



{Date}

{First Name} {Last Name}
{Adr_Ln_1_Txt}
{Adr_Ln_2_Txt}
{Cty_Cd}, {State_Cd} {Zip_Cd}

Arizona Health Care Insurer Appeals Process Information Packet

Dear {First Name} {Last Name},

As required by the state of Arizona, the enclosed health care appeal process information packet needs to be provided to medical, dental and/or vision plan subscribers. You are receiving this packet since you did not receive it upon plan enrollment.

The packet includes important information about the process to follow should you wish to appeal a UnitedHealthcare decision to not authorize or approve a service or pay for a claim.

Please review the packet and keep it for future reference as it outlines the appeal process.

If you have questions about your plan benefits, please contact your benefits administrator (the person who manages your health care plan), or call the member phone number listed on your health plan ID card.

Sincerely,

UnitedHealthcare