

051CETPUA1001004-00615-01  
MAMATHA K AGRAWAL MD  
200 KEISLER DRIVE STE B  
CARY NC 27518-8801

**Patient Acct #:** A5613T2075  
**Date of Service:** 12/14/2016  
**Provider:** Mamatha K. Agrawal, M.D.  
**Claim ID:** 977708507/EE/298816  
**Claim #:** 6360126343  
**Member:** Neva Smith  
**MemberID:** 977708507  
**Group:** NORTH CAROLINA'S  
HEALTH  
**Group #:** GA902728/AJ/003  
**Letter ID:** INFO001

Dear Mamatha K. Agrawal, M.D.:

We received a claim for Neva Smith for health care services on 12/14/2016. Before we can process this claim, we need information that was missing, invalid or unreadable on the submitted claim form.

**Please provide the following information:**

**Reason code and description needed**

05 - NEED ACTIVE OR VALID CPT-4/HCPSCS CODE(S) & THE DESCRIPTION(S), OR FOR ANESTHESIA, THE ASA/CPT-4 CODE CROSSWALK, TIME IN MINUTES & ANY MODIFIERS

Reason Code	Service Code	Date of Service	Charge Amount
05	99999	12/14/16	\$233.01

**Mail this letter and the requested information to:**

GREENSBORO SERVICE CENTER  
PO BOX 740800  
ATLANTA, GA 30374-0800

We suggest you keep a copy for your records.

**The claim will be held for 45 days from the date of this letter.**

This should give you the time you need to provide us with this information.

- Once we receive the information, the claim will be processed within 15 days.
- If the information is not received within 45 days, the claim will be denied.

If you have questions about this letter, please call us toll-free at 1-877-842-3210.

Sincerely,  
The UnitedHealthcare Team

