

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



STEPHENSON ACQUISTO & COLMAN SANTA CLARITA CA 913 25 MAY 2021PM



ովեներոնվինովիիիիիիիիիիիիիիիինըոր



United Healthcare Appeals Department

P.O. Box 30559

Salt Lake City, UT 84130-0432



5/20/2021

US MAIL

United Healthcare Appeals Department P.O. Box 30559 Salt Lake City, UT 84130-0432

Patient Name:

JONG, TOM

Insured ID Number:

928523281

Provider:

Stanford Health Care - Valleycare - Livermore

Provider Address:

1111 EAST STANLEY BOULEVARD LIVERMORE, CA 94550

Total Charges:

\$15,344.67

Underpaid:

\$571.20

Dates of Service:

10/22/2020 - 10/22/2020

SAC File Number:

040000045655

Re: Provider Dispute/Appeal

Dear Sir or Madam:

As you are aware, The Law Offices of Stephenson, Acquisto and Colman, Inc., represent Stanford Health Care – Valleycare – Livermore with regard to the above-referenced claim. This matter has been sent to our office to pursue reimbursement as the dispute has not been resolved through the normal course of business.

Review of the file reveals United Healthcare has improperly denied this claim after deeming services not medically necessary, a contention with which we disagree. In addition, pursuant to Health and Safety Code §1370.2, our client is requesting information regarding the board-certified physician with relevant expertise who evaluated this appealed claim together with the rationale behind the denial.

This claim has been improperly paid at a lower level of care. We disagree with that determination. We consider this claim to contain adequate documentation to support treatment

Southern California Office

303 North Glenoaks Blvd., 7th Floor @ Burbank, CA 91502 @ p 818.559.4477 @ f818.559.5484

Northern California Office

5700 Stoneridge Mall Rd., Suite 350 @ Pleasanton, CA 94588 @ p 925.734.6100 @ f925.463.1805

San Diego Office

5958 Priestly Drive, Suite 100 @ Carlsbad, CA 92008 @ p 818.559.4477 @ f818.559.5484

Chicago Office

20 N. Clark Street, Suite 3300 @ Chicago, IL 60602 @ p 312.636.1870 @ f818.559.5484

reception@sacfirm.com @ www.sacfirm.com



US MAIL Page 2

rendered at the level of care billed and therefore payable at that level of care. Accordingly, please process this claim for payment in full in the amount \$571.20

Please review the file and remit the above-referenced underpayment to our client within 30 business days, noting that failure to do so and provide the requested physician information will result in our firm moving this matter forward to litigation.

I can be reached at our firm's San Diego office number listed below should you have any questions.

Sincerely,

LAW OFFICES OF STEPHENSON, ACQUISTO & COLMAN, INC.

Barbara Skier

BJS/VS

Enclosure: UB

| THE HOSPITAL COMMITTEE FO 2 VALL | | | | | | | | | LEYCARE HEALTH SYSTEM | | | | | | | 33 PAT. 40000045655 | | | | | | | | | |
|-------------------------------------------|-----------------------------------------|-----------------|-------------------|--------------------------|----------------|---------|-----------------------------------------|------------------|--------------------------------------------------|-----------------|--------------|----------|-----------------|-------------|---------------------------------|--------------------------------------------------------------------------------|-----------------|-------------|----------|---------------|--------------|-------------|---------------------------|--|--|
| | | | | | | | O BOX 748614 | | | | | | | 6, M REC | 6, MED. 79053062 | | | | | | | | 4 TYPE OF BILL 0131 | | |
| | | | | | | | OS ANGELES CA 90074 | | | | | | | 5 FI | 5 FED. TAX NO. 6 STATEMENT COVE | | | | | | 7 | | | | |
| 6507255007 | | | | | | | | | | | | | | | 1429628 | 1022 | 220 | 20 102220 | | | | | | | |
| 6 PATIENT NAME 6 JONG, TOM | | | | | | | 9 PATIENT ADDRESS 4 354 LIVE OAK DI | | | | | | | | | | | | | | | - 1 | | | |
| 10 BIRTHDAT | | 11 SEX | | ADMISSION 13 HR 14 TY | | 1. | - | 7 STAT | | | | | CONDITION 22 | N CODE | s | | | CA I2 | d 94 | | | • | | | |
| | 4251975 | M | 12 DATE | 13 HR 14 TY | | SRC 1 | J DHH I | 01 | 18 1 | 19 | 20 | 21 | 22 | 23 | 24 25 | 26 | 27 1 | 28 | STATE | | ARE3 | | | | |
| 31 OCCU | PRENCE DATE | | OCCURRENC DATE | | OCCURI | | - | | DCCURRENCE DATE | | 35 CODE | | OCCURREN | CE SPA | N Transport | 38 | 000 | URRENC | E SPAN | | 37 | | | | |
| CODE 11 | 10222 | | UA: | CODE | Τ | DATE | | CODE | DATE | = | CODE | Т | FROM | \top | THROUGH | CODE | FR | ОМ | 1 | <u>HROUGH</u> | _ | | | | |
| , | | | ļ | | | | | | | | | | | | | | | | } | | 1 (| ссмо | ; | | |
| 38 | | | | | | • | | | • | | <u> </u> | 39 CO | VALUE A | E CODE | S | 40 CODE | VALUE COL | DES | 4 | II COOE | VALUE CO | | | | |
| | ED HEAL OX 30559 | | RE CHOI | CE PLU | | | | | | | a | | | | : [| 0000 | Alliosi | • | : | T | Allicon | | : | | |
| _ | LAKE CI | | 8413005 | 555 | | | | | | | ь | | | | : | | | | : | | | | : | | |
| | | | | | | | | | | | c | | | | : | 1 | | | : | | | | : | | |
| | | | | | | | | | | | | | | | <u>,</u> | | : | | | | | | | | |
| 42 REV. CO. | 43 DESCRIP | | | | | | ^ | HCPC | S / RATE / HIPP | S CODE | | | 45 SERV, DATE | | 46 SERV. UNITS | | 47 TOTAL CH | | | 48 NON-C | OVERED CHA | AGES | 49 | | |
| 0250 | PHARMACY | | | | | | | | | | | 1022 | | | | 1 | ., ., ., | | | | | | | | |
| 0301 | LAB/CHEMISTRY | | | | | | | |)48 .ac | | 1022 | | | | 1 | 69700 | | | | | | | | | |
| 0305 0351 | LAB/HEMATOLOGY | | | | | | | 85025 70481 | | | | 1022 | | | | 1 | 26500 587300 | | | | | | | | |
| 0351 | CT SCAN/HEAD EMERG ROOM | | | | | | | 70481 9928525 | | | | 1022 | | | 1 | 1 | | | | | | | | | |
| 0636 | DRUGS/DETAIL CODE | | | | | | | Q9967 | | | | 1022 | | | | 100 | 1 | | | | | : | | | |
| | 0.0000000000000000000000000000000000000 | | | | | | | 23307 | | | | '' | | | -~ | | 1,92 | | | | | : | | | |
| | | | | | | | | | | | | | 1 | | | | | | : | | | : 1 | | | |
| | ļ | | | | | | 1 | | | | | | | | | | | | : | | | : | | | |
| 4 | ĺ | | | | | | | | | | | | | | l | | | | : | | | : | | | |
| · I | | | | | | | | | | | | | | | | | | | : | | | | | | |
| 4 | | | | | | | | | | | | | | | | | Ĺ | | : | | | | | | |
| 4 | | | | | | | | | | | | | _ | | | | | | : | | | : | | | |
| 4 | | | | | | | ı | | | | | | | | | | | | : | | | | | | |
| | | | | | | | | | | | | | | | | | ļ | | : | | | | | | |
| • | | | | | | | | | | | | | ļ | 1 | | | 1 | | : | | | | | | |
| | | | | | | | | | | | | | İ | | | | ļ | | ; , | | | | | | |
| | | | | | | | | | | | | | | | | | l | | : | | | : | | | |
| | | | | | | | | | | | | | | | | | ł | | : | | | : | | | |
| | | | | | | | | | | | | | | | | | <u> </u> | | : ' | | | | | | |
| 2 | | | | | | | | | | | | | | | | | [| | : | | | | | | |
| 001 | PAGE | 1 | OF1 | | | | | | CREA | TION | DAT | E | 10262 | 20 | TOTALS | | | 153 | 4467 | | | | | | |
| 50 PAYER NA | | | | | 51 HE | ALTH PL | AN ID | | | SZ FIEL INFO | | | PRIOR PAYME | | 55 EST. A | |)UE | 56 NPI | 1144 | 38994 | 1 | | | | |
| UNITED HEALTHCARE CHOIC 87726 | | | | | | | | | Y | Y | | | : | | | 1534467 | 57 | | | | | | | | |
| i. | | | | | 1 | | | | | | | | | | | | : | OTHER | | | | | | | |
| | | | | - | | | | | | | ļ | | | <u>:</u> | | | :_ | PRV ID | <u></u> | | | | | | |
| 56 INSURED | S NAME | | | | | 59 P. F | ET 60 (| NSURE | D'S UNIQUE II | D | | | | _ | OUP NAME | | | 62 INSL | PANCE | GROUP N | ю. | | | | |
| JONG,TO | MC | | | | | 18 | 92 | 3523 | 281 | | | | | NON | IE | | | 7004 | 06 | | | | | | |
| 1 | _ | | | | | | | | | | | | | | | | | 1 | | | | | | | |
| <u> </u> | | | | | | | | 1 | | | | | | | | 7 22 | | <u> </u> | | | | | | | |
| 63 TREATME | IROHTUA TN | CATION CO | NES | | | | | 64 D | OCUMENT CO | MIROL | NUMBER | • | | | | 65 EM | PLOYER NAM | LE | | | | | | | |
| Ţ | | | | | | | • | 1 | | | | | | | - | .[| | | | | | | | | |
| | | | | | | | | | | | | | | | | 1 | | | | | | | | | |
| <mark>‰ L0321</mark> : | 3 | F1721 | 0 | Z8249 | J | | ۲. | <u> </u> | 1.1 | | 1 | | | | | 1 | 1 - 1 | T | | | 68 | | | | |
| 0 | | - | | 70543 | | | • | | | | + | | | | · | + | 4 | + | i | | | | | | |
| 69 ADMIT | | 70 | PATIENT | H538 | | 15789 |) T | | <u>~</u> | 71 PPS | + | | 72 EG | | | ــــــــــــــــــــــــــــــــــــــ | ار | Γ' | <u>'</u> | 7. | | | | | |
| 74 PI | RINCIPAL PR | OCEDUKÉ I HE | ASON DX | OTHER PE | | | |). | OTHER P | ROCED | URE | | 1511 | | ATTENDING | | 6898189 | 40 | | UAL | | | | | |
| COD | - | . WAIE | | COOL | | EAT[5 | | | JUDE | T | DAIE | | (۱۵۱۱ | - D | ਜ TJOE | · | | | | | REAS | | | | |
| c. | OTHER PROC | EDURE | d. | OTHER PE | ROCEDL | PE | <u> </u> | ١, | OTHER P | HOCED | DRE DATE_ | | 1 | - 13 | OPERATING | NPI | | | | UAL | <u> </u> | | | | |
| | | | | | | | | | | | | | × | | ST | | | | FIRS | т | | | | | |
| 80 REMARKS | _ | | | | 810 | с Вз | 2821 | 1000 | 00X | 1 | | | | 78 | OTHER | NPI | | | - 10 | WL | Ι | | | | |
| | | | | | | b | | | | 1 | | | | LAS | | | | _ | FIRS | iT_ | | | | | |
| | | | | | | c | | | | I | | | | 79 | OTHER | NEA | | | a | LIAL | | | | | |
| | | | | | | ٥ | | | | \bot | | | | IA9 | | | | | FIRS | | | | | | |
| UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 | | | | | | | | | NUBC Esqueren | | | | | | | THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREC | | | | | | | | | |