

GenAm Benefits
c/o Healthcare Recoveries, Inc.
P.O. Box 37440 Dept. 0003KFGY
Louisville, KY 40233-7440

**Call 1-800-925-4892 Today
Important Claim Information Required**

February 04, 2002

[REDACTED]
Hardy, VA [REDACTED]

|||||

RE: Employee: [REDACTED]
Patient: [REDACTED]
Treatment Date: 12/19/2001
Medical Provider: Lewis Gale Medical Center
File Number: G3-227416224EE0

Dear [REDACTED]

Healthcare Recoveries, Inc. represents Great-West Life & Annuity Insurance Company, which has purchased the health business of General American Life Insurance Company. Please call us today and have your file number, listed above, ready for reference. We are contacting you so that you can provide us with information about your recent injury or illness.

Please call customer service toll-free at 1-800-925-4892

Monday - Thursday: 8:30 a.m. - 10 p.m. Eastern

Friday: 8:30 a.m. - 8 p.m. Eastern

Saturday: 8:30 a.m. - 5 p.m. Eastern

Call us regardless of how or where this injury or illness occurred. We need to hear from you as soon as possible.

Sincerely,

Cheri Hall

Manager, Customer Service Department

Note: Call our customer service representative at 1-800-925-4892 today.

GenAm Benefits products and services are offered by General American Life Insurance Company during 2000 and by Great-West Life & Annuity Insurance Company on and after January 1, 2001.

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Benefits

Medical Manager, B2-50
13045 Tescon Ferry Road
St. Louis, MO 63128
Phone: 1-800-445-2336

Date: December 11, 2001
Regarding: LAWRENCE MCELVAIN
DOB: 04/20/73
Group Name: 0006943 OIS-FIELD (SALES REPS)
Member SSN: 227-41-6224
Review Date: 12/11/01

[REDACTED]

HARDY, VA [REDACTED]

Dear [REDACTED]

We have evaluated the request for the above named patient. One Health Plan performs medical management functions on behalf of the plan, including conducting prospective reviews. Based on medical information obtained in performing this review and utilizing InterQual criteria, the services indicated below have been certified. This certification is valid for the service dates indicated.

Authorization No: S76833
Service: Outpatient Services
Setting: Outpatient
Starting Date: 12/19/01
Ending Date: 12/19/01
Total: 1 - Procedure

Please contact your Care Manager at the above listed review number prior to the ending date that this certification is valid, if any of the following situations occur:

- Patient's date(s) of service changes
- Patient changes physicians, provider or facility
- Patient requires additional days or services, not already certified above

This certification will not be valid if the coverage under the plan terminates prior to the date that services are obtained. If you have any questions regarding this letter, contact your Care Manager at the above listed review number.

The patient's eligibility for coverage is determined by the plan. Medical review does not guarantee coverage or payment. For benefits, coverage or claims information call the benefit/eligibility number listed on the patient's identification card.

cc: BERTRAM W SPETZLER, [REDACTED], Lewis Gale Hospital

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).