

In January or February of 2015, I received a reminder from Penn Medicine's Women's Imaging Center that my annual mammogram was due. I called the appointment line and told the Penn Medicine agent that I now had new insurance, with United Healthcare. I was told: **no problem, we accept that insurance, just bring your new card to your appointment.**

When I arrived for my appointment on March 18, 2015, I registered with the department's reception and submitted my insurance card. The card was processed normally, and **at no point was I told that my mammogram - with all associated readings would be not be covered 100%.**

About a month later, I received a bill for \$123. from Penn Medicine for the reading of my mammogram. I called United Healthcare on multiple occasions since April to resolve the issue. Sometimes I was told that the issue would be forwarded to a manager, sometimes I was personally referred to a manager, sometimes, I was told that the issue was still being looked in to and that I would receive a call within the next week, 10 days, or two weeks. I never once received a phone call from United Healthcare during that time.

Once, I was told that the mammogram center was at fault for telling me that they accepted my insurance, and then providing service with a doctor who was not in network. I was told to call the billing department at Penn Medicine and to resolve the issue with them, as it was a communication error between me and Penn Medicine. I did call Penn Medicine and was told that they'd never heard of insurance not paying for the reading of a mammogram.

After quite a few calls, I was told to file an appeal with United Healthcare. I did so, and, again, after quite a bit of time, follow up calls, and referring to different departments, I got a letter saying that, because I received service (the reading of the mammogram) from an out of network doctor, my appeal was denied.

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