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RMOE - Lason 216 B  
Bullsboro Drive, Newnan,  
GA 30263

04/16/2021

United Healthcare  
P.O. BOX 740800  
ATLANTA, GA 30374

Re: Patient: GILMA RAMOS  
Account No.: 144332296  
Date of Service: 02/17/2021  
Subscriber ID: 910421641

To Whom It May Concern:

Please consider this a formal dispute of the unreasonable payment submitted by your Plan for the services rendered to the patient identified above.

MORRISTOWN ER MED ASSOC, LLC has rendered emergency services to the above-identified member of your Plan in the state of NJ. MORRISTOWN ER MED ASSOC, LLC timely submitted its claim for services. In adjudicating the claim, your Plan has underpaid MORRISTOWN ER MED ASSOC, LLC with respect to the above-identified claim. Please be advised further that MORRISTOWN ER MED ASSOC, LLC renews and incorporates herein all prior appeals or objections to your Plan's payment.

As an out of network provider at the time services were rendered, MORRISTOWN ER MED ASSOC, LLC has an independent right to be paid the reasonable value of the services as that term has been construed under the applicable law, which may be up to the billed charges. Consistent therewith, MORRISTOWN ER MED ASSOC, LLC expects to be paid in full for its services and reserves all legal rights and interests including, but not limited to, its right to seek any and all remedies and to initiate legal proceedings.

Provider does not balance bill and remains committed to protecting patients from financial harm, such as unfair cost shifting that results from your application of unreasonably low out of network payments. Provider does, however, seek reasonable compensation from your Plan as reimbursement for the quality services rendered to patients who are your Plan members. Provider expects your Plan to pay an appropriate amount for such services.

For the avoidance of doubt, Provider abides by all applicable laws relating to out of network services rendered by hospital-based physicians. To the extent applicable, Provider agrees to follow the process afforded by any such state or federal law. Should the Plan believe this claim is subject to such laws, please so identify in writing. In accordance with such laws and Provider's stated policy with respect to patient protections, Provider will not seek or collect from your Plan members any payments for its services, except payments for co-insurance, co-payments, deductibles and any non-covered services as identified by the Plan in the normal course.

Provider expects your Plan to adjudicate all claims in accordance with applicable laws, including those laws that require your Plan to apply only those in network cost shares for out of network services as more fully set forth in the enclosed schedule and expressly incorporated herein. Provider further expects the Plan to clearly identify on any electronic remittance advice or explanation of benefits that it applied the applicable in-network cost shares so that Provider can bill its patients appropriately and Plan members are protected.

Provider's acceptance of any partial payments shall in no event waive its right and the Plan's obligation to pay MORRISTOWN ER MED ASSOC, LLC the full amount due and owing for the services provided to your member. To the extent Plan believes it has adjudicated the claim for out-of-network services in accordance with any applicable state regulation mandating a payment standard to out-of-network providers, Provider requests Plan identify such payment standard and the basis of Plan's determination that the adjudicated amount is the appropriate reimbursement under the law.

This offer will remain open for thirty (30) business days, unless a shorter timeframe is required by applicable law relating to out-of-network services rendered by hospital-based physicians. Please contact MORRISTOWN ER MED ASSOC, LLC at Revenue.Recovery@envisionhealth.com or 1-800-355-2470 opt 3 to discuss this offer. If additional payment is not received within the specified time period, the offer will be withdrawn and Provider will pursue any and all available legal remedies.

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