

Provider Portal



Sharp Rees-Stealy Medical Group

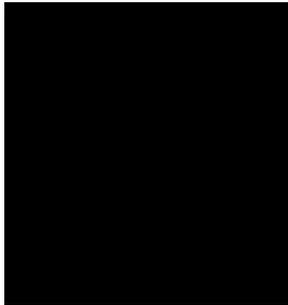
# Referral Details

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## Patient Information

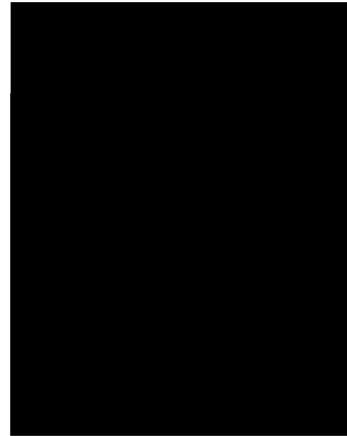
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Member Name  
SHC#  
AKA  
Status  
Member ID  
Address



324

Date of Birth  
EMRN  
Sex  
Relationship to Insured  
PCP  
PCP Phone  
Patient Links



## Referrals

Click any row to view additional details



Referral #: 2211221

**DENIED UR  
COMMITTEE**

Admission  
Date:

PENDING VENDOR

Referral Information

[View Related Letters](#)

[Print this referral](#)

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<b>Status</b>	DENIED UR COMMITTEE	<b>Type</b>	INPATIENT
<b>Referred By</b>	[Redacted]	<b>Description</b>	Acute eating disorder program.
<b>Date Ordered</b>	06/15/2023	<b>Product</b>	HEALTH NET
<b>Priority</b>	URGENT	<b>Patient Request</b>	N
<b>Date Approved/Denied</b>	06/15/2023	<b>Source</b>	OPM

## Provider Information

**Admitting Provider** PENDING VENDOR -

**Attending Provider** -

**Rendering Provider** [Redacted]

**Rendering Facility** [Redacted]

**Surgeon** PENDING VENDOR -

**Asst Surgeon**

Admitting Information

[Top](#)

6/16/23, 2:36 PM

Provider Portal | View Referrals

Approved Length of Stay 0  
Admission Date  
Admission Type Type MEDICAL

Actual Length of Stay 0  
Discharge Date

Procedure Information

CPT	Description	Units	Mod	From Date	To Date
1. 99221	HOSP I/P OR OBSERV, DETAI./COMPREH LOW COMPLEX 40 MINS	1		06/15/2023	06/15/2023
2. 99222	HOSP I/P OR OBSERV, MOD MDM, 55 MINS	1		06/15/2023	06/15/2023
3. 99223	HOSP I/P OR OBSERV,COMPREH,HIGH COMPLEX 75 MINS	1		06/15/2023	06/15/2023

Diagnosis Information

Dx 1 R63.0 Anorexia  
Dx 2 E46 Unspecified protein-calorie malnutrition

Comments and Documentation - Referral 2211221

Comments

URD: P2P REQUEST FROM SOCIAL WORKER. NOT COMPLETED AS P2P IS MD TO MD. SEE ATTACHED. 06/16/2023 02:33PM MC  
 URD: Sent to URC for review. 06/15/2023 12:50PM. keldo1  
 ~ Urgent due to patient's life threatening condition per [REDACTED] the social worker, ph #925-708-3692. Referral to Acute Center for Eating Disorders at 1 Denver Health Hospital. [REDACTED] Delaware St., Pavilion M [REDACTED] 5559



N:  
M:  
N:  
Sp:  
D:

### Assessment

#### 1. Anorexia (R63.0)

- Will work on referrals for anorexia and malnutrition to:
  1. Lindsay Stenovoc, RD, at Nutrition Instincts; has been seeing her for quite some time and referral has been approved previously.
  2. Urgent referral to Denver Health/Denver Acute inpt: for medical care (not behavioral health); they specialize in stabilization for eating d/o. Says Denver health is expecting the referral; and call her daily for updates.
  3. Palliative care previously and through Sharp; currently working w/Lightbridge. Wants to get advance directive on file.

In bed all day; not able to do ADLs. Low energy, low heart rate.  
Is on med LOA from work (as RN at UCSD PACU).  
Also reviewed scanned in notes from Lindsay Stenovoc, RD, from 6/6/23; they will be scanned into chart.

#### 2. Malnutrition (E46)

- Will work on referrals for anorexia and malnutrition to:
  1. Lindsay [REDACTED] RD, at Nutrition Instincts; has been seeing her for quite some time and referral has been approved previously.
  2. Urgent referral to Denver Health/Denver Acute inpt: for medical care (not behavioral health); they specialize in stabilization for eating d/o. Says Denver health is expecting the referral; and call her daily for updates.
  3. Palliative care previously and through Sharp; currently working w/Lightbridge. Wants to get advance directive on file.

In bed all day; not able to do ADLs. Low energy, low heart rate.  
Is on med LOA from work (as RN at UCSD PACU).  
Also reviewed scanned in notes from Lindsay [REDACTED] RD, from 6/6/23; they will be scanned into chart.

#### 3. Anxiety with depression (F41.8)

- Continue seeing psychiatrist prescribing her Prozac 60 mg daily and trazodone. Also working with a therapist.

Tdap, Moderna x 2 UTD.

Message to HIM - for med release so her RD and anyone else that she specifies can access records.  
Stable.

Follow up: as needed.

**This document is privileged and confidential, and is intended for those individuals personally involved in the care of individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited unless specifically and legally authorized.**



[REDACTED]

**Date of Encounter:** 06/14/2023

### Chief Complaint/Reason for Visit

This is a telephone visit with patient. The patient has been informed that this is a telehealth visit and verbal consent has been obtained.

Palliative care referral

### History of Present Illness

38 y/o female. Cross-booked. Back to SRS to estab care.

1. Anorexia, malnutrition.

Needs referrals:

-To see Linda [REDACTED] RD, at Nutrition Instincts; has been seeing her for quite some time and referral has been approved previously.

-Denver Health/Denver Acute inpt - needs to be urgent request for medical care (not behavioral health); they specialize in stabilization for eating d/o.

Says Denver health is expecting the referral; and call her daily for updates.

-Has gotten palliative care previously and through Sharp; currently working w/Lightbridge.

Wants to get advance directive on file.

No longer w/G-tube.

In bed all day; not able to do ADLs.

Low energy, low heart rate.

Is an RN at UCSD, but has been off work for a while b/c of medical issues.

2. Anxiety, depression

Has a psychiatrist who is rx'ing prozac 60 mg daily and trazodone.

### Active Problems

Anorexia (R63.0)

Anxiety with depression (F41.8)

At high risk for fracture (Z91.89)

Cachexia (R64)

Eating disorder with ongoing treatment (F50.9)

Hematemesis (K92.0)

Hypotension (I95.9)

Physical exam (Z00.00)

Vitamin D deficiency (E55.9)

Abdominal pain, acute (R10.9)

Malnutrition (E46)

### Allergies

Sulfa Drugs

### Med/Allergy Reconciliation

**This document is privileged and confidential, and is intended for those individuals personally involved in the care of individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited unless specifically and legally authorized.**

Client: Megan

DOB:

Provider:

Provider License:

Appointment:

Diagnosis: Z71.3 - Dietary counseling and surveillance  
F50.9 - Eating disorder, unspecified  
R63.0 - Anorexia  
E46 - Unspecified protein-calorie malnutrition  
R63.6 - Underweight

## Medical Nutrition Therapy Follow Up Note

### Reason for Visit:

Anorexia, weight restoration and nutritional rehabilitation

### Referred By:

The patient's mother is unable to take her to 4 pm doctor's appointment due to traffic.

RD and the patient called dr. office together. Spoke with [redacted]'s office and reiterated that this patient will die if she does not get in for care and get the proper authorizations in place to go to Denver ACUTE. The patient agrees to go to ACUTE if approval can be achieved. Per therapist on the team, ACUTE is ready to assess her and accept her but the insurance and medical systems are leading to a delay in her accessing this care. RD and therapist are collaborating to make the proper contacts so that this patient can see her physician or a physician on the proper team and get authorizations submitted as soon as possible.

Pt reported weight: 90.4#, BMI 13.7

Pt is reporting all food "tastes bad."

Purging what she eats. Current intake is estimated at <500 calories per day, most of which is purged.

Unable to get to the bathroom without taking a break in the hall.

Unable to drive herself or even get outside.

Have recommended ER visit or calling 911 over the past week to patient.

Drinking 3 x 20oz bottles of Gatorade Zero a day.

Low-fat yogurt has been ok. 1 bowl once a day. Estimating about a cup.

Mom is replenishing food. The patient doesn't have the energy to get through the grocery store.

Goal:

Yogurt 2 x day + fruit

Will send logs to RD via email

Get appointment with doctor to initiate referrals and care coverage including a case manager, palliative care, nutrition and Denver ACUTE.

### Food Allergies / Sensitivities / Intolerances

n/a

### Labs

Recent labs requested [redacted]

Pt reported the following out of range labs:

5/1/23:

Glucose 26

**Client:** Megan  
**DOB:** 04/23/1985

BUN 21  
Creat .98  
Potassium 3.4  
4/26/23:  
Glucose 59  
Potassium 3.2  
Phosphorus 2.6

### Medications

Nothing new noted

### Supplements

New: taking magnesium glycinate to support sleep but this is inconsistent

### History

n/a

### Weight / Height / BMI

6/14/23 - 90.4# (pt reported)  
Ht 5'8"

### Estimated Needs

>Energy: ~30 kcals/kg to start (~1600 kcals with increase of 200-500 calories per week as tolerated), client has been unable to maintain this intake

>Protein:  
1-1.5 g/kg

>Fluid: 2 L/day minimum

### NUTRITION DIAGNOSES

>: Inadequate energy intake

>:  
Underweight (BMI <18.5)

### INTERVENTION

- Discussed nutrition goals and progress  
Rec:
- Admit to Denver ACUTE asap
- Go to ER or call 911 if an emergency occurs
- Continue to eat as tolerated - yogurt, gatorade, fruit
- Attend any and all MD visits that are scheduled

#### • Care Coordination:

RD and therapist are regularly coordinating to support client with physician and medical group change in order to facilitate coverage for Denver ACUTE. A grievance process has begun due to an initial denial of coverage by Health Net. Also facilitating authorization requests through MD for case manager, palliative care and nutrition asap.

### MONITORING AND EVALUATION (GOALS)

- Weight gain

Recommendation is to continue with wt restoration but weight is currently being monitored by patient. At this time, weight restoration outpatient is highly unlikely and unsafe. Patient needs to admit to Denver ACUTE as soon as possible to

Client:  
DOB:  
Provider:  
Provider License:  
Appointment:



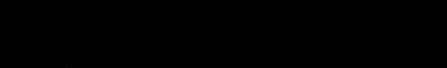
R63.6 - Underweight

## Medical Nutrition Therapy Follow Up Note

### Reason for Visit:

Anorexia, weight restoration and nutritional rehabilitation

### Referred By:



### ASSESSMENT

Recommended patient call 211 line in San Diego

Discussed insurance and MD difficulties - current physician Dr. [redacted] not able to support client with the care she needs at this time so client is researching her options. Considering switching to another medical group.

Client is feeling a lack of reliability when it comes to her medical care.

### Intake:

Ate breakfast today - oatmeal + banana

**Recent weight: 92# since**

**Was 112# at the hospital.**

Has been essentially bedridden for a couple of weeks but energy has improved some.

Dr wrote a prescription for potassium. Cost \$10 and felt it was too expensive. Thought she might be able to get it from food.

Encouraged client to return to drug store to fill potassium prescription.

Currently has oatmeal, bananas, low-fat yogurt + kiwi, strawberries, eggs, water, gatorade packets, some kate farms supplements

Purging up to twice a day but has had a couple of days with no purging. The average is one purge a day.

### Notes from recent hospital stay:

Patient discharged. Heart rate continued to drop into the 30's. Per patient got tube feed up to 20ml/hour. Kate Farms 1.4. Left hospital AMA.

Gained 11# in hospital admit. Nursing Assistant made an error and took a weight during the hospital state and patient saw it.

Last day at the hospital they did a CAT scan and said SMA angle has improved.

Reports having moderate energy and was able to go to the grocery store.

Purged previous night and this morning.

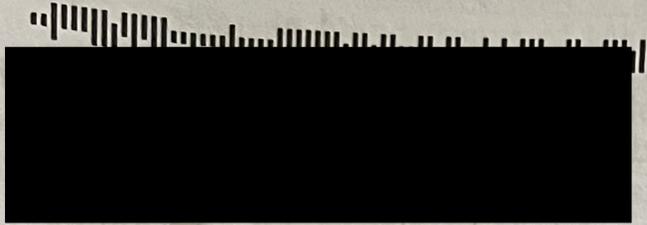
Patient is unsure about continuing with nutrition sessions and will be working with her therapist to determine next steps in treatment. Therapist informed RD that she will be discussing palliative care.

Higher level of care is indicated and recommended. Patient does not feel this is accessible due to insurance coverage limitations, advanced stage of illness and financial constraints related to work.

Addendum: Patient provided update that her work is fully supportive of her taking a leave and is open to HLOC. RD and therapist are recommending Denver ACUTE and are working with ACUTE and will be contacting new physician to get

# SHARP Rees-Stealy Medical Group

P.O. Box 939035 San Diego, California 92123  
Telephone: (858) 499-2406 TTY/TDD: (858) 499-4645

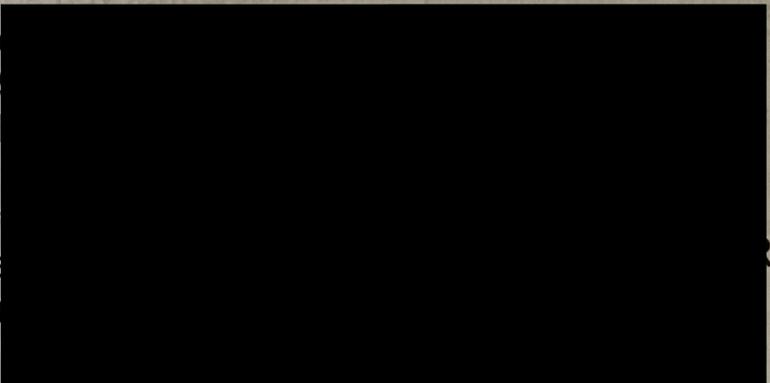


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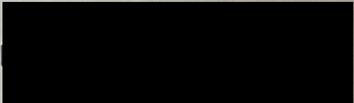
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## COMMERCIAL SERVICE DENIAL NOTICE (CSDN)

Member Name  
DOB: 04/23/1  
Member ID#:  
Health Plan N  
Requested Pr  
Requested Se  
Requesting P  
Authorization



Dea



The requesting provider/physician has asked for the above referenced service. The service requested is being denied by Sharp Rees-Stealy Medical Grp because there is lack of medical necessity. This decision was based on your medical information.

The request for an acute eating disorder program with D [redacted] has been denied by our physician reviewer as not medically necessary. We reviewed the MCG Health Inpatient & Surgical Care 27th Edition Anorexia Nervosa, Adult ORG: M-585 (ISC) guideline. It states you must meet several criteria for this service to be medically necessary. One criterion states the patient risk and clinical condition are appropriate for inpatient treatment when one (1) or more of the following are met: a) current rapid rate of weight loss has created an unstable physical condition; or b) core body temperature is less than 97 degrees; or c) severe or persistent dehydration (you use or lose more fluid than you take in); or d) heart rate is less than 40 beats per minute; or e) hypotension (low blood pressure); or f) orthostatic hypotension (form of low blood pressure that happens when standing up from sitting or lying down) that is not responsive to outpatient treatment; or g) prolonged corrected QT interval (type of heart rhythm); or h) severe muscle weakness; or i) serum phosphorus less than 1.5 mg/dL (type of mineral found in the blood); or j) electrolyte abnormality that cannot be corrected ( too much or not enough of certain



minerals in your body); or k) significant injury due to purging (severe damage to your body when you attempt to eliminate or counteract food calories); or l) malnutrition-related severe organ dysfunction or damage findings (your organs are damaged or fail because you do not get enough nutrients in your body). A review of your records show you have anorexia nervosa (type of eating disorder). There is no current documentation (notes) that your current clinical condition is appropriate for inpatient treatment. You do have one of the above (a-l). For that reason, the request has been denied. Our physician reviewer recommends you follow up with Dr. Long and your primary care doctor for ongoing care.

You may obtain a free of charge copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision was based, upon request, by calling Sharp Rees-Stealy Medical Group at 1-858-499-2532. You may contact your provider for detailed information about your diagnosis or treatment. This could include the detailed codes and their meanings.

The requesting provider/physician has been advised of this denial and given the opportunity to discuss this determination with Sharp Rees-Stealy Medical Group's physician reviewer.

### **How to Dispute This Determination\***

If you believe that this determination is not correct, you have the right to appeal the decision by filing a grievance with your health plan. Your health plan requests that you submit your standard or expedited grievance within 365 days from the postmark date of this notice. You or someone you designate (your authorized representative) may submit your grievance verbally or in writing. You can name a relative, friend, attorney, doctor, or someone else to act as your representative. You may call your health plan to learn how to name your authorized representative.

There are two types of grievances: *standard and expedited.*

#### **Standard Grievance Process**

A standard grievance will be resolved within 30 days. Your health plan will notify you in writing of the decision within 30 calendar days of receiving your grievance.

#### **Expedited/72 hour Grievance Process**

Your health plan makes every effort to resolve your grievance as quickly as possible. In some cases, you have the right to an expedited grievance when a delay in the decision making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, major bodily function, or if the normal timeframe for the decision making process would be detrimental to your life, health or could jeopardize your ability to regain maximum function. If you request an expedited grievance, your health plan will evaluate your grievance and health condition to determine if your grievance qualifies as expedited. If so, your grievance will be resolved within 72 hours. If not, your grievance will be resolved within the standard 30 days.

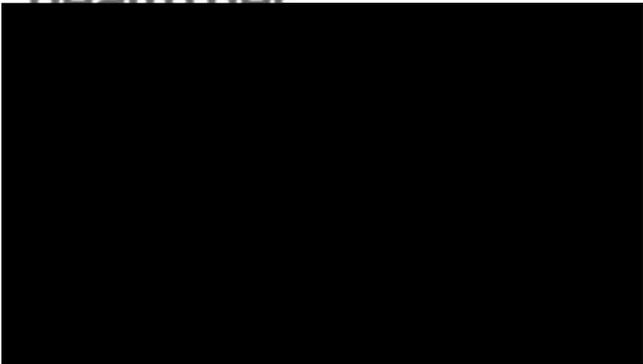
#### **Submitting Your Grievance**

Please submit a copy of your denial notice and a brief explanation of your situation, or other relevant information to your health plan. Your health plan will document and process your standard or expedited grievance and provide you with written notification of the decision. You may write, call or fax your grievance to your health plan. Health plan address, telephone and FAX number is listed at the end of this letter.





health net



06/20/2023

**DOB:**  
**Health Plan**  
**Requesting Practitioner:**  
**Facility:**  
**Number of Initial Authorized Days:**  
**Authorization/Precertification Number:**



Dear MEGAN

Health Net of California, Inc. (Health Net) has received a request for coverage of inpatient service(s) from the above practitioner. This notice is to inform you that coverage for the requested inpatient service(s) has been approved.

**Authorized Inpatient Services:** 99221 INITIAL HOSPITAL CARE 99222 INITIAL HOSPITAL CARE

99221, 99222 and 99223: inpatient hospital stay

**Authorization Valid from/to:** 06/20/2023-12/21/2023

Please note that the requested provider/practitioner is not part of the Health Net network. Coverage for this service will be determined under your Point of Service/Out of Network benefit and will be subject to all of the terms and conditions of your Evidence of Coverage, including deductibles, coinsurance and charges not covered by Health Net.

Please know that concurrent review is performed on all inpatient admissions. Coverage for additional days may be approved based on medical necessity review.

Requests for prior authorization/precertification are reviewed for medical necessity and available plan benefits. An authorization is subject to the member's eligibility on the date of service. Unless specifically stated in writing to the contrary, an authorization is not a guarantee of acceptance of the claim or of payment at any particular applicable level of benefit. All prior authorizations/precertifications are administered in accordance with applicable state and federal law.

If you have questions or need additional information, please call the Health Net Customer Contact Center at 1-800-539-4072 (TTY: 711), Mon. - Fri., 8:00 a.m - 6:00 p.m. PST. Refer to your insurance card for group specific customer service phone number.

Sincerely,

Health Net Medical Management

CC:

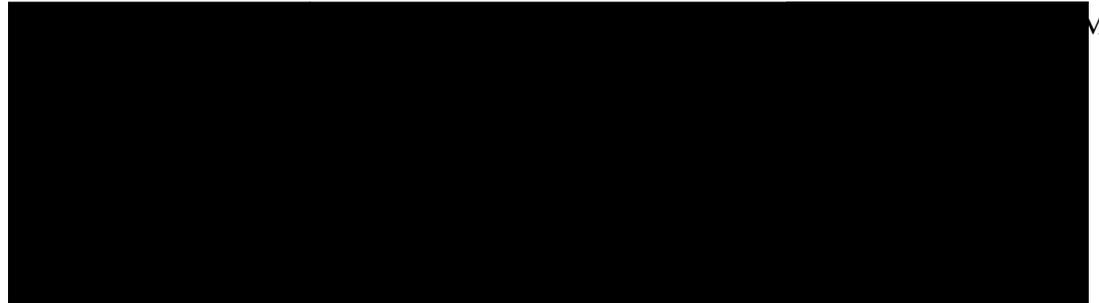


Health Net of California, Inc.  
21281 Burbank Boulevard  
Woodland Hills, California 91367-6607  
Phone (800) 522-0088  
Fax (877) 831-6019

Mailing Address:  
Post Office Box 10348  
Van Nuys, California 91410-0348

www.healthnet.com

June 21, 2023



Physician Group No. & Name: 058, Sharp Rees-Stealy Medical Group  
Evidence of Coverage (EOC) Plan No.: 00697709

HN Reference No.:



Dear Megan

Please be advised that this letter is to inform you of the updated authorization number. Health Net of California, Inc. (Health Net) is responding to your correspondence, received on June 19, 2023, requesting reconsideration of admission to an out-of-area acute center for eating disorders at Denver Health Medical Center in Denver, Colorado. Sharp Reese- Stealy Medical Group previously denied this service because it did not meet medical necessity.

Health Net's Appeals and Grievances Department has obtained all of the available clinical records pertinent to your case. In order to conduct a thorough review we forwarded all of the documentation to our Medical Director, [REDACTED] certified in Obstetrics and Gynecology. Consequently, we have determined to overturn the previous denial for the following reason: "This is a Department of Managed Healthcare appeal for a Sharp Rees Stealy commercial HMO member with a request for admission to an out-of-area ACUTE Center for Eating Disorders in Denver, Colorado. Acute Center for Eating Disorders at Denver Health Medical Center is a hospital facility known as a nationwide referral center for medical stabilization and initial refeeding of patients with severe malnutrition, often due to eating disorders. This is a 38 year old woman with anorexia and protein calorie malnutrition. The member has a body mass index of 13.7 and the member is calculated to take less than 500 calories per day. Acute Center for Eating Disorders in Denver is the only facility that will treat member with this low BMI score. Failure to treat is a life-threatening condition. The members care team has been in contact with Acute and the member has accepted into treatment. The request meets medical necessity criteria, because the member has severe, life-threatening anorexia requiring immediate treatment. Acute Center for Eating Disorders in Denver is the only facility that treats individuals with such a low BMI score. Therefore, the denial is overturned on appeal. Coverage is authorized for admission to the Center

Megan  
June 21, 2023  
Page 2

for Eating Disorders. Coverage is authorized for two weeks subject to medical necessity being met.”

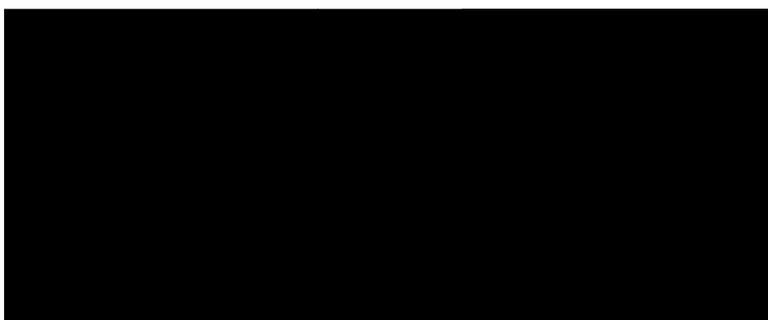
Your request for service has been approved and authorization number [REDACTED] as been issued for admission to the Center for Eating Disorders with Denver Health Medical Center. This authorization is valid from June 20, 2023, through December 21, 2023. Any additional services would need to be provided by or authorized through Sharp Rees-Stealy Medical Group.

This authorization and all payments are subject to the member’s updated eligibility, covered benefits, medical policy and reimbursement schedules. This letter does not confirm eligibility. Payment of services is based on the member’s participation in the Health Plan program at the time of the visit.

If you are not satisfied with the resolution of this matter, you, your doctor, or your advocate may request that Health Net conduct further review of your concern as described in your Evidence of Coverage and Disclosure, in the section titled, “General Provisions.” We will provide, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the review. Additionally, I have enclosed information advising you of your options available through the California Department of Managed Health Care.

If you have any questions about this matter, please call your assigned Coordinator at (818) 676-8278. Should you have any questions about this matter or your Health Net coverage, please call our Customer Contact Center at the number on your ID card or call 1-800-539-4072 (TTY: 711). Our telephone representatives will be happy to assist you.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

Health Net’s Nondiscrimination Notice  
DMHC 800 Number/Arbitration

cc: Sharp Reese-Stealy Medical Group

Client: Megan

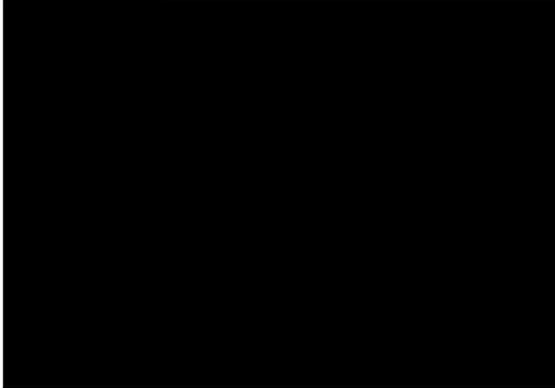
DOB: 04/23/1985

avoid death.

- Adequate intake to meet needs and support health
- Compliance with nutrition plan of care

**Follow up**

Follow up in: 1 week



June 13, 2023

RE: Megan



DOS: 06/13/2023

To Whom it May Concern:

My name is Kelly and not only am I a Licensed Clinical Social Worker in the state of CA but also a Certified Eating Disorder Specialist through the International Academy of Eating Disorder Professionals. I have worked at every level of care of treatment and provided supervision to licensees, as well as done utilization review for treatment centers. I know the admission criteria for every level of care as well as what treatment centers have the capacity to treat (and what do not).

On behalf of member Megan, I am requesting coverage for Ms. treatment for her eating disorder at the Inpatient Level of Care at Denver Acute (through Denver Health). This level of care is medically necessitated based on Ms. ' diagnosis of F50.02 Anorexia Nervosa, binge/purge type, severe d chronic) and F33.2 Major Depressive Disorder, recurrent, severe w/o psychotic features.

Denver ACUTE is the only treatment center in this country that can treat Ms. severity of her condition. Ms. s has attempted to go to any lower levels of care (including partial hospitalization and residential care) and been denied because she is too sick for these levels. Ms. has also called for local inpatient facilities in network and in the state of CA and they have denied her admission because of her severity and complicating medical conditions. Denver ACUTE is the only treatment center in this country that has already accepted her and can treat her condition at the severity it is at.

Eating Disorders have the highest rate of mortality amongst all mental health disorders. Anorexia Nervosa has a substantially higher rate of death than any other mental health illness. Ms. ' need for immediate and urgent inpatient care at Denver ACUTE is evidenced by her severe malnutrition (13.7 BMI) – most residentials will not allow someone under 17 BMI, and all other inpatient hospitals in CA will not allow someone under 15 BMI. Denver can treat people under that 15 BMI range. Her immediate and urgent inpatient care is also evidenced by her history of low glucose and low potassium. At least 1/3 of all eating disorders die from sudden cardiac arrest and both low glucose and low potassium are precursors to this.

Statistically, the older the individual, the higher the mortality rate. Ms. is 38 years old and has been living with her eating disorder for 20 years. The lower the BMI, the higher the mortality rate. Ms. as an extremely low BMI of 13.7 (she is around the weight of a 12 year old girl). The severity of her eating disorder and the length of time in her eating disorder are also associated with higher mortality

rates. Ms. [redacted] has lived with a life threatening eating disorder for 20 years. She has needed inpatient care and emergency hospitalization numerous times, the most recent hospitalization being last month.

If Ms. [redacted] does not receive the care she needs, she will die. She has already been approved for palliative care as she will likely die within the next 6-12 months without this care.

Ms. [redacted] is a healthcare provider herself. She provides critical care to patients in hospital settings but her insurance company is denying her own rights to the care she needs to survive. While she has been providing care to keep others alive, Ms. [redacted] HMO plan has denied her own ability to live her life.

Ms. [redacted] has begun to have a severe medical decline in her health. She cannot get out of bed most days and on those that she can, she needs to take a break and sit down after only a few steps. She cannot walk downstairs or to her mail box. She is losing weight more drastically and quickly. Because of this decline, she was approved for Palliative Care services through her old insurance. It is imperative that she get the referrals and treatment options she needs in order to live.

Ms. [redacted] deserves the same help, if not more, than what she gives her own patients. If you do not approve her to go to Denver ACUTE as an out of network provider, she will die and it will be a life lost because her insurance company did not provide access to care in a timely manner. We appreciate this opportunity to present this case to you and look forward to your response.

Kelly [redacted], LCSW, CEDS