



PO Box 30541
Salt Lake City UT 84130-0541

ROBERT PLOCK
6827 LATTA PKWY
DALLAS TX 75227

QUESTIONS / CONCERNS Contact 1-800-826-9781.

INTERNET: Online services are available 24 hours a day at www.umar.com.

APPEAL:

You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to "**Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546**". Refer to your current benefit booklet for information on the appeal process. If your plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring a civil action under section 502(a) of ERISA after you have exhausted the mandatory appeal levels that are described in your benefit booklet. You may supply additional information with your appeal. You may request copies (free of charge) of information relevant to your claim by contacting us at the above address.

OTHER RESOURCES TO HELP YOU

For questions about your appeal rights, this notice, or for assistance if your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-888-393-2789. Additionally, you can contact your consumer assistance program at the Texas Department of Insurance 1-855-839-2427 (1-855-TEX-CHAP).

HELP STOP FRAUD! If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself.

Refer to your benefit booklet for more details on Claim determination.



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Employee	Robert Plock
Member ID	13280912
Patient	Robert Plock
Notice Date	09-30-13
Employer Name	Convoy Servicing dba Thermo King of Dallas
Employer Number	7670-00-410892

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Christensen, William, T, MD

Patient Account: 8743119

Claim Control Number: 13267300696

Service Description	Dates of Service From:	To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
Diagnostic X-Ray	09-16-13	09-16-13	\$75.00	\$23.47	908		\$51.53	100	\$51.53	\$51.53	
Totals			\$75.00			\$0.00	\$51.53		\$51.53	\$51.53	\$0.00

Note Section

908 Provider negotiated discount. You are not responsible for this amount.

Payment To: Healthtexas Provider Network M

Payment Date: 09-30-13

Payment Amount:

\$51 .53

Benefit Period	Benefit Level	Applied To Date
01-01-13	\$1,000 In Net Ind Cal Yr Deductible	\$1,000.00 Met
01-01-13	\$3,000 In Net Fam Cal Yr Deductible	\$1,000.00
01-01-13	\$2,000 Out Net Ind Cal Yr Deductible	\$2,000.00 Met
01-01-13	\$6,000 Out Net Fam Cal Yr Deductible	\$2,000.00
01-01-13	\$3,000 In Net Ind Out-of-Pckt	\$741.54
01-01-13	\$9,000 In Net Fam Out-of-Pckt	\$741.54
01-01-13	\$5,000 Out Net Ind Out-of-Pckt	\$5,000.00 Met
01-01-13	\$15,000 Out Net Fam Out-of-Pckt	\$5,000.00