

## TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

Texas insurance code<sup>1</sup> sets forth specific requirements for the release of claims information by Health insurance issuers upon written request of a plan, plan administrator, or plan sponsor. The information presented within this report is provided in accordance with Texas insurance code.

**Section I:**

- For claims that are not part of this report, the number of pre-certification requests for hospital stays of 5 days or longer that were made during the 30-day period preceding this report.

**Section II:**

- Monthly aggregate Premium and Paid Claims
- Total covered Employees by Coverage Tier, on a monthly basis

**Section III:**

- Individual Claimants<sup>2</sup> with paid amounts of \$15,000 in the most current 12-month period

The following Additional Information <sup>2</sup> is available upon request, subject to Conditions for Release:

Large Claim Information	Conditions for Release
Additional Information <sup>2</sup> , including prognosis or recovery case, management information, future expected cost and treatment plans that relate to the claims for those individuals whose total paid claims exceeded \$15,000 during the preceding 12 month period.	In accordance with provisions of the state statute, a request for Additional Information may be made subsequent to the receipt of Individual Claimant (section III) information. The written request must come from the plan, plan administrator, or plan sponsor, and be received by the insurer no later than the 10th day following receipt of the initial Individual Claimant information.

<sup>1</sup> Texas insurance code: Section 1. Subtitle A, Title 8, Chapter 1215. Enacted Sep 1, 2007, compliance date Jan 1, 2008.

<sup>2</sup> A plan sponsor is entitled to receive protected health information under Subsections C (5) and (6) and Section 1215.04 only after an appropriately authorized representative of the plan sponsor makes to the health insurance issuer a certification. **PLEASE CONTACT your UnitedHealthcare account representative for additional information on an acceptable Certification.**

## TEXAS - MANDATED REPORTING FOR INSURED BUSINESS

### Section I, II: Hospital Pre-Certification, Premium, Claims, Enrollment

Customer Name:

Policy Number:

Reporting Period

Processed (paid) Dates: Jan 2006 - Dec 2008

Service (incurred) Dates: Jan 2006 - Dec 2008

Date of Information Request:	1/15/09
Receipt Date of Information Request:	1/15/09
Receipt Date of HIPAA Certification:	1/15/09
Date of Report Production:	2/2/09

#### Section I:

For claims that are not part of this report, the number of pre-certification requests for hospital stays of 5 days or longer that were made during the 30-day period preceding the Reporting Period last Processed (paid) Date	0
--	---

#### Section II:

Bill/Book Year/Month	Restated Billed Premium	Total Payments	Single Subscribers	Subscribers plus Spouse	Subscribers plus Child/Children	Subscribers plus Family	Total Subscribers	Positively Enrolled Dependents	Total Members
2006-01	\$0	\$3,580	34	11	7	12	64	59	123
2006-02	(\$111)	\$14,687	35	11	8	11	65	58	123
2006-03	(\$798)	\$19,376	35	11	7	11	64	57	121
2006-04	\$37,116	\$20,691	35	12	7	10	64	56	120
2006-05	\$37,128	\$31,988	35	11	8	10	64	58	122
2006-06	\$38,145	\$85,680	36	11	10	11	68	62	130
2006-07	\$38,482	\$29,021	36	11	10	11	68	62	130
2006-08	\$38,771	\$54,262	37	11	10	11	69	62	131
2006-09	\$38,990	\$28,354	37	11	12	11	71	64	135
2006-10	\$39,659	\$36,768	38	12	12	11	73	64	137
2006-11	\$40,548	\$46,702	39	12	12	11	74	64	138
2006-12	\$40,573	\$64,728	38	12	12	11	73	65	138
2007-01	\$42,110	\$102,496	38	13	13	11	75	68	143
2007-02	\$41,819	\$28,470	38	13	13	11	75	66	141
2007-03	\$41,851	\$99,293	37	13	13	11	74	66	140
2007-04	\$43,182	\$32,380	36	14	13	12	75	71	146
2007-05	\$44,477	\$108,052	37	14	14	12	77	74	151
2007-06	\$50,208	\$38,346	37	14	15	10	76	73	149
2007-07	\$51,752	\$83,925	39	15	14	10	78	71	149
2007-08	\$52,992	\$57,725	39	16	15	10	80	74	154
2007-09	\$55,098	\$91,209	43	15	17	10	85	77	162
2007-10	\$56,780	\$68,037	43	15	17	11	86	82	168
2007-11	\$57,342	\$74,073	42	15	17	12	86	86	172
2007-12	\$57,637	\$99,597	41	16	17	12	86	87	173
2008-01	\$56,770	\$62,397	40	15	16	13	84	86	170
2008-02	\$57,914	\$33,899	40	15	16	14	85	90	175
2008-03	\$58,601	\$64,953	41	15	16	14	86	90	176
2008-04	\$57,668	\$168,774	43	15	15	13	86	84	170
2008-05	\$58,183	\$306,731	43	16	15	13	87	85	172
2008-06	\$73,903	\$40,923	44	15	13	13	85	80	165
2008-07	\$73,850	\$75,412	44	15	13	13	85	79	164
2008-08	\$71,142	\$70,182	42	15	13	12	82	77	159
2008-09	\$68,327	\$52,152	41	15	14	12	82	71	153
2008-10	\$66,801	\$63,821	38	14	15	11	78	71	149
2008-11	\$67,264	\$74,942	39	14	15	11	79	71	150
2008-12	\$68,118	\$89,141	41	14	15	11	81	71	152
Total	\$1,722,292	\$2,422,769	1,401	487	469	413	2,770	2,581	5,351

Prem, Claim, Enrollee

**TEXAS - MANDATED REPORTING FOR INSURED BUSINESS**

**Section III: Individual Claimants - Paid Claims >\$15,000**

Customer Name:

Policy Number:

Reporting Period

Processed (paid) Dates:

Jan 2008 - Dec 2008

Service (incurred) Dates:

Jan 2008 - Dec 2008

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law.

Claimant ID	1	Amount Paid	\$486,345
-------------	---	-------------	-----------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
485	BRONCHOPNEUMONIA ORG NOS	11100	BIOPSY OF SKIN LESION	1/1/08
486	PNEUMONIA, ORGANISM UNSPECIFIED	11403	REMOVAL OF SKIN LESION	1/2/08
490	BRONCHITIS NOS	31231	NASAL ENDOSCOPY DX	1/3/08
1760	SKIN - KAPOSIS SARCOMA	31575	DIAGNOSTIC LARYNGOSCOPY	1/4/08
1769	KAPOSIS SARCOMA-SITE NOS	31605	INCISION OF WINDPIPE	1/5/08
2410	NONTOX UNINODULAR GOITER	31624	DX BRONCHOSCOPE/LAVAGE	1/6/08
3699	VISUAL LOSS NOS	36415	DRAWING BLOOD	1/7/08
3829	OTITIS MEDIA NOS	38207	TPLNT PREP HEM PROGNTN	1/14/08
4240	MITRAL VALVE DISORDER	38221	BONE MARROW BIOPSY	1/19/08
4293	CARDIOMEGALY	38240	BONE MARROW/STEM TRANSPL	1/21/08
4739	CHRONIC SINUSITIS NOS	38242	BN MARRW STEM CELL TPLT	1/22/08
5183	PULMONARY EOSINOPHILIA	70486	CAT SCAN OF FACE JAW	1/23/08
7850	TACHYCARDIA NOS	70491	CONTRAST CAT OF NECK TIS	1/28/08
7931	ABN FINDINGS-LUNG FIELD	70553	MAGNETIC IMAGE BRAIN	1/31/08
20000	RETICULOSARC-EXTRNOD/NOS	71010	CHEST X-RAY	2/1/08
20010	LYMPHOSARC-EXTRANODL/NOS	71020	CHEST X-RAY	2/4/08
20018	LYMPHOSARCOMA MULT	71260	CONTRAST CAT SCAN OF CHE	2/5/08
20070	LCL UNS SITE EXTRANODAL&SOLID ORGAN	72193	CONTRAST CAT SCAN OF PEL	2/8/08
20078	LARGE CELL LYMPHOMA NODES MX SITES	74160	CONTRAST CAT SCAN OF ABD	2/11/08
20280	LYMPHOMA NEC-EXTRNOD/NOS	76499	RADIOGRAPHIC PROCEDURE	2/14/08
36840	VISUAL FIELD DEFECT NOS	76536	US EXAM OF HEAD AND NECK	2/18/08
37515	TEAR FILM INSUFFIC NOS	78000	THYROID SINGLE UPTAKE	2/19/08
37700	PAPILLEDEMA NOS	78815	TUMOR IMAG PET W/CNRRNT CT; SKUL BASE MID THI	2/20/08
37921	VITREOUS DEGENERATION	80053	EXECUTIVE PROFILE	2/21/08
38110	CHR SEROUS OM SIMP/NOS	82784	ASSAY GAMMAGLOBULIN IGM	2/23/08
38181	DYSFUNCT EUSTACHIAN TUBE	82785	ASSAY GAMMAGLOBULIN IGE	2/25/08
38860	OTORRHEA NOS	83912	GENETIC EXAMINATION	2/28/08
51881	AC RESPIRATORY FAILURE	84155	ASSAY PROTEIN	3/3/08
51889	OTHER LUNG DISEASE NEC	84165	PROT; ELECTROPHOR FRACT&QUAN SERUM	3/6/08
72981	SWELLING OF LIMB	85025	AUTOMATED HEMOGRAM	3/10/08
78609	RESPIRATORY ABNORM NEC	85097	BONE MARROW INTERPRETATI	3/13/08
99685	COMPL MARROW TRANSPLANT	86360	T CELL RATIO	3/14/08
99999	OTHER DIAGNOSES	86592	BLOOD SEROLOGY QUALITAT	3/17/08
V0261	HEPATITIS B CARRIER	86790	VIRUS NOT SPECIFIED	3/23/08

Claimant ID	1	Amount Paid	\$486,345
-------------	---	-------------	-----------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		86885	COOMBS TEST	3/24/08
		87040	BLOOD CULTURE FOR BACTER	3/25/08
		87070	CULTURE SPECIMEN BACTER	3/26/08
		87081	BACTERIA CULTURE SCREEN	4/1/08
		87102	FUNGUS ISOLATION CULTURE	4/2/08
		87118	MYCOBACTERIA IDENTIFICAT	4/8/08
		87206	SMEAR STAIN INTERPRET	4/9/08
		87207	SMEAR STAIN INTERPRET	4/16/08
		87220	TISSUE EXAM FOR FUNGI	4/23/08
		87252	VIRUS INOCULATION FOR TE	4/30/08
		87340	INFECT DET ENZ HEPATITIS B	5/5/08
		87449	INFECT DET ENZ MULTI UNSPEC	5/16/08
		87497	INFECT DET CYTOMEGALOVIRU QUAN	5/19/08
		88108	CYTOPATHOLOGY	5/20/08
			FLOW CYTOMETRY INTRPRTTN; 9 TO 15	
		88188	MARKERS	5/21/08
		88291	CYTO/MOLECULAR REPORT	5/28/08
		88305	TISSUE EXAM BY PATHOLOGI	5/29/08
		88311	DECALCIFY TISSUE	6/2/08
		88312	SPECIAL STAINS	6/5/08
		88313	SPECIAL STAINS	6/10/08
		88342	IMMUNOCYTOCHEMISTRY	6/12/08
		89051	BODY FLUID CELL COUNT	6/18/08
		89240	UNLISTED MISC PATHOLOGY TEST	6/19/08
		90767	IV NFS THER PROPH/DX ADDL SEQL NFS >1 HR	6/24/08
		90775	THER PROPH DIAG INJ ADD-ON	6/25/08
		91000	ESOPHAGEAL INTUBATION	6/26/08
		92082	VISUAL FIELD EXAMINATION	6/27/08
		92135	OPHTHALMIC DX IMAGING	6/30/08
		92504	EAR MICROSCOPY EXAMINATI	7/9/08
		93010	ELECTROCARDIOGRAM REPORT	7/14/08
		93307	ECHO EXAM OF HEART	7/29/08
		93320	DOPPLER ECHO EXAM HEART	7/30/08
		93325	DOPPLER COLOR FLOW	7/31/08
		93971	EXTREMITY STUDY	8/3/08
		94060	BRONCHODILAT RESPN PRE&POST DILAT	8/6/08
		94240	RESIDUAL LUNG CAPACITY	8/7/08
		94720	MONOXIDE DIFFUSING CAPAC	8/13/08
		95060	EYE ALLERGY TESTS	8/18/08
		96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	8/20/08
			CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST	
		96413	SBST/DR	8/25/08
		96415	CHEMO, IV INFUSION, ADDL	8/27/08
			CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS	
		96417	PMP	8/28/08
		96549	CHEMOTHERAPY UNSPECIFIE	
		99205	OFFICE/OUTPATIENT VISIT	
		99211	OFFICE/OUTPATIENT VISIT	
		99212	OFFICE/OUTPATIENT VISIT	
		99213	OFFICE/OUTPATIENT VISIT	
		99214	OFFICE/OUTPATIENT VISIT	
		99215	OFFICE/OUTPATIENT VISIT	
		99232	SUBSEQUENT HOSPITAL CARE	
		99238	HOSPITAL DISCHARGE DAY	
		99241	OFFICE CONSULTATION	
		99245	OFFICE CONSULTATION	
		99252	INPATIENT CONSULTATION	
		99285	EMERGENCY DEPT VISIT	
		99291	CRITICAL CARE FIRST HOU	
		A4750	BLOOD TUBING; ARTERIAL O	
		E0781	AMBULATORY INFUSION PUMP	
		G0364	BN MARROW ASPIR PRFRM BX SAME INCI	
		J1100	INJECTION DEXAMETHASON	

Claimant ID	1	Amount Paid	\$486,345
-------------	---	-------------	-----------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		J1200	INJECTION DIPHENHYDRAM	
		J2405	ODANSETRON HYDROCHLORID	
		J9001	DOXORUBICIN HCL 10 MG	
		J9040	BLEOMYCIN SULFATE (BLEN	
		J9265	PACLITAXEL 30 MG	

**TEXAS - MANDATED REPORTING FOR INSURED BUSINESS**

**Section III: Individual Claimants - Paid Claims >\$15,000**

Customer Name:

Policy Number:

Reporting Period

Processed (paid) Dates: Jan 2008 - Dec 2008

Service (incurred) Dates: Jan 2008 - Dec 2008

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law.

<b>Claimant ID</b>	<b>2</b>	<b>Amount Paid</b>	<b>\$101,313</b>
--------------------	----------	--------------------	------------------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
496	CHR AIRWAY OBSTRUCT NEC	73130	X-RAY EXAM OF HAND	1/1/08
2809	IRON DEFIC ANEMIA NOS	90921	ESRD RELATED SERVICES, M	1/2/08
3540	CARPAL TUNNEL SYNDROME	90935	HEMODIALYSIS ONE EVALUA	1/3/08
4240	MITRAL VALVE DISORDER	91000	ESOPHAGEAL INTUBATION	1/4/08
5856	END STAGE RENAL DISEASE	93307	ECHO EXAM OF HEART	1/7/08
7295	PAIN IN LIMB	93320	DOPPLER ECHO EXAM HEART	1/25/08
7820	SKIN SENSATION DISTURB	93325	DOPPLER COLOR FLOW	2/1/08
7852	CARDIAC MURMURS NEC	95870	NEEDLE ELECTROMYOGRAPHY	2/18/08
25001	DIABETES UNCOMPL TYPE I	95900	MOTOR NERVE CONDUCTION T	2/22/08
25002	DM UNCOMP TYP II UNCNTRD	95903	MOTOR NERVE CONDUCTION T	2/27/08
25040	DIAB RENAL MANIF TYPE II	95904	SENSE NERVE CONDUCTION T	3/1/08
28521	ANEMIA- IN CHRONIC KIDNEY DISEASE	99205	OFFICE/OUTPATIENT VISIT	3/14/08
32723	OBSTRUCTIVE SLEEP APNEA ADULT/PEDI	99213	OFFICE/OUTPATIENT VISIT	3/27/08
		99214	OFFICE/OUTPATIENT VISIT	3/31/08
		99215	OFFICE/OUTPATIENT VISIT	4/1/08
		99244	OFFICE CONSULTATION	4/7/08
		A4253	BLOOD GLUCOSE TEST; HOME	4/15/08
		A4256	CALIBRATOR SOLUTION/CHIP	4/18/08
		A4258	SPRING-POWER LANCET	4/25/08
		A4259	LANCETS	4/27/08
		E0607	BLOOD GLUCOSE MONITOR	5/1/08
		E1390	OXYGEN CONCENTRATOR EQUIV	5/5/08
				5/27/08
				5/29/08
				6/1/08
				6/13/08
				6/27/08
				7/1/08
				7/11/08
				7/27/08
				8/1/08
				8/8/08
				8/27/08
				8/29/08
				9/1/08

Claimant ID	2	Amount Paid	\$101,313
-------------	---	-------------	-----------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
				9/10/08
				9/27/08
				10/1/08
				10/3/08
				10/27/08
				11/1/08
				11/21/08
				12/19/08

**TEXAS - MANDATED REPORTING FOR INSURED BUSINESS**

**Section III: Individual Claimants - Paid Claims >\$15,000**

Customer Name:

Policy Number:

Reporting Period

Processed (paid) Dates:

Jan 2008 - Dec 2008

Service (incurred) Dates:

Jan 2008 - Dec 2008

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law.

Claimant ID	3	Amount Paid	\$84,897
-------------	---	-------------	----------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
2899	BLOOD DISEASE NOS	36415	DRAWING BLOOD	5/21/08
4011	BENIGN HYPERTENSION	36514	TX APHERES; PLASMA PHERE	5/28/08
5819	NEPHROTIC SYNDROME NOS	36556	INSRT TUNNL CVC NO PORT/PUMP; >5 YR	9/12/08
5831	MEMBRANOUS NEPHRITIS NOS	70450	CAT SCAN OF HEAD OR BRAI	9/15/08
5851	CHRONIC KIDNEY DISEASE, STAGE I	70553	MAGNETIC IMAGE BRAIN	9/17/08
5990	URIN TRACT INFECTION NOS	71020	CHEST X-RAY	9/18/08
6954	LUPUS ERYTHEMATOSUS	71260	CONTRAST CAT SCAN OF CHE	9/22/08
7100	SYST LUPUS ERYTHEMATOSUS	72141	MAGNETIC IMAGE NECK SPI	9/29/08
7881	DYSURIA	72157	MAGNETIC IMAGE CHEST SP	10/12/08
7910	PROTEINURIA	72158	MAGNETIC IMAGE LUMBAR S	10/13/08
8460	SPRAIN LUMBOSACRAL	72193	CONTRAST CAT SCAN OF PEL	10/14/08
V5789	REHABILITATION PROC NEC	74160	CONTRAST CAT SCAN OF ABD	10/15/08
V720	EYE & VISION EXAMINATION	74175	CTA, ABDOMEN, W/O & W CONTRAST	10/16/08
		76937	ECHOGUIDE VASCULAR ACCESS	10/17/08
		77001	FLUOROGUIDE FOR VEIN DEV	10/18/08
		80053	EXECUTIVE PROFILE	10/19/08
		80069	RENAL FUNCTION PANEL	10/20/08
		81000	URINALYSIS NONAUTO W/S	10/21/08
		81001	URINALYSIS AUTO W/SCOP	10/22/08
		82306	ASSAY OF VITAMIN D	10/23/08
		85025	AUTOMATED HEMOGRAM	10/24/08
		85390	FIBRINOLYSINS SCREEN	10/25/08
		85613	RUSSELL VIPER VENOM DIL	10/26/08
		85651	RBC SED RATE NONAUTO	10/27/08
		85732	THROMBOPLASTIN TIME PAR	10/28/08
		86146	BETA 2 GLYCOPROTEIN ANTIBODY	10/29/08
		86147	CARDIOLIPIN ANTIBODY	10/30/08
		86160	COMPLEMENT ANTIGEN	10/31/08
		86255	FLUORESCENT ANTIBODY; SC	11/1/08
		86256	FLUORESCENT ANTIBODY; TI	11/2/08
		87077	BACT CULTURE, AEROBIC ISOLATE	11/3/08
		87086	URINE CULTURE COLONY CO	11/4/08
		87088	URINE BACTERIA CULTURE	11/5/08
		87184	ANTIBIOTIC SENSITIVITY	11/6/08
		92014	EYE EXAM TREATMENT	11/7/08



Claimant ID	3	Amount Paid	\$84,897
-------------	---	-------------	----------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
		93010	ELECTROCARDIOGRAM REPORT	11/8/08
		93971	EXTREMITY STUDY	11/9/08
		97035	ULTRASOUND THERAPY	11/10/08
		98940	CHIROPRACT SPINAL 1-2	11/11/08
		99213	OFFICE/OUTPATIENT VISIT	11/12/08
		99214	OFFICE/OUTPATIENT VISIT	11/13/08
		99223	INITIAL HOSPITAL CARE	11/14/08
		99231	SUBSEQUENT HOSPITAL CARE	11/15/08
		99232	SUBSEQUENT HOSPITAL CARE	11/16/08
		99233	SUBSEQUENT HOSPITAL CARE	11/17/08
		99254	INPATIENT CONSULTATION	11/18/08
		99255	INPATIENT CONSULTATION	11/19/08
		99284	EMERGENCY DEPT VISIT	11/20/08
		G0283	ELECT STIM UNATTENDED	11/21/08
				11/22/08
				11/23/08
				11/24/08
				11/25/08
				12/11/08
				12/23/08

**TEXAS - MANDATED REPORTING FOR INSURED BUSINESS**

**Section III: Individual Claimants - Paid Claims >\$15,000**

Customer Name:

Policy Number:

Reporting Period

Processed (paid) Dates: Jan 2008 - Dec 2008

Service (incurred) Dates: Jan 2008 - Dec 2008

Notification of Withheld Information and Confidentiality Statement

The Texas Insurance Code section 1215.003(d) provides that protected health information may be withheld from this claims report if subject to privacy restrictions more stringent than HIPAA. This constitutes notice that the following categories of claims information for specified individuals is withheld from this report:

- Utilization review related records including individual medical records, personal information, or other confidential information about a patient obtained in the performance of utilization review per Texas Insurance Code section 4201-552.
- Records related to the diagnosis, evaluation, or treatment of a mental or emotional disorder, including alcoholism or drug addiction, per Chapter 611 of the Texas Health & Safety Code.
- Records related to AIDS and HIV test results per Texas Health & Safety Code Section 81.101 et seq.
- Genetic information, if any, per Texas Insurance Code Section 546.102.

Information included in this document is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed by UnitedHealthcare. Such recipient shall be liable for using and protecting UnitedHealthcare's proprietary business information from further disclosure or misuse, consistent with recipient's contractual obligations under any applicable administrative services agreement, group policy contract, non-disclosure agreement or other applicable contract or law.

<b>Claimant ID</b>	<b>4</b>	<b>Amount Paid</b>	<b>\$16,143</b>
--------------------	----------	--------------------	-----------------

One or more of the following Diagnosis, Procedure, and Service Dates were indicated for this claimant during the reporting period. Diagnosis and Procedure information is listed in ascending order based on Code. Service Date information is listed chronologically.

Diagnosis		Procedure		Service Date
Code	Description	Code	Description	
6961	OTHER PSORIASIS	11600	REMOVAL OF SKIN LESION	6/12/08
7014	KELOID SCAR	36415	DRAWING BLOOD	6/26/08
71991	JOINT DIS NOS-SHLDER	77052	SCREENING MAMMOGRAPHY ADDITION TO PRIM PROC	8/14/08
78079	MALAISE & FATIGUE NEC	80050	GENERAL HEALTH PANEL	9/2/08
V7231	ROUTINE GYNECOLOGICAL EXAMINATION	80053	EXECUTIVE PROFILE	9/10/08
V7612	OTH SCREEN MAMMOGRAPHY	80061	LIPID PANEL	10/14/08
		81001	URINALYSIS AUTO W/SCOP	
		82270	TEST FECES FOR BLOOD	
		82550	ASSAY CK (CPK)	
		85025	AUTOMATED HEMOGRAM	
		86580	TB INTRADERMAL TEST	
		88142	CYTOPATHOLOGY CERVICAL TECH	
		88305	TISSUE EXAM BY PATHOLOGIST	
		93000	ELECTROCARDIOGRAM COMPL	
		99203	OFFICE/OUTPATIENT VISIT	
		99213	OFFICE/OUTPATIENT VISIT	
		99396	PREVENTIVE VISIT EST 40	
		G0202	SCREENING MAMMOGRAPHY	