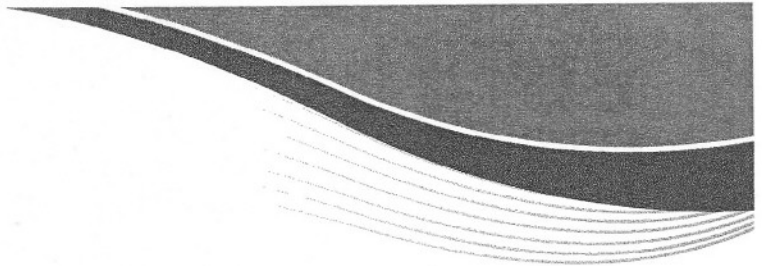




115 W. Wausau Ave
P.O. Box 8023
Wausau, WI 54402-8023



BAYLOR MEDICAL CENTER FOR UPTOWN
2727 E LEMMON AVENUE
DALLAS TX 75204

January 16, 2014

Patient: Robert Plock
Date of Birth: 07/26/68
ID#: 13280912
Employer: Convoy Servicing Comp
CC#: 13281359761

COPY

We have received your claim for BMP (CPT 20930). In order to provide a thorough review, we are requesting additional information (see the enclosed document that outlines the information needed).

Date of Service: 9/26/13

Charges: \$29,293.25

Under the Plan's claim procedures, a decision on your claim is required to be made within 30 days of receipt of your claim. However, in order for us to complete our review of this claim, you must submit the requested additional information within 45 days of your receipt of this notice. The requested information must be submitted to UMR no later than 3/7/14, or no further action will be taken on this claim.

When this information is received, the claim will be reviewed. If UMR's medical staff is unable to make a determination based on the clinical information provided, the case may be referred to an independent peer review physician. Please be advised that this referral process may result in a delay in obtaining the final determination for this case.

Please mail or fax the requested information to:

UMR
P.O. Box 8023
Wausau, WI 54402-8023
Or, for overnight mail delivery
115 W. Wausau Avenue
Wausau, WI 54401
Fax: 877-291-3247

Thank you for your prompt attention to this request.

Sincerely,

Kathryn M/kb
Claim Consult Unit
Claim Services

CC: Robert Plock