



UnitedHealth Group®

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THIS DOCUMENT WAS RECEIVED IN

APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

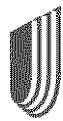
05/29/2021

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**United Health Group - West, Central and Cirrus RMO**

Operated by Firstsource Solutions

1355 South 4700 West  
Salt Lake City, UT 84104



UnitedHealthcare®  
A UnitedHealth Group Company

**RECEIVED  
VIA  
FAX/FTP**

**BEST COPY AVAILABLE**

**DO NOT Return to the RMO for  
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**FAX TO: 801-938-2100**

**FAX FROM: 480-451-0683**

**RE: James R. DiRienzo**

**DOB: 01/04/1997**

**MEMBER ID: 916577072**

**ATTN: United Healthcare Appeals Department**

**ENCLOSED:**

**FAX Cover Page**

**Letter of Appeal**

**Physician Billing Statement**

**Please call 602-620-4465 with questions.**

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05/29/2021

United Healthcare  
Appeals Department  
P.O. Box 30573  
Salt Lake City, UT 84130  
FAX: 801-938-2100

RE: James R. DiRienzo  
DOB: 01/04/1997

To Whom It May Concern:

I am writing to you regarding a claim submitted by WILLIAM NORDLIE MD PLLC for anesthesia services. The charges were incurred on 02/12/2021 and totaled \$6,044.00. United Healthcare has taken an improper reduction on this claim resulting in a patient responsibility of \$3501.85.

I have contacted the physician's billing office and have been informed that these charges are appropriate for the level of acuity, intensity and expertise required to provide these services. Furthermore, I was told that the charges for my treatment are comparable to charges by other physicians and providers who perform similar services.

According to your explanation of benefits: a non-Network health care provider or facility provided these anesthesia services. This claim has been paid based on your benefit plan which uses rates established by the Federal Government for the Medicare Program. Additionally, I was informed that if no Medicare rate applies to these services, this claim was paid based on another available rate source.

I am not of Medicare age nor am I Medicare eligible therefore Medicare rates would not apply.

I understand that each health plan applies a different set of criteria, including, but not limited to relative values and a comparison of charges from other physicians within a specific geographic region. However, the health plan is also influenced by the need for expenditure containment at the sake of increasing the patient's financial liability. The result is that the patient, who must pay monthly premiums to maintain insurance coverage, is frustrated with the lack of payment on a service that should be covered by the health plan.

I do not believe the reduction is justified. The payment rendered does not appear to be comparable to rates charged for this service locally.

I believe that this claim should have been processed at a high level of benefit due to the fact that when a beneficiary, insured or enrollee utilizes a participating network hospital or participating network ambulatory surgery center and, due to any reason, in network services for radiology, anesthesiology, pathology, emergency physician, or neonatology are unavailable and are provided by a nonparticipating facility based physician or provider, the insurer or health plan shall ensure that the beneficiary, insured, or enrollee shall incur NO GREATER out-of-pocket costs than the beneficiary insured, enrollee would have incurred with a participating physician or provider for covered services. These services were provided in a contracted facility by a contracted surgeon, Peter W. Mitchell, MD. I DID NOT have the option to select the anesthesiologist for this procedure. Therefore, I should not be penalized for having received reasonable and necessary services.

Based on this information, I request that this claim be sent back for payment review and additional payment be made towards this claim due to Non-Par balance billing.

Thank you for your time and consideration.

Sincerely,

James R. DiRienzo  
10658 E. Mendoza Ave.  
Mesa, AZ 85209  
602-620-4465

WILLIAM NORDLIE MD PLLC  
PO BOX 41150  
MESA, AZ 85274-

### Return Service Requested

For all billing questions, call (480)425-2166

Hrs. 8AM-4:00PM

SEND TO

JAMES DI RIENZO  
10658 E MENDOZA AVE  
MESA, AZ 85209-7818

REMIT TO

WILLIAM NORDLIE MD PLLC  
PO BOX 41150  
MESA, AZ 85274-

IF PAYING BY CREDIT CARD FILL OUT BELOW

CARD NUMBER		EXP. DATE	SECURITY CODE
NAME ON CARD		SIGNATURE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.	
04/15/2021	3501.85	NOR194	
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT			Show Amount Paid Here \$

☐ Please check box if above address is incorrect or insurance information has changed, and indicate changes on reverse side

### STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Provider	Diag.	Amount	Insurance Pending	Balance			
	Patient: JAMES DI RIENZO								
02/12/2021	01480 ANES OPEN PROC BONES LOWER LEG/A	NORDLIE MD	S92.902K	3644.00		3441.18			
02/18/2021	Claim filed with UNITED HEALTHCARE INSU								
04/15/2021	Payment from UNITED HEALTHCARE INSURANCE			-202.82					
04/15/2021	Co-Insurance 50.71								
02/12/2021	64445 INJECTION ANESTHETIC AGENT SCIAT	NORDLIE MD	G89.18	945.00		9.14			
02/18/2021	Claim filed with UNITED HEALTHCARE INSU								
04/15/2021	Payment from UNITED HEALTHCARE INSURANCE			-36.58					
04/15/2021	Contractual Write-off			-899.28					
04/15/2021	Co-Insurance 9.14								
02/12/2021	64447 INJECTION ANESTHETIC AGENT FEMOR	NORDLIE MD	G89.18	945.00		26.53			
02/18/2021	Claim filed with UNITED HEALTHCARE INSU								
04/15/2021	Payment from UNITED HEALTHCARE INSURANCE			-106.12					
04/15/2021	Contractual Write-off			-812.35					
04/15/2021	Co-Insurance 26.53								
02/12/2021	76942 US GUIDANCE NEEDLE PLACEMENT RS&	NORDLIE MD	G89.18	510.00		25.00			
02/18/2021	Claim filed with UNITED HEALTHCARE INSU								
04/15/2021	Payment from UNITED HEALTHCARE INSURANCE			-5.81					
04/15/2021	Contractual Write-off			-479.19					
04/15/2021	Co-Payment 25.00								
	Under 30	31 - 60	61 - 90	91 - 120	121 - 150	Over 151	Total	0.00	3501.85
	3501.85	0.00	0.00	0.00	0.00	0.00	3501.85		
THE ABOVE BALANCE IS YOUR RESPONSIBILITY AFTER BILLING OF YOUR INSURANCE. PLEASE REMIT PAYMENT IN A TIMELY MANNER. CREDIT CARD PAYMENTS ARE A MINIMUM OF \$50. YOU MAY CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS. THANK YOU.							Amount Due	3501.85	
							WILLIAM NORDLIE MD PLLC PO BOX 41150 MESA, AZ 85274-  Billing questions? Call (480)425-2166 Hrs. 8AM-4:00PM		