

UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819

Please contact UnitedHealthcare if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819



Toll free: 1.800.523.5880
Español: 1.800.822.0246
TTY: dial 711



www.myAARPMedicare.com



066REGULARBW0007006-03054-01
DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311

Benefits at a Glance

Membership Number: 058717744-11
Statement Date: March 7, 2018

Paid to Providers	Paid to You	Total Paid by Your Plans(s)
\$1,434.07	\$0.00	\$1,434.07

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

If you ever suspect insurance fraud, please call the UnitedHealthcare Fraud Hotline at 1.800.242.0453. Giving false information to any insurance company is fraud—a crime that can result in criminal and civil penalties.



Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

New York residents are served by UnitedHealthcare Insurance Company of New York

WESTSIDE INTERNAL MED
8087 N FADED LEAF DR
TUCSON, AZ 85743-5037

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 11/15/17 OFORI Doctor's office visit, long	122.50	100.56		80.12		20.44	A
Totals	\$122.50	\$100.56		\$80.12		\$20.44	

\$0.00 Your plan paid to you
\$20.44 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 73487-534195-1

Claim Processed
12/15/17

RETINA CTR
6585 N ORACLE RD STE A
TUCSON, AZ 85704-5611

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 11/08/17 WORRALL Eye exam by physician	166.00	123.93		0.00		0.00	A
Totals	\$166.00	\$123.93		\$0.00		\$0.00	

\$0.00 Your plan paid to you
\$0.00 Your plan paid to provider

Notes

A These services were already considered on claim number 73352-206914-1.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80244-206180-1

Claim Processed
01/25/18

WESTSIDE INTERNAL MED
8087 N FADED LEAF DR
TUCSON, AZ 85743-5037

Claim 80453-376698-1

**Claim Processed
02/15/18**

CARONELET MED GRP
PO BOX 204539
DALLAS, TX 75320-4539

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/24/18 LEVINE Scope surgery to repair hernia	1,076.00	641.72	7.98	506.99		126.75	A
F 01/24/18 Pt B deductible						7.98	B
Totals	\$1,076.00	\$641.72	\$7.98	\$506.99		\$134.73	

\$0.00 Your plan paid to you
\$134.73 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B** Your Plan paid the amount that was applied to the Medicare Part B deductible on this claim.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80504-564867-1

**Claim Processed
02/20/18**

CARONDELET ST MARYS
PO BOX 204702
DALLAS, TX 75320-4702

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/24/18 LEVINE Scope surgery to repair hernia	64,978.30	5,326.21		4,415.82		910.39	A
Totals	\$64,978.30	\$5,326.21		\$4,415.82		\$910.39	

\$0.00 Your plan paid to you
\$910.39 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80597-206453-1

**Claim Processed
03/01/18**

SEAN J MCCAFFERTY
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 02/08/18 LEVINE Eye exam by physician	220.00	121.21		96.97		24.24	A
F 02/08/18 LEVINE Photos of back of the eye	160.00	54.96		43.97		10.99	A
F 02/08/18 LEVINE Eye exam with anesthesia	75.00	25.84		20.67		5.17	A
Totals	\$455.00	\$202.01		\$161.61		\$40.40	

\$0.00 Your plan paid to you
\$40.40 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 80612-376626-1

**Claim Processed
03/03/18**

CARONELET MED GRP
PO BOX 204539
DALLAS, TX 75320-4539

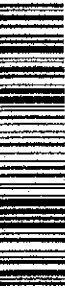
Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 02/09/18 HABIBZAD Doctor's office visit, long	354.00	138.96		111.17		27.79	A
Totals	\$354.00	\$138.96		\$111.17		\$27.79	

\$0.00 Your plan paid to you
\$27.79 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim



UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) does not treat members differently because of sex, age, race, color, disability, or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call 1-800-523-5800, TTY 711, Monday through Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m. EST.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services

200 Independence Avenue, SW Room 509F
HHH Building, Washington, DC 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-523-5800, TTY 711, Monday through Friday, 7 a.m. to 11 p.m., and Saturday, 9 a.m. to 5 p.m. EST.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-800-523-5800.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-523-5800.

請注意: 如果您說**中文 (Chinese)**, 我們免費為您提供語言協助服務。請致電: 1-800-523-5800.

XIN LƯU Ý: Nếu quý vị nói **tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-523-5800.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-523-5800 번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-800-523-5800.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по номеру 1-800-523-5800.

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127IMBREGULARBW0002018-04302-01

DR JOSEPH G CALDWELL

1432 N CAMINO MATEO

TUCSON AZ 85745-3311



Benefits at a Glance

Membership Number: 058717744-11

Statement Date: May 6, 2019

Paid to Providers	Paid to You	Total Paid by Your Plans(s)
\$247.67	\$0.00	\$247.67

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

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Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/02/19 HABIBZAD Doctor's office visit, long	369.00	144.94		115.95		28.99	A
F 04/02/19 HABIBZAD Heart test (EKG)	53.00	14.80		11.84		2.96	A
Totals	\$422.00	\$159.74		\$127.79		\$31.95	

\$0.00 Your plan paid to you
\$31.95 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91083-376121-1

Claim Processed
04/20/19

TUCSON PHYS GRP HOLDINGS LLC
PO BOX 22224
BELFAST, ME 04915-4473

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/02/19 HABIBZAD Ultrasound of heart	676.00	205.59		164.47		41.12	A
Totals	\$676.00	\$205.59		\$164.47		\$41.12	

\$0.00 Your plan paid to you
\$41.12 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91092-306638-1

Claim Processed
04/24/19

ARIZONA STATE RADIOLOGY
PO BOX 27008
SALT LAKE CTY, UT 84127-0008

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/02/19 BERNER ER visit, doctor services	602.00	62.05		49.64		12.41	A
Totals	\$602.00	\$62.05		\$49.64		\$12.41	

\$0.00 Your plan paid to you
\$12.41 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91155-414439-1

Claim Processed
04/30/19

CARONDELET ST MARYS
PO BOX 204702
DALLAS, TX 75320-4702

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/02/19 BERNER Doctor visit, ER	6,108.80	487.86		390.28		97.58	A
Totals	\$6,108.80	\$487.86		\$390.28		\$97.58	

\$0.00 Your plan paid to you
\$97.58 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91158-206028-1

Claim Processed
04/29/19

SEAN J MCCAFFERTY MD PC
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/12/19 SONORA Q Cholesterol testing	69.93	0.00		0.00		0.00	A
Totals	\$69.93	\$0.00		\$0.00		\$0.00	

\$0.00 Your plan paid to you

\$0.00 Your plan paid to provider

Notes

- A** Your Plan did not pay a benefit for this service because Medicare did not approve the charge. If there is an amount in the Amount Charged column, you may be billed by your provider for this service. If there is no amount or .01 in the Amount Charged column, you may disregard.

Comments about your claim

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219IMBREGULARBW0004004-08027-01

DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311



Benefits at a Glance

Membership Number: 058717744-11
Statement Date: August 7, 2019

Paid to Providers	Paid to You	Total Paid by Your Plan(s)
\$70.43	\$0.00	\$70.43

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

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Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 04/25/19 FANG Remove abnormal skin	98.28	55.23		44.18		11.05	A
F 04/25/19 FANG Remove abnormal skin	25.16	14.25		11.40		2.85	A
F 04/25/19 FANG Doctor's office visit	67.13	38.04		30.43		7.61	A
Totals	\$190.57	\$107.52		\$86.01		\$21.51	

\$0.00 Your plan paid to you
 \$21.51 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 91622-206869-1

**Claim Processed
06/14/19**

WESTSIDE INTERNAL MED
 8087 N FADED LEAF DR
 TUCSON, AZ 85743-5037

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost-Share	Your Plan Paid	Items & Notes
F 04/11/19 OFOR Doctor's office visit, long	122.50	108.16		86.53		21.63	A
F 04/11/19 OFOR Wellness visit	145.00	115.85		115.85		0.00	B A
Totals	\$267.50	\$224.01		\$202.38		\$21.63	

\$0.00 Your plan paid to you
 \$21.63 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

B Your Plan did not pay a benefit because Medicare paid the full Medicare Approved Amount.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.



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330IMBREGULARB1W0004007-05904-01

DR JOSEPH G CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311



Benefits at a Glance

Membership Number: 058717744-11
Statement Date: November 26, 2019

Paid to Providers	Paid to You	Total Paid by Your Plan(s)
\$291.52	\$0.00	\$291.52

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

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Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 08/06/19 ROSENLOF Eye exam by physician	220.00	126.12		0.00		0.00	A
Totals	\$220.00	\$126.12		\$0.00		\$0.00	

\$0.00 Your plan paid to you

\$0.00 Your plan paid to provider

Notes

A These services were already considered on claim number 92390-216990-1.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 92803-206306-1

**Claim Processed
10/10/19**

WESTSIDE INTERNAL MED
8087 N FADED LEAF DR
TUCSON, AZ 85743-5037

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 08/13/19 OFORI Doctor's office visit, long	122.50	108.16		86.53		21.63	A
Totals	\$122.50	\$108.16		\$86.53		\$21.63	

\$0.00 Your plan paid to you

\$21.63 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 92816-794806-1

**Claim Processed
10/11/19**

CARONDELET ST MARYS
PO BOX 741077
LOS ANGELES, CA 90074-1077

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 10/04/19 HABIBZAD Doctor's office visit, long	274.00	108.16		86.53		21.63	A
F 10/04/19 HABIBZAD Heart test (EKG)	53.00	16.88		13.50		3.38	A
Totals	\$327.00	\$125.04		\$100.03		\$25.01	

\$0.00 Your plan paid to you

\$25.01 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 93138-206468-1

Claim Processed
11/13/19

SEAN J MCCAFFERTY MD PC
6422 E SPEEDWAY BLVD STE 100
TUCSON, AZ 85710-1151

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 10/07/19 ROSENLOF Eye exam by physician	155.00	87.90		70.32		17.58	A
F 10/07/19 ROSENLOF Eye scan to detect disease	90.00	34.13		27.30		6.83	A
F 10/07/19 ROSENLOF Exam to check field of vision	115.00	63.76		51.01		12.75	A
F 10/07/19 ROSENLOF Detailed eye exam by doctor	115.00	27.64		22.11		5.53	A
Totals	\$475.00	\$213.43		\$170.74		\$42.69	

\$0.00 Your plan paid to you

\$42.69 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim