



Patch II

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SourceHOV, Inc
4050 South 500 West
Salt Lake City, UT 84123

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9102108972263

March 19, 2021

Payor

Re: Patient Name: Hochberg, Maegan E
Patient Date of Birth: 03/25/1987
Member ID: 979272528
Insurance Group: 700406
Account Number: 12920528
Provider Name: CHAUDHARY MD, ASAD A
Provider TIN: 341996544
Date of Service: 03/06/2020
Internal Control No.: CA00082866 0122581163
Reference No.: 48915796

Dear Sir/Madam:

According to our agreement with United Health Care - Sacramento, the total allowable indicated on the Explanation of Benefits (EOB) for the above referenced claim is incorrect.

Total Claim Charge: \$ 569.00
Total Expected Allowable: \$ 426.92
Total Actual Allowable: \$ 415.07
Remaining Allowable Due: \$ 11.85

Payer Provider ID: 1295938280
Tax ID:

***** RECONSIDERATION FOR CORRECT PAYMENT *****

According to the contractual agreement the total allowable indicated on the EOB for this claim are incorrect. After further review and calculation it has been determined that an underpayment has occurred. We are asking for the claim to be reviewed against the correct contract and processed for additional payment.

A Comparison of Allowables report that provides additional detailed information regarding this claim, the services rendered, and information regarding expected reimbursement by line item is attached to this letter.

Please review this information. If the information that I have provided regarding your obligations and reimbursement policies is in error, please provide applicable details to that effect. If the information is correct, please adjust the allowed amount and remit any additional monies owed. Your prompt attention is greatly appreciated.

Someone from our office will be contacting you shortly regarding the status of this appeal.

Sincerely,

Angie Williams-Lee
Reimbursement Analyst
Dignity Health Medical Foundation

3400 Data Drive
Rancho Cordova, CA 95670
Phone: 916-379-2723
Fax: 916-859-1365

Attached Documents:
- Comparison of Allowables - Detail Report

9
1
0
2
1
0
8
9
7
2
2
6
3

Comparison of Allowables - Detail

Dignity Health Medical Foundation

Claim Information

Patient Name: Hochberg, Maegan E
 Member ID: 979272528
 Insurance Group: 700406
 Account Number: 12920528
 Date of Birth: Mar 25, 1987
 Provider Name: CHAUDHARY MD, ASAD A
 Provider TIN: 341996544
 Contract: 1122 - United Health Care - Sacramento
 Reference: 48915796
 Diagnosis: G43.109, H57.04
 FSC: 245
 Bar Group: 4

Totals

Total Charge: \$ 569.00
 Total Expected: \$ 426.92
 Total Allowed: \$ 415.07
 Total Variance: \$ 11.85

Dates

Updated: 03/29/2020
 Entered: 03/13/2020
 Billed: 03/16/2020
 EOB Posted: 03/27/2020

Start	End	POS	TOS	CPT	Modifiers	Diag	Units	Charge	Expected	Allowed	Variance
03/06/20	03/06/20	22		99204		1, 2	1	\$ 569.00	\$ 426.92	\$ 415.07	\$ 11.85

- 1022 - Procedure code 99204 is identified in your contract with United Health Care - Sacramento.
- 1404 - The negotiated rate before reductions or increases is \$426.9200.
- 1416 - The negotiated opposing rate for place of service before reductions or increases is \$550.6200.
- IDX Batch Number: 931602

PR3 - Informational Reason - PR-Co-payment Amount - 1

CO45 - CONTRACTUAL ADJUSTME - CO Charges exceed your contracted/ legislated fee arrangement.

Line Item ICNs: CA00082866 0122581163

Totals:	\$ 569.00	\$ 426.92	\$ 415.07	\$ 11.85
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