UnitedHealthcare of NC DOI Settlement
c/o Epiq
P.O. Box 2312
Portland, OR 97208-2312

<<Mail ID>>
<<Name 1>>
<<Name 2>>
<<Address 1>>
<<Address 2>>
<<Address 3>>
<<Address 4>>
<<Address 5>>
<<City>><<State>><<Zip>>
<<Country>>

<<Mailing Date>>

Unique ID: <<Unique_ID>>

PIN: <<PIN>>

RESPONSE TO THIS LETTER MUST BE POSTMARKED BY NOVEMBER 4, 2025.

THIS IS NOT A BILL. PLEASE REVIEW CAREFULLY.

Subject: Your claim for out-of-network services

Dear <<Name1>>,

As a result of an examination conducted by the Market Regulation Division of the North Carolina Department of Insurance, we are writing because our records indicate that you received medical services from the provider, or providers, as reflected on the enclosed listing of claim(s). These providers were not in United's network at that time. Providers therefore may not have accepted our payment as payment in full for the services you received. We want to ensure that you did not pay these providers any amount above what is required under your benefit plan and North Carolina law.

You may have received a bill from providers and paid some or all of the difference between the providers' billed charge and the amount United covered under your benefit plan (known as the "allowed amount"). If you received a bill from providers and paid an amount other than your copayment, coinsurance, or deductible to providers for services provided on the enclosed listing of claim(s), you may be entitled to reimbursement from United for amounts you paid in excess of your copayment, coinsurance, or deductible under your benefit plan.

If you paid an amount other than your copayment, coinsurance, or deductible to providers for services provided on the enclosed listing of claim(s), please submit the enclosed Claim Form and all required supporting information in the enclosed self-addressed, postage-prepaid envelope within 90 days of the date of this letter. The required supporting information includes the following:

- A copy of the enclosed Claim Form.
- A copy of the corresponding itemized bill from the provider. It should identify the patient, service code(s) or description(s), date(s) of service, and amount(s) of the charge(s).
- Proof of payment. This may include the following: canceled check, bank statement, credit card statement, receipt from the provider, provider letter, or another form of verifiable proof that reflects the payment(s) you made.
- A copy of any communications between you and the provider regarding the bill.

You may also submit your claim online by visiting the following website: UHCNCVoluntarySettlement.com. If you submit your claim online, you will need to provide the Unique ID and PIN listed at the top of this letter.

Please note that any claim eligible for reimbursement is subject to the same coverage terms, conditions, and exclusions that applied to the original claim.

FOR MORE INFORMATION, PLEASE CALL 1 (888) 857-4845 OR VISIT WWW.UHCNCVOLUNTARYSETTLEMENT.COM

If the provider(s) has (have) taken any action to pursue collection of an outstanding bill, **please contact Epiq, the Administrator assisting us with this process, immediately at 1 (888) 857-4845. We are here to help.**

If you have questions about your claims or need help with this process, please call Epiq at 1 (888) 857-4845, or visit the following website: UHCNCVoluntarySettlement.com. Epiq will assist you in submitting a claim if you are entitled to one.

We value you as a member and apologize for any inconvenience.

Sincerely,

UnitedHealthcare of North Carolina, Inc. and
UnitedHealthcare Insurance Company