



Rec'd
9/3/24



2872

Date: 08/26/2024

Philip Rice
11268 E Linvale Dr
Aurora, CO 80014

Member Name: Philip Rice

Member ID: D5SYZR

Appeal Reference Number: PEAXWYCHFJS6

Dear Philip,

On 07/11/2024, we got an appeal asking that we cover dental services performed by Alpha Dental Care V PC on 05/09/2024.

I'm writing to let you know that we reviewed your appeal — and we've changed our original decision. We will cover this service for you as we have confirmed that the claim was denied in error as there is no record of you having work done on this tooth prior.

Additionally please be advised that the following claims you mentioned on your appeal letter 20240946124239, 20241356147356 were claims that were processed by AARP and therefore Devoted can not review those claims. Pre authorization 202404041315688 was processed by Devoted and was not a claim. The only claim that had member responsibility, AJXG7E8C7Z-1 was reprocessed and paid.

Here's what happens next.

We've updated your claim AJXG7E8C7Z-1. We'll send you an updated Explanation of Benefits soon, so you'll have a record of these changes.

If you've already paid for this service, contact Alpha Dental Care V PC for a refund. They'll give back the amount you paid, minus any copay or coinsurance you may have for this service.

Please save this letter for your records.

Devoted Health is an HMO and PPO plan with a Medicare contract.
Our D-SNPs also have contracts with State Medicaid programs.
Enrollment in our plans depends on contract renewal.

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Questions?

Please call 1-800-DEVOTED (1-800-338-6833), TTY 711. We're here from 8am to 8pm, Monday to Friday. From October 1 to March 31, we're here 8am to 8pm, 7 days a week.

Sincerely,

Shannon G.
Appeals and Grievances
Devoted Health



Non-Discrimination Notice

Devoted Health complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Devoted Health

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-338-6833** (TTY 711). This is a free service. Hours are 8am to 8pm, 7 days a week from October 1 to March 31, and 8am to 8pm Monday to Friday from April 1 to September 30.

If you believe that Devoted Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Devoted Health – Appeals & Grievances
PO Box 21327
Eagan, MN 55121
Fax: 1-877-358-0711

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, call us at **1-800-338-6833** (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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PO Box 211037
Eagan, MN 55121

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PHILIP RICE
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AURORA, CO 80014

Important Plan Information

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¡Olvídese del papel!

Visite my.devoted.com/paperless para ir a su portal virtual.