



Patch II

Document Separator

Used to Separate Each Transaction

00BREAK00

00BREAK00

SourceHOV, Inc
4868 GA HWY 85
Forest Park, GA 30297

00BREAK00



03/21/2021

UNITED HEALTHCARE
ATTN: APPEALS
P.O. BOX 740800
ATLANTA, GA 30374

Re: Patient: GONZALES, ROGER
Account No.: 1618828626
Date of Service: 01/05/2021
Subscriber ID: 917115832

Dear Sirs:

DREAMHILL INPATIENT SRVCS, PLLC has rendered emergency care and services to the above-identified member of your Plan in the state of Texas. Emergency Provider did not participate with your Plan at the time the services were rendered to your member. Emergency Provider timely submitted the appropriate claim for services provided to your member to Plan for adjudication as an out of network provider. Please be advised Emergency Provider disputes and contests the reimbursement paid by Plan in adjudicating the claim.

Effective January 1, 2020, Texas Senate Bill 1264 (the "Bill") is now in effect. The Bill requires that Plan disclose to Emergency Provider the total amount Emergency Provider may bill the patient and that the Plan must disclose to Emergency Provider whether a claim is subject to the Bill, including providing a statement on the Explanation of Benefits to notify Emergency Provider that they can request mediation or arbitration should they disagree with the payment amount. To date, Emergency Provider has not been able to confirm eligibility of this claim using this mechanism. Emergency Provider therefore requires the Plan to contact Emergency Provider to confirm eligibility.

Under the Bill, if Emergency Provider considers the reimbursement paid by Plan to not be a reasonable amount for the care and services provided, Emergency Provider can make a request for arbitration to determine the reasonable amount to be paid on the claim submitted. Prior to submitting any request for arbitration, Emergency Provider would like to attempt resolution with Plan directly and offers to accept 245.00 subject to the patient's in network cost share. This offer will remain open for thirty (30) days following Plan's initial payment and then will expire on its own terms. If the Plan fails to respond to Emergency Provider within the thirty (30) day period, the amount initially allowed will be considered the Plan's final offer and Emergency Provider may then pursue arbitration to resolve the dispute as detailed under the Bill.

910210899365

If the Plan identifies that this claim is not subject to the Bill, Emergency Provider still disputes the Plan's reimbursement and reserves its right to pursue payment in full for its services and reserves its right to protect its legal interests, including but not limited to its right to seek any and all remedies including the right to initiate legal proceedings. In a good faith effort to resolve this disputed claim, Emergency Provider similarly offers to accept 245.00 subject to the patient's in network cost share. This offer will remain open for thirty (30) days , and then will expire on its own terms.

Please be advised further that Emergency Provider's acceptance of any partial payments for the services rendered shall in no event waive its right and the Plan's obligation to pay Emergency Provider the full amount owed for providing the described services to your member.

Please contact Emergency Provider at Revenue.Recovery@EnvisionHealth.com.

Very truly yours,

DREAMHILL INPATIENT SRVCS, PLLC

ERA 5010 EOB DETAIL REPORT

UNITED HEALTHCARE INSURANCE COMPANY
9900 BREN ROAD
MINNETONKA MN 553439664

ELECTRONIC
REMITTANCE
NOTICE

DREAMHILL INPATIENT SERVICES PLLC
1000 RIVER ROAD SUITE 100
CONSHOHOCKEN PA 19428

NPI#: 1194247346
Check/EFT#: 1TR79403177
Check Date: 03/19/21

Name: GONZALES, ROGER
ICN: CL76669063

HIC: 917115832
ASG: Y

Acct: 1618828626DMH

Rend Prov	Serv Date	Pos Nos	Proc	Mods	Billed	Allowed	Deducted	Co-Ins	Grp/RC	Amount	Prov Pd
1356577076	01/02/21	1	99223		931.00	197.77	197.77	0.00	PI-242 PR-1	733.23 197.77	0.00
Rem: N830											
1356577076	01/03/21	1	99232		350.00	70.94	70.94	0.00	PI-242 PR-1	279.06 70.94	0.00
Rem: N830											
1356577076	01/04/21	1	99233		497.00	101.62	101.62	0.00	PI-242 PR-1	395.38 101.62	0.00
Rem: N830											
1356577076	01/05/21	1	99232		350.00	70.94	70.94	0.00	PI-242 PR-1	279.06 70.94	0.00
Rem: N830											
1356577076	01/06/21	1	99232		350.00	70.94	70.94	0.00	PI-242 PR-1	279.06 70.94	0.00
Rem: N830											
1356577076	01/07/21	1	99233		497.00	101.62	101.62	0.00	PI-242 PR-1	395.38 101.62	0.00
Rem: N830											
Claim Totals					2975.00	613.83	613.83	0.00		2975.00	0.00

Patient Responsibility: 613.83

Adjustment to Totals: (Previously Paid) Interest: 0.00 Late Filing Charges: 0.00 Net: 0.00

Claim Status: 1 - Processed as Primary

Name / Type / Contact#

Special Claim Contact: RICHARDSON SPRGFLD SRVC CNTR TE 8778423210 / /

HIPAA Code Description

N830 THE CHARGE FOR THIS SERVICE WAS PROCESSED IN ACCORDANCE WITH FEDERAL/STATE
PI242 BALANCE/SURPRISEBILLING REGULATIONS, AS
SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDER.

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ICN: CL76669063

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Acct: 1618828626DMH

HIPAA Code Description

PR1 DEDUCTIBLE AMOUNT

Claim Rcvd Date: 03/11/21

Match on Embillz Account: 1618828626DMH

03/21/2021

UNITED HEALTHCARE

ATTN: APPEALS

P.O. BOX 740800

ATLANTA, GA 30374

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Under the Bill, if Emergency Provider considers the reimbursement paid by Plan to not be a reasonable amount for the care and services provided, Emergency Provider can make a request for arbitration to determine the reasonable amount to be paid on the claim submitted. Prior to submitting any request for arbitration, Emergency Provider would like to attempt resolution with Plan directly and offers to accept 651.70 subject to the patient's in network cost share. This offer will remain open for thirty (30) days following Plan's initial payment and then will expire on its own terms. If the Plan fails to respond to Emergency Provider within the thirty (30) day period, the amount initially allowed will be considered the Plan's final offer and Emergency Provider may then pursue arbitration to resolve the dispute as detailed under the Bill.

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If the Plan identifies that this claim is not subject to the Bill, Emergency Provider still disputes the Plan's reimbursement and reserves its right to pursue payment in full for its services and reserves its right to protect its legal interests, including but not limited to its right to seek any and all remedies including the right to initiate legal proceedings. In a good faith effort to resolve this disputed claim, Emergency Provider similarly offers to accept 651.70 subject to the patient's in network cost share. This offer will remain open for thirty (30) days, and then will expire on its own terms.

Please be advised further that Emergency Provider's acceptance of any partial payments for the services rendered shall in no event waive its right and the Plan's obligation to pay Emergency Provider the full amount owed for providing the described services to your member.

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NPI#: 1194247346
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Check Date: 03/19/21

Name: GONZALES, ROGER
ICN: CL76669063

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HIPAA Code	Description
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