



To:
UnitedHealthcare
Market VP MN101-D003
9700 Health Care Lane
Minnetonka, MN 55343

To whom it may concern,

We are writing to inform you that effective **Dec 31, 2024** we will no longer contract (remain in-network) with United Health Care. We've had patients who have reported obtaining prior authorizations as cumbersome and we've had patients who have gotten a referral/Prior Authorization and their claim has been denied. Initially we had believed this to be caused by the data breach United Healthcare/Change healthcare experienced (*See litigation case: Re Change Healthcare Inc Customer Data Security Breach Litigation, U.S. District Court for the District of Minnesota, No. 24-md-03108.*).

In addition, we are not contracted with Spectera which is a vision provider associated with United Healthcare. We feel it is best to terminate our agreement in full. If/when we desire to contract again we will contact you.

Thank You,

George Meers OD
(Authorized Representative, Provider)

PS: See next page for required information (Group name, NPI)

- Group/provider name
 - Group/provider tax ID number (TIN)
 - Group/provider National Provider Identifier (NPI) number
 - Market number
 - A statement saying that you're requesting to terminate the agreement in full
- Contact information

Then mail the letter to:
UnitedHealthcare
Market VP MN101-D003
9700 Health Care Lane
Minnetonka, MN 55343