

Date: 3/4/2025

CONFIDENTIAL



Parent/Guardian of Jongsma, Sophia H
851 BRIGHT WATERS
BLVD NE
SAINT PETERSBURG, FL 33704

N311
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March 4, 2025 2:40PM

CONFIDENTIAL

Sophia H Jongsma
851 Bright Waters, Blvd Ne
Saint Petersburg, FL 33704

RE: Customer Name: Sophia H Jongsma
Customer ID #: 107120746
Reference Code: 152793683
Authorization Number: A73371808
Authorization Effective Date(s): March 4, 2025 through August 31, 2025

To the Parent/Guardian of Sophia H Jongsma:

Your health plan requires some care to be reviewed and approved before it is covered. On March 4, 2025, Dr. Rosana Lastra Castellucci asked us to review and approve coverage for the following service(s) and facility:

70553 Magnetic Resonance Imaging (MRI), a special kind of picture of your head before and after contrast (dye)

After reviewing your medical information and health plan, we approved the service(s) at All Children's Hospital.

Procedure	Description	Requested	Decision
N/A	Servicing Facility: ALL CHILDREN'S HOSPITAL		Approved
70553	Magnetic Resonance Imaging (MRI), a special kind of picture of your head before and after contrast (dye)		Approved

Reviewer: eviCore healthcare (eviCore)

Cigna Health And Life Insurance Company partners with eviCore, a leading health and wellness company, to manage our diagnostic program. eviCore reviews diagnostic services to determine if

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they are medically necessary and covered by your plan.

Important Reminders:

- When we receive your medical claim(s), we'll need to make sure your health care professionals performed only services we approved. If extra services were performed that weren't medically necessary or covered by your plan, your health plan won't be able to pay for them. This means you'll have to pay the total cost for any extra services.
- This letter isn't a guarantee that your plan will pay for the services. You must be enrolled in the plan and eligible for benefits on the date you receive the service. Please see your plan documents for details about your coverage. You're responsible for your share of any copayments, coinsurance, or other costs.
- Your approval is for the facility listed above only. If you want to have care at a different facility, please contact us. You may need a new review and approval for the care to be covered under your plan.
- This approval is for the requested service only. It does not guarantee that the provider who requested this service is in-network or will be paid at the in-network rate. This approval also does not guarantee that your plan will cover services from out-of-network providers. Before you receive these services, please call us to confirm whether the requesting provider is in-network.

If you have questions, please call Customer Service at the toll-free number on your ID card. An associate is available to help you 24 hours a day, 7 days a week.

We look forward to continuing to support you with your health and well-being.

Sincerely,

eviCore healthcare
Diagnostic Utilization Management Programs

If you have a hearing or speech impairment and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.

CC: Dr. Rosana Lastra Castellucci
All Children's Hospital

Fax:
Fax: 727/767-8193

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