

Attn: UnitedHealthcare VBR Risk Dispute Team

Re: COSMOS delegated claim reconsideration submission

We recently received the following COSMOS claim and additional information that UnitedHealthcare forwarded to us. However, we believe the health plan is responsible for this claim. This is a reconsideration request asking you to review your decision that we are responsible for the claim. We're securely emailing this claim to **delegatedclaims\_resolution@uhc.com** for review. Enclosed is a PDF copy of the claim we received. Thank you.

Claim type (professional/hospital):	
Product type (medical- transplant, behavioral, dental, vision, etc.):	
ICN (10 bytes):	
FLN (15 bytes):	
UnitedHealthcare received date (YYYY/MM/DD):	
Member ID:	
Member last name:	
Member first name:	
Date of service from (YYYY/MM/DD):	
Date of service to (YYYY/MM/DD):	
Delegate Payer ID (5 bytes):	
Billed amount:	
Reason for reconsideration (brief description 200 characters or less):	