 30 days after the expiration date of your license.
- **YOU MAY NOT ENGAGE IN THE PRACTICE OF DENTISTRY AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED.**
- Failure to complete the CE certification and sign at the bottom of page 5 will result in a delay of your renewal.

Renewal Checklist:

- IMPORTANT:** Read all instructions. Answer the questions on the application by checking the appropriate boxes and sign and date the certification statement at the bottom of page 5. Failure to correctly complete the renewal application and documentation will result in processing delays. Applications received without a signature will not be processed.
- Complete the required information on pages 3-6 in black or blue ink and make a copy for your records.
- Sections 1 thru 5 of the Dental Healthcare Workforce Survey on page 3 **must be completed.** The information collected in this survey will be publicly available in accordance with state law.
- Continuing Education (CE) information must be completed. Read the Continuing Education Requirements on page 2 then carefully mark the appropriate answers on page 5.
- Return pages 3-6 in the enclosed envelope with a check or money order made payable to the Dental Board of California (DBC). Make sure the return address shows through the window of the envelope.

II. Renewal Requirements

Change of Name or Address:

Make address changes in the space provided on the back side of the cashiering coupon. Please write as legibly as possible. Note: your name and address of record are public information, and are released to the public upon request. If you have a name change that you would like to have processed with the renewal application, submit: 1) the 'Notification of Name Change' form (found under 'Forms and Publications' on the Board's website) and 2) photocopies or electronic copies of the following two required documents: A current government-issued photographic identification (e.g., driver license, alien registration, passport, etc.) AND one of the following legal documents as proof of name change (certified court order, marriage certificate, or dissolution of marriage [divorce]). Your renewal will not be processed until the name change is completed.

Continuing Education:

The laws of the State of California require certification of the following:

- Completion of at least 50 hours of continuing education during each two year renewal period.
- Completion of a course in Basic Life Support which is approved by the American Heart Association (AHA) the American Red Cross (ARC), the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).
- Completion of 2 units in Infection Control and 2 units in the California Dental Practice Act.

Conviction Disclosure:

CCR., Section 1008(b) states as a condition of renewal, a licensee shall disclose whether, in the prior renewal cycle, he or she has been convicted of any violation of the law in this or any other state, the United States, or other country, omitting traffic infractions under \$1,000 not involving alcohol, dangerous drugs, or controlled substances. In addition, a licensee must disclose any disciplinary actions against any other license he or she may hold.

If you are answering yes to this question, please provide a detailed explanation of the circumstances surrounding the conviction or disciplinary action and provide documentation (Disciplinary Order, Court and/or Arrest records).

Fingerprint Requirement:

For a license that expires after July 1, 2011, as a condition of renewal of license, a licensee who was initially licensed prior to July 1, 1999, or for whom an electronic record of the submission of fingerprints does not exist, shall furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice. Failure to comply with the requirements of this section renders any renewal incomplete and the license will not be renewed until the licensee demonstrates compliance with all requirements. Failure to furnish a full set of fingerprints to the Department of Justice as required by this section on or before the date required for renewal of a license is grounds for discipline by the Board. Licensees who are required to provide fingerprints were notified in a separate letter from the Board.

Licensees are not required to fingerprint at each renewal.

CURES Requirement:

Pursuant to Business and Professions Code Section 208 (SB809 – DeSaulnier, Chapter 400, Statutes of 2013), you are assessed \$6 ANNUALLY which is collected at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). For the Dental license only.

III. Dental Healthcare Workforce Survey

Sections 1, 2, 3, 4, and 5 are required. Business and Professions Code section 1715.5 requires completion of this survey. The survey information collected will be publicly available in accordance with state law.

1. LICENSE NUMBER:

2. LICENSE TYPE:

- DDS
- RDH
- RDHEF
- RDHAP
- RDA
- RDAEF

3. EMPLOYMENT STATUS:

- Full-time clinical practice in CA (32+ hours per week)
- Full-time clinical outside CA (32+ hours per week)
- Part-time clinical practice in CA (Less than 32 hours per week)
- Administrative/Faculty Employment (No Direct Patient Care)
- Retired
- Other practice or employment status

4a. PRIMARY PRACTICE LOCATION:

If you provide patient care, please indicate the zip code of your primary practice location (U.S. only) and the number of hours spent each week at this location.

ZIP CODE	HOURS PER WEEK
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

4b. SECONDARY PRACTICE LOCATION:

If you provide patient care in a second location, please indicate the zip code of that practice location (U.S. only) and the number of hours spent each week at this location.

ZIP CODE	HOURS PER WEEK
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

5. POSTGRADUATE TRAINING:

Indicate the total years of training completed after dental school (accredited by the Committee on Dental Accreditation in a dental specialty recognized by the American Dental Association).

- 1 2 3 4 5+ None

6. DENTAL PRACTICE/SPECIALTY and BOARD CERTIFICATIONS or PERMITS: (mark specialty classifications and Board Certifications)

- | | | | |
|--|---|---|---|
| <input type="radio"/> General Practice | <input type="radio"/> Endodontics | <input type="radio"/> Oral Radiology | <input type="radio"/> Oral Conscious Sedation |
| <input type="radio"/> Prosthodontics | <input type="radio"/> Public Health | <input type="radio"/> Pediatric Dentistry | <input type="radio"/> Conscious Sedation |
| <input type="radio"/> Maxillofacial | <input type="radio"/> Orthodontics | <input type="radio"/> Periodontics | |
| <input type="radio"/> Oral Pathology | <input type="radio"/> Facial Cosmetic Surgery | <input type="radio"/> General Anesthesia | |

7. ETHNIC BACKGROUND (Optional): Mark all that apply

- | | |
|--|--|
| <input type="radio"/> African American / Black / African | <input type="radio"/> Caucasian / White / European / Middle Eastern |
| <input type="radio"/> American Indian / Native American / Alaskan Native | <input type="radio"/> Other <input type="radio"/> Decline to State |
| Asian | Latino / Hispanic |
| <input type="radio"/> Cambodian <input type="radio"/> Korean | <input type="radio"/> Central American |
| <input type="radio"/> Chinese <input type="radio"/> Thai | <input type="radio"/> Cuban |
| <input type="radio"/> Indian <input type="radio"/> Vietnamese | <input type="radio"/> Mexican |
| <input type="radio"/> Indonesian <input type="radio"/> Other Asian | <input type="radio"/> Other Hispanic |
| <input type="radio"/> Japanese | <input type="radio"/> Puerto Rican |
| | Native Hawaiian / Pacific Islander |
| | <input type="radio"/> Fijian <input type="radio"/> Samoan |
| | <input type="radio"/> Filipino <input type="radio"/> Tongan |
| | <input type="radio"/> Guamanian <input type="radio"/> Other Pacific Islander |
| | <input type="radio"/> Hawaiian |

8. FOREIGN LANGUAGE (Optional) In addition to English, indicate additional languages in which you are fluent:

- | | | | | | |
|--|------------------------------|--------------------------------|----------------------------------|-------------------------------|--|
| <input type="radio"/> American Sign Language | <input type="radio"/> Farsi | <input type="radio"/> Hmong | <input type="radio"/> Lao | <input type="radio"/> Punjabi | <input type="radio"/> Thai |
| <input type="radio"/> Arabic | <input type="radio"/> French | <input type="radio"/> Ilacano | <input type="radio"/> Mandarin | <input type="radio"/> Russian | <input type="radio"/> Turkish |
| <input type="radio"/> Armenian | <input type="radio"/> German | <input type="radio"/> Italian | <input type="radio"/> Mien | <input type="radio"/> Samoan | <input type="radio"/> Vietnamese |
| <input type="radio"/> Cambodian | <input type="radio"/> Hebrew | <input type="radio"/> Japanese | <input type="radio"/> Polish | <input type="radio"/> Spanish | <input type="radio"/> Decline to State |
| <input type="radio"/> Cantonese | <input type="radio"/> Hindi | <input type="radio"/> Korean | <input type="radio"/> Portuguese | <input type="radio"/> Tagalog | <input type="radio"/> Other: |



v. Renewal Application

(Return entire page. Fold according to instructions on reverse side.)

Question 1: Continuing Dental Education

Read each statement carefully and mark the appropriate answer.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| A. Have you completed and can document 50 hours of approved continuing education in the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you completed and can document completion of a course in Basic Life Support by the AHA or ARC, PACE or CERP? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you completed the mandatory 2 hour course in Infection Control? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you completed the mandatory 2 hour course in California Dental Practice Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is this your first renewal and you are not required to have CE units? | <input type="checkbox"/> | |

Did you check **Yes** to statements "A," through "D," above, as required for active renewal?

- If **Yes**, check box "A," and box "C," below. (No CE Units are required until license is reactivated.)
- If you would like to renew **Inactive**, check box "B," below.
- If this is your **first renewal** and you are not required to have CE units, answer yes to statement "E." above and check box "A," and "C," below.

Question 2: Change of Address

Has a change of address occurred?

- If **Yes**, check Box "E," below and complete the Change of Mailing Address on the reverse side.

Question 3: Conviction Disclosure

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country? (Please read information on page 2 before answering.)

- If **Yes**, check box "F," below.
- If **No**, check box "G," below.

Question 4: Fingerprints

Have you furnished a full set of fingerprints to the Department of Justice as required by Title 16, California Code of Regulations Section 1008? (Please read information on page 2 before answering)

- If **Yes**, check box "H" below.
- If **No**, check box "I" below.

(DO NOT DETACH)

Dental Board of California – Dental License Renewal

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER JUNE 30, 2019
SHULIAK, KARYNA	DDS65268	05/31/19	\$662.00	\$987.00

LICENSEE MUST CHECK CORRECT BOXES

"A" Renew Active "B" Renew Inactive

"C" CE Completed /CE Waiver

"E" Change of Address (fill in reverse side)

"F" Conviction Disclosure – Yes

"G" Conviction Disclosure – No

"H" Fingerprint – Yes "I" Fingerprint – No

"D" SIGNATURE REQUIRED

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

RETURN ADDRESS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942511
SACRAMENTO CA 94258-0511



T6P1 *****SNGLP
KARYNA SHULIAK
6100 RED HOOK QUARTER
SUITE B-3
ST THOMAS VI 00802

T6 P1

FOLD HERE



CHANGE OF MAILING ADDRESS

SHULIAK, KARY

DDS65268

Email

Grid for email address

Street Address

Grids for street address

City

Grid for city

State

Grid for state

Zip

Grid for zip

PO Box (if used, must provide a confidential physical street address, above)

Grid for PO box

City

Grid for city

State

Grid for state

Zip

Grid for zip



Electronic Mail (Email) Address Requirement

Notice: All Dental Board applicants and licensees must report to the Board his or her electronic mail address no later than July 1, 2016.

Business and Professions Code Section 1650.1 requires all applicants and licensees of the Dental Board of California to report to the board his or her electronic mail address, and will require the board to annually send an electronic notice to each applicant and licensee that requests confirmation of the applicant's or licensee's electronic mail address.

If you have not yet submitted your electronic mail address to the board, please do so now.

To submit by email send to Dentalboard@dca.ca.gov, or to submit by fax send to (916) 263-2140. Include your full name and license number, and license type.

S T A T E O F C A L I F O R N I A



DEPARTMENT OF CONSUMER AFFAIRS

Business and Profession Code Section 114.5 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant or licensee is serving in, or has previously served in, the military. Answering this question is optional but if you have checked "YES" below, please complete and return this insert with your renewal coupon.

Are you currently serving, or have you previously served, in the military? YES

If checked YES, please return this form with your renewal, completing the information below.

Name: _____

License Type: _____

License Number: _____