



# CARELINK HEALTH PLANS

*A Coventry Health Care Plan*

APRIL 19, 2007

STENGER, CHRISTINE  
163 BELLO VEDERE AVE.  
WHEELING, WV 26003-9319

RE:	STENGER, CHRISTINE	ID# :	850432674*02
MRN#:	3205594	AUTH# :	245138
PROVIDER NAME:	WEST PENN HOSPITAL		
FROM DATE:	05/18/07	TO DATE:	

## AUTHORIZATION NOTIFICATION

Based on information from your physician, the following service(s) has/have been authorized, for the above named member for the above dates of service:

### INPATIENT

RECON MIDFACE LEFORT 1 SINGLE W/O BONE GRAFT  
RECON MANDIB W RIGID FIXATION  
OSTEOTOMY WITH GENIOGLOSSUS ADVANCEMENT  
SEPTOPLASTY OR SUBMUCOUS RESECT W OR W/O SCORING, CONTOUR OR REPLACEMENT GRAFT  
EXCISION INFERIOR TURBINATE PART OR COMPLETE ANY METHOD

Any additional service may require a separate authorization. Authorization only verifies that the requested service meets the benefit plan's definition of medical necessity and is not a guarantee of payment. Whether the requested service is covered by the health plan is subject to all of the terms and conditions of your benefit plan, including but not limited to, member eligibility and benefit coverage at the time the services are provided. All co-pays and deductibles, outlined in your benefit plan, apply. If the benefit plan ultimately denies coverage for the services requested, you will be notified in writing of the reason for the denial of coverage and how you may appeal the denial.

If you have any questions regarding this authorization, please contact Member Services at the number listed on your member identification card.

CARELINK HEALTH PLANS, INC

HMO products are underwritten by Carelink Health Plans, Inc. PPO products are underwritten by Coventry Health and Life Insurance Company and administered by Carelink Health Plans, Inc. 'Members' include covered individuals of Coventry Health and Life Insurance Company administered by Carelink Health Plans, Inc.

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