

March 28, 2023

Thomas J Price
17358 W 93rd Place
Lenexa KS 66219

CLAIMANT: Thomas Price
POLICY NO.: UDG4209341
CLAIM NO.: A797816

Dear Mr. Price:

Thank you for your participation in our recent functional assessment interview. Based upon the information obtained by the assessing nurse, you do not appear to meet your long-term care policy's benefit eligibility requirements.

Due to the COVID-19 outbreak, and in light of concerns for your health and the health of others, we conducted a telephonic assessment in lieu of an in-person assessment to evaluate your eligibility under the policy provisions. **Please note, your claim has not been formally declined;** however, based on the information we have received we are unable to approve your claim at this time. If you do not agree with the above decision, you may ask for a review. All written requests should include any additional information you think would be helpful. This should include the names, addresses and telephone numbers of medical providers from which you have received care, treatment, services, equipment, or other items. We will respond promptly, and our decision will be in writing.

Please read this letter closely, as it discusses your options for a further review of your claim.

Your Policy Requirements and Additional Information about Eligibility:

Please refer to page eight (8) of your policy, wherein the **Benefit Provisions** state the policy conditions on **Eligibility for The Payment of Benefits** as follows:

"For an Insured Person to be eligible for Benefits provided by the policy we must receive ongoing proof, including a Current Eligibility Certification, which demonstrates, based on information from care providers, personal physicians, and other Licensed Health Care Practitioners, that the covered care is needed due to the Insured Person continually:

- being unable to perform, without Substantial Assistance (either Standby Assistance or Hands-on Assistance) from another individual, at least two (2) Activities of Daily



Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; **or**

- requiring Substantial Supervision to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

A **Current Eligibility Certification** is a Licensed Health Care Practitioner's written certification, made within the preceding 12-month period, that the Insured Person meets the above requirements."

Your policy recognizes the following Activities of Daily Living as benefit triggers: Bathing, Dressing, Eating, Continence, Toileting and Transferring. You may refer to the definitions of these terms on page Five (5) of the policy. Additionally, the terms Severe Cognitive Impairment and Substantial Supervision are defined on page Nine (9) of the policy, should you wish to review the contract.

Your Functional Assessment Results:

In order to evaluate your care needs and cognitive status, a nurse from CareScout conducted a Telephonic/Functional assessment with you on March 01, 2023. The results from the assessment indicate that you can independently perform all of the policy-defined Activities of Daily Living listed above. Also, the results reflect that you do not require a qualifying level of supervision due to being cognitively impaired.

As stated above, your assessment results do not indicate that you meet the eligibility requirements of your policy. If you agree with the finding of the assessment, no further action is necessary on your part, and we will automatically close your claim and send a letter explaining our denial.

What To Do If You Do Not Agree With The Assessment Results:

If you believe that the assessment results do not provide an accurate reflection of your eligibility for benefits under your policy, you may complete the relevant information requested on the enclosed **Additional Information for Eligibility Form**. Doing so allows us to contact the caregivers and/or medical providers that are familiar with your care needs to obtain medical records and additional insight into your current situation. You can provide the contact information by completing the form and mailing it back to us.

In order to obtain information from your caregivers and/or medical providers, we will require the enclosed **Health Information Authorization** form to be signed and dated. Please note, if someone other than you signs this form, please attach a copy of the legal document authorizing that person to conduct business on your behalf.

We will keep your claim open for 30 days from the date of this letter to allow you the opportunity to provide us with additional information. If you submit the **Additional Information for Eligibility Form** within the next 30 days, we will request additional information from those contacts and evaluate whether you satisfy the eligibility requirements of your policy.

