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THIS DOCUMENT WAS RECEIVED IN

PO BOX 30559, SLC, UT-RMO-WEST

05/29/2021

0330

United Health Group - West, Central and Cirrus RMO

Operated by Firstsource Solutions

1355 South 4700 West
Salt Lake City, UT 84104

**CITY OF DALLAS
PO BOX 843835
DALLAS, TX 752843835**

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UNITED HEALTHCARE - ATTN: APPEALS
PO BOX 30559
SALT LAKE CITY, UT 84130
Attn: Appeals Department

Date: May 18, 2021

Re: LINDA WESLEY
ID: 916645588
Group #:
Date of Service: 2/25/2021
Claim #: CQ36934568 0183181906

Attention Claims Reconsiderations and Reprocessing:

Please accept this letter as an official reconsideration request in regards to the claim number referenced above. We have received correspondence that the claim processed allowing less than 100% of our billed charges, but as we are non-contracted providers and this was a 911 emergency transport, we expect payment at 100% of billed charges at the in-network benefit level. Please note that the service provided was an emergent ambulance transport and therefore this should be processed to reimburse at 100% of charges as the patient did not have a choice in which provider came to assist him and we will balance bill the patient for any non-covered charges. Please review the attached documents to assist in the processing of our request. Should you require anything further, please do not hesitate to contact us directly. Thank you in advance for your prompt attention in this matter.

Sincerely,

Billing Supervisor
8887291886
Tax ID: 756000508

Patient Care Report

Dallas Fire Rescue

ACR Number: 6bb89e1c42d4498daef91169df9aab5f

Incident Number: 2021054106

Date of Service: 2/25/2021

Complaints: (Chief) "fever sob" as of 2 days ago

Type of Service Requested: 911 Response (Scene)

Disposition: Patient Treated, Transported by this EMS Unit

Number of Patients Transported: 1

EMS Unit: RE10 (RE10)

Crew members:

ID: 708753, Level: EMT-Paramedic, Role: Primary Patient Caregiver-At Scene

ID: 753637, Level: EMT-Paramedic, Role: Primary Patient Caregiver-At Scene

Patient Information:

Last Name: Wesley	First Name: Linda	MI:	DOB: 1962-04-	Age: 58 years	Email:
Gender: Female	Race: Black or	SSN: 450377767	30	DL#:	Weight:
Address: 17717 Vail	African American	State : TX	EMS ID #:	County: 48121	Country: US
St	City: DALLAS	Work #:	c62ee8ae-dac5-		
Home #:	Cell #:		4d0c-9d31-		
			1b4181301c04		
			Zip: 75287		
			Fax #:		

Billing:

Primary Method of Payment:

Closest Relative or Guardian:

Address:

Phone:

Work Related:

Employer:

Employer's Address:

Medication Allergies: Allergy status to penicillin

Condition Codes:

Personal Protective Equipment:

Incident Information:

EMD Card #: 06D02A

Incident (Apartment as the place of occurrence of the external cause)

Address: 17717 Vail St, DALLAS, TX 75287

Destination (Hospital-Emergency Department)

Name: BAYLOR (BSW) PLANO

Address: 4700 ALLIANCE BLVD, PLANO, TX 75093

Reason: Closest Facility

Capability: Hospital (General)

Dispatch Complaint: Breathing Problem

Other EMS Agencies At Scene:

Response Mode to Scene: Emergent (Immediate Response)

Clinical Information:

Service Level:

Unit's Level of Care: ALS-Paramedic

Provider's Primary Impression:

Coronavirus Infection, unspecified

Provider's Secondary Impression:

Primary Symptoms: Dyspnea, unspecified

Protocols Used:

Possible Injury:

Barriers to Care:

Current Medications: Metformin, Losartan, Symbicort

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6**Chief Complaint Area:**
Chief Complaint System:**Medical History:** Mild persistent asthma, uncomplicated, Type 2 diabetes mellitus with unspecified complications, Essential (primary) hypertension
Alcohol/Drugs:**Vitals:**

Time	Cardiac	BP	Pulse	Rhythm	Resp	Effort	SpO2	COB	GLGC	Temp	AVP	PUP	Pain	Stroke	Reperfusion	APGAR	PARTS
														Scale	Miscellaneous		
09:35		128/76	106				89	174	Skin					Probe: Mean Arterial BP: 93			
									35.9								
09:45		125/77	102				91	15	Skin					Probe: Mean Arterial BP: 93, Pain Scale			
									36.2					Type: Numeric (0-10)			

Glasgow Coma Score:

Time	Eye	Motor	Verbal	Score Qualifier	Score
09:45	Opens Eyes spontaneously	Obeys commands (>2Years); Appropriate response to stimulation	Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts		15

Medications:

Time	PTA Medication	Pert. Neg.	Dose Authorization	Route	Response	Complication	Crew
09:46	No Oxygen		3	Nasal Cannula	Improved		708753

Treatments:

Time	PTA Treatment	Pert. Neg.	Size Authorization	Tries	Success	Response	Complication	Crew
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Medical Device Events:

Time	Event	ECG Interpretation	Shocks
09:44	Power On		

Assessments:**Assessed 09:36****Mental:** Normal Baseline for Patient, Oriented-Person, Oriented-Event, Oriented-Place, Oriented-Time
Neurological: Normal Baseline for Patient**Narrative:**

pt c/c is wheezing. pt sts tested positive for covid on 2/21 and started feeling these symptoms two days ago. pt sts she feels wheezing upon exertion. ems hears slight wheezing now. pt denies chest pn, headache, dizziness. pt does have most covid symptoms. pt ao to person, place, time, event, vitals within normal limits, maew, ambulatory on scene. transporting pt to baylor plano for eval. pt spo2 went up some with o2 at 3 lpm. transferred care to nurses with report.

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Loaded Mileage:

At Scene Odometer:
Total Loaded Mileage:

At Destination Odometer:

Call Times:


Call Received	Assigned	En Route	At Scene	From Scene	At Destination	In Service
2/25/2021 09:23	2/25/2021 09:23	2/25/2021 09:24	2/25/2021 09:29	2/25/2021 09:47	2/25/2021 09:56	2/25/2021 10:12

Signatures:

09:35 Other - EMS Primary Care Provider (for this event) - John Gardner, Not Signed - Physical Impairment of Extremities

I hereby attest that the information contained in this Patient Care Report is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that no authorized representatives were available or willing to sign on the patient's behalf.



09:35 Other - EMS Primary Care Provider (for this event) - John Gardner, Not Signed - Physical Impairment of Extremities

I hereby attest that the information contained in this Patient Care Report is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that no authorized representatives were available or willing to sign on the patient's behalf.

09:51 Other - EMS Primary Care Provider (for this event) - Kevin Maxwell

I hereby attest that the information contained in this Patient Care Report is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

10:03 Transfer of Patient Care - Healthcare Provider - haddie

JS

KL M. J.

The patient named on this report was received by this facility at the date and time indicated on this report. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Dallas Fire Rescue Department.

Lin

Attachments:

Medical Device Images:

09:44 Power On - EKG Waveform

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Prehospital Care Report Summary

Dallas Fire-Rescue Dept.
EMS Office
1551 Baylor Street, #300
Dallas, TX 75226

Patient Information

Name: Wesley, Linda
Age: 58 Years

Gender: Female
D.O.B.: 4/30/1962

Address: 17717 Vail St
WIND SONG APTS
Dallas, TX 75287

Race: Black or African American

Homeless?: No

Social Security: 450-37-7767

Patient Condition

Complaint Type	Patient Complaint	Duration
Chief (Primary)	fever sob	2 Days

Primary Impression: Possible or Confirmed COVID-19 (Coronavirus)

Primary Symptom: Breathing- Dyspnea

Onset: 02/23/2021 09:31:29

What PPE was used
by other apparatus
Position 1?:

What PPE was used
by other apparatus
Position 2?:

What PPE was used
by other apparatus
Position 3?:

Person with Patient:

Contact Phone #:

Is this a possible or
confirmed COVID-19
patient?:

Reported to
have tested
positive for
CD-19

What possible
COVID type
symptoms does
patient have?:

Body Aches;
Chills;
Cough;
Diarrhea;
Fatigue;
Fever; Loss
of Taste;
Nausea
and/or
Vomiting;
Shortness of
Breath

Other COVID
symptom?:

What PPE was used
by rescue medic
Completing Report?:

Gloves;
Goggles; N95

What PPE was used
by other rescue
medic?:

Gloves; N95

Was a mask placed Yes
on patient?:

Narrative

Narrative: pt c/c is wheezing. pt sts tested positive for covid on 2/21 and started feeling these symptoms two days ago. pt sts she feels wheezing upon exertion. ems hears slight wheezing now. pt denies chest pn, headache, dizziness. pt does have most covid symptoms. pt ao to person, place, time, event, vitals within normal limits, maew, ambulatory on scene. transporting pt to baylor plano for eval. pt spo2 went up some with o2 at 3 lpm. transferred care to nurses with report.

Past Medical History

Medical History: Resp - Asthma (Mild); Endocrine - Diabetes Type II; Hypertension

Current Date: 02/25/2021 10:23

Patient MedicationsCurrent Medications

Metformin
Losartan
Symbicort

DosageRoute

Obtained From: Patient

Pregnancy: No

Medication Allergies

Penicillin (PCN)

Cardiac Arrest

Cardiac Arrest: No

Trauma**Assessment Exam**

Time	BP	Pulse	<u>Vitals</u> Resp	Effort	SpO2	Qual
09:35:39	128 / 76	106			89	
09:45:47	125 / 77	102			91	O2

Time	BGL	Temp
09:35:39	174	96.6

GCS/AVPU

Time	Score	Eye	Motor	Verbal	Qualifier
09:45:47	15	Opens Eyes Spontaneously	Obeys Commands (>2Years); Appropriate response to stimulation	Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	

Assessment

Time
09:36:35

Assessment Summary

02/25/2021 09:36:35

<u>Location</u>	<u>Description</u>	<u>Detailed Findings</u> <u>Details</u>
Mental Status	Normal Baseline for Patient Oriented-Person Oriented-Event	

Current Date: 02/25/2021 10:23

Oriented-Place
Oriented-Time

Normal Findings

Neurological:

Not Done

Medications

Medications

Time	Medication	Route	Dosage	Response	PTA	Crew
09:46:48	Oxygen	Nasal Cannula	3 Liters Per Minute (LPM (gas))	Improved	No	Maxwell, Kevin

Response Information

Incident Address: 17717 Vail St
WIND SONG APTS
Dallas, TX 75287

Call Type: Respiratory Complications

Disp. Notified: 02/25/2021 09:23:19

Unit Disp.: 02/25/2021 09:23:19

Enroute: 02/25/2021 09:24:36

At Scene: 02/25/2021 09:29:02

At Patient: 02/25/2021 09:31:29

Depart: 02/25/2021 09:47:22

Arrive Dest.: 02/25/2021 09:56:28

In Service: 02/25/2021 10:12:38

Location Type: Apartment

Call Request Origin: 911 Call Center (Emergency)

of Patients: Single

EMD Card Number: 06D02A

Resp. Mode: Lights and Sirens

Service Requested: 911 Response (Scene)

Patient Care Report Number: 6bb89e1c42d4498daef91169df9aab5f

Outcome

Incident: 2021054106

Date/Time: 02/25/2021 09:23:19

Unit: RE10

Shift: C

Disposition: Transport by EMS

Destination: BAYLOR (BSW) PLANO
4700 ALLIANCE BLVD
Plano, TX 75093

Transport Mode: Code 1 (Non-Emergent)

ETA (Mins): 10

BioTel Contact: No

Transport Information

Dest. Determ.: Closest Appropriate Facility

To MICU: Stretcher

Transport Position: Fowlers (Semi-Upright)

To Facility: Stretcher

Transport Necessity: Medical/Traumatic Emergency; Respiratory Distress

Current Date: 02/25/2021 10:23

Unit Personnel

Crew Member

Maxwell, Kevin
Gardner, John

Level of Certification

EMT-Paramedic
EMT-Paramedic

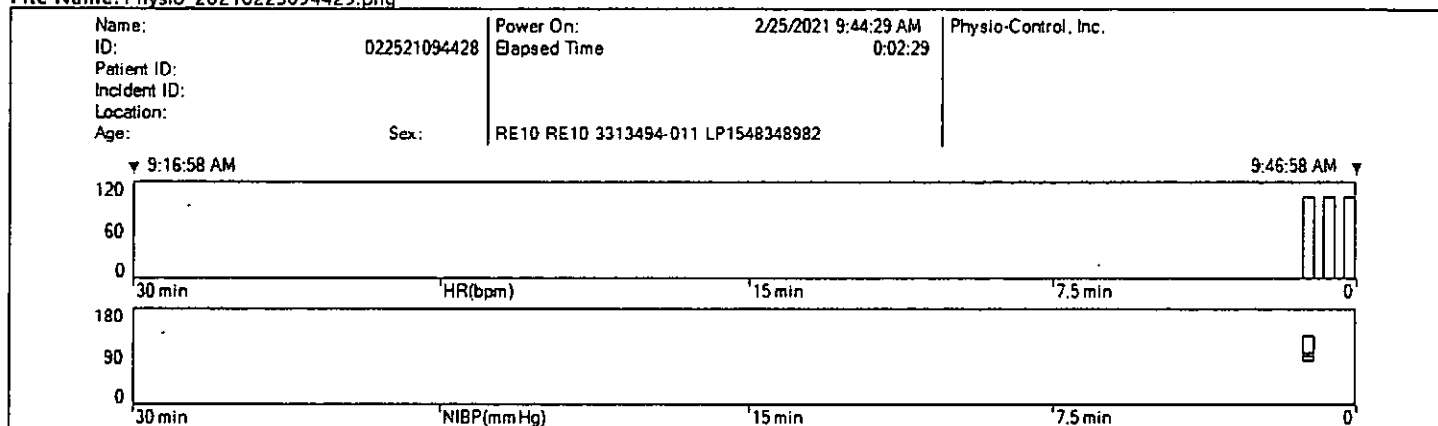
Role

Primary Patient Caregiver
Primary Patient Caregiver

ECG Wave Forms

Time: 02/25/2021 09:44:29

File Name: Physio_20210225094429.png



Additional Information

PCR#: 6bb89e1c42d4498daef91169df9aab5f

Signatures

Type of Person Signing: DFR Crew Member

Signature Reason: EMS Provider; Patient Unable to Sign

Reason No Patient Signature: Patient Contamination

Paragraph Text:

I hereby attest that the information contained in this Patient Care Report is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that no authorized representatives were available or willing to sign on the patient's behalf.

Status: Patient Contamination

Printed Name: John Gardner

Date/Time of Signature: 02/25/2021 09:35:33

Type of Person Signing: DFR Crew Member

Signature Reason: EMS Provider


Reason No Patient Signature:

Paragraph Text:

I hereby attest that the information contained in this Patient Care Report is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Current Date: 02/25/2021 10:23

Status:



Printed Name: Kevin Maxwell

Date/Time of Signature: 02/25/2021 09:51:45

Type of Person Signing: Receiving Facility Provider

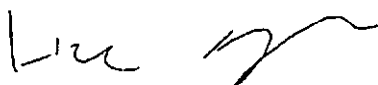
Signature Reason: Transfer of Patient Care

Reason No Patient Signature:

Paragraph Text:

The patient named on this report was received by this facility at the date and time indicated on this report. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Dallas Fire Rescue Department.

Status:



Printed Name: haddie

Date/Time of Signature: 02/25/2021 10:03:56

Attachments

File Name: 20210225094429_RE10

Modified By: Kevin Maxwell

Modified On: 02/25/2021 10:13:10

Current Date: 02/25/2021 10:23

NEOPOST
05/21/2021
US POSTAGE \$001.60⁹
ZIP 10514
041M11458617

UNITED HEALTHCARE - ATTN: APPEALS
PO BOX 30559
SALT LAKE CITY, UT 84130
Attn: Appeals Department

FIRST CLASS MAIL

PLEASE DO NOT BEND



**INSURANCE CLAIM
FORMS ENCLOSED**

NOTE: OPEN THIS ENVELOPE FROM THE BOTTOM.

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