Unity Mutual Health

Claims Department

Claim no. CLM-26-0512-0931

Notice of adverse benefit determination

Date of notice	June 5, 2026
Member	Robert Hayes
Member address	62 Orchard Lane, Dayton, OH 45419
Plan	Employer group PPO, plan year 2026

Date of service	Provider	Service	Billed ($)	Plan paid ($)
May 12, 2026	Lakeview Orthopedic Associates	MRI lumbar spine without contrast (CPT 72148)	2,350.00	0.00

Why the claim was denied

Reason	Prior authorization not obtained
Plan provision	Summary Plan Description, Section 7.3: services that need prior authorization
To reconsider	A prior authorization request from the provider, or records showing the MRI was urgent

Your right to appeal

You or your authorized representative may appeal this decision in writing within 180 days of this notice. We must receive your appeal by December 2, 2026. You may send written comments and documents, and ask for copies of the documents we relied on, free of charge. If we uphold the denial, you may ask for an external review.