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FAX

05/30/2021

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United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104



UnitedHealthcare®
A UnitedHealth Group Company

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**DO NOT Return to the RMO for
Rescan**

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IPS
**CONFIDENTIAL HEALTHCARE
INFORMATION MAY BE ENCLOSED**

Health Care Information is personal and sensitive information. It is being faxed to you after appropriate authorization from the patient, or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent is prohibited unless permitted by law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

FACSIMILE TRANSMITTAL SHEET

TO:
ATTN : APPEALS DEPT

FROM:
NA

COMPANY: UNITED HEALTHCARE

DATE: 05/28/2021

FAX NUMBER: WHO'S FAX# 801-567-5498

TOTAL NO. OF PAGES INCLUDING COVER: 6

PHONE NUMBER: WHO'S PHN#
N/A

SENDER'S REFERENCE NUMBER: 823430528

RE: CONTRACTED

YOUR REFERENCE NUMBER: CH38711598

☒ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

IMPORTANT WARNING: This fax is intended for the individual/individuals or entity/entities named above and may be covered by copyrights, business partner confidentiality agreements, non-disclosures or other legally binding instruments. If you are not the intended recipient, do not read, copy, use or disclose the contents of this communication to others. Immediately notify the sender by reply fax or phone, destroy all hard copies and delete this document from all systems. Thank you!

IPS
4754 E. STATE RD. 64
BRADENTON, FL 34208-9058
1888-337-3509 FAX: 941-209-5652

Anesthesia Dynamics LLC
3220 N St NW #152
Washington, DC 20007-2829
Phone: 941-209-5410 FAX: 941-209-5652
TAX ID# :823430528

May 27, 2021

UNITED HEALTHCARE
CENTRAL ESCALATION UNIT
PO BOX 30573
SALT LAKE CITY, UT 84130-0573

INSURANCE CLAIM#CH38711598

PATIENT: Kirstin I Silberschlang
MEMBER ID# 934839602
D.O.S.: 10/23/2020
ACCT#: ADA18067 CHARGE: \$2,365.00

Dear Sir or Madam:

According to our records, the above referenced claim has **not been accurately paid**. As you are aware, delays in processing claims per our contract can increase costs for not only us, but also your firm which includes increasing costs for review, analysis, supervisory, and financing. Our agreement clearly states this procedure will be paid per the rate of our contract. We formally request you process the claim per said agreement. Failure to do so leaves us no option but to consider you in breach of contract and forces us to seek recompense by whatever other means are available to us.

We wish to note that previous instances of incorrect payment methodology have been identified as processing inefficiencies on behalf of your company. For example, review shows this claim was processed incorrectly under an individual provider NPI rather than the appropriate group NPI. In another example, your software system has not been updated to reflect the correct contracted rate. These type of errors should be remedied and payment should be issued immediately.

Refusal to properly review claims and contractual evidence, especially in a repetitive and seemingly systemic pattern, is an act of bad faith and puts the member's insurance at risk of additional fees in the form of accrued interest and possible litigation, items which are mutually agreed upon in the active contract.

As a final course of action, if this appeal does not result in payment and you choose to continue in breach of contract, we will be in our rights to bill and seek reimbursement from your policyholder. It is in all parties' best interest to comply and not redirect this billing to your members.

If you should have any questions, please contact our billing office at 941-209-5410, Monday through Friday from 9:00 am to 4:30 pm EST.

Sincerely,

Accounts Receivable Department

Attachments: Pt-sign auth form, Original EOB\Correspondence, Copy of Payment Proposal


UnitedHealthcare®
Designation of Authorized Representative

Member Name (please print)	Date of Birth	Member ID number	
Kirstin I Silberschlag	1-27-75	934839602	
Member's Street Address	City	State	Phone
222 Lamont Ave.	San Antonio	TX	78209
Name of Individual/Company/Law Firm being designated as the authorized representative			
Anesthesia Dynamics LLC			
Designated Representative's Address	City	State	Phone
3220 N St NW #152	Washington	DC	(941)253-2625
Provider of Service			
Dr. Munoz, San Antonio Endoscopy Ctr, Anesthesia Dynamid			
Date(s) of Service or Proposed Service			
Oct. 23, 2020			

I, Kirstin Silberschlag do hereby name

Print the name of the member who is receiving the service or supply

Shawanda Robert

Print the name of the person who is being authorized to act on the member's behalf

to act as my authorized representative in requesting (check all that apply)

☒ a complaint ☐ an appeal ☐ documents
from UnitedHealthcare regarding the above-noted service or proposed service.

I understand and agree that:

- This authorization is voluntary;
- my health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- my health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulation;
- this authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Signature of Member	Date
<u>Kirstin Silberschlag</u>	12-6-20
If person signing this authorization is not the member, describe relationship to the Member (i.e. Parent, Legal Representative)	

Legal Representatives signing this authorization on behalf of a member must furnish a copy of a health care power of attorney, or other relevant document that grants the applicable legal authority

Comment on Agreements

[Back to Pending Agreements](#)

*Enter your comment:

THANK YOU FOR YOUR OFFER! I'M
RESPECTFULLY DECLINING AND REQUESTING
\$1773.75 TO RESOLVE THIS CLAIM. IF \$853.13
IS YOUR ABSOLUTE MAX OFFER PLEASE SEND

301 of 500 characters remaining

*First Name

SHAWANDA

*Last Name

HEBERT

*Job Title

REVENUE CYCLE MANAGEMENT SPECIALIST

*Phone

941-209-3410

Ext.

*Email

SHebert@ipsmgmt.com

*Confirm Email

SHebert@ipsmgmt.com

Agreements to be Commented On

Click any row to see more information about the agreement

POS	Patient	Billed Charges	Adjusted Price	Payer	Data iSight Claim #
10/23/20	SILBERSCHLANG, KIRSTIN	\$2,365.00	\$853.13	UNITED HEALTHCARE DIS	61299049

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3/24/2021 8:45:14 AM PAGE

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Letter of Agreement

Prepared Mar 24, 2021

PLEASE DELIVER TO:

Eva/Urgent Max All/Final Attem
ANESTHESIA DYNAMICS LLC
3220 N St NW
Ste 152
Washington, DC 20007

RUSH!

SENT BY:

Michelle Ware
Data iSight
222 W. Las Colinas Blvd, Suite 1500
Irving, TX 75039

**PRIORITY HANDLING PLEASE
THIRD REQUEST**

TELEPHONE: 240-469-2181

FACSIMILIE: 206-984-4412

TELEPHONE: 469-291-6461

FACSIMILIE: 844-208-6794

PATIENT: KIRSTIN I SILBERSCHLANG
222 LAMONT AVE
SAN ANTONIO, TX 78209

PAYOR:

UNITED HEALTHCARE SERVICES, INC.
339 SIXTH AVENUE, SUITE 800
PITTSBURGH, PA 15222

BIRTHDATE: 1/22/1975

INSURED: KIRSTIN SILBERSCHLAG

POLICY: 907816

PT ACCOUNT NO: 17776

ICN: 61299049

DATES OF SERVICE						ADJUSTED	
BEGIN	END	POSTOS	PROCEDURE	QTY	CHARGE	CHARGE	ADJUSTMENT
10/23/20	10/23/20	24	07 00811 QZ P2 ANESTHESIA LOWER INTST E	32	\$2,365.00	\$853.13	\$1,511.87
Totals:					\$2,365.00	\$853.13	\$1,511.87

This is a follow up to our communication concerning the above-referenced Patient's services.

Provider agrees:

- to accept the Adjusted Charge \$853.13 as payment in full for the above-mentioned products/services that have been provided to the above-referenced Patient provided that payment is processed within 20 days of receipt of faxed signature.
- not to balance bill Patient or Patient's family (except for deductible, coinsurance, and non-covered items, if applicable).
- to accept the above and waive all late charges, provided that the Payor waives their right to conduct an on-site audit of the billed charges.



**Review and Accept
Online**

<https://action.datasight.com>

Web Key: RP9554XN

The signatory to this Agreement represents and warrants that he/she is signing on behalf of Provider and is fully authorized to sign and commit Provider to all of its obligations and responsibilities under this Agreement.

AUTHORIZED SIGNATURE:

Mileyda Aguirre

Digitally signed by Mileyda Aguirre
DN: cn=Mileyda Aguirre, o=IPS,
ou=Accepted,
email=m.aguirre@ipsangmt.com, c=US
Date: 2021.05.24 12:41:10 -0400

PRINTED NAME:
E-MAIL ADDRESS:
DATE:

Data iSight is not a payor, and is not financially responsible for any payments due to the Provider. Payment of benefits, if any, is subject to all terms and conditions of the policy. Therefore, this letter of agreement does not constitute, nor should it be construed as, a guarantee of benefit payment by the Payor, and will be null and void if no benefit payment is determined to be payable by the Payor. This fax is being sent pursuant to previous communications.

Please accept online, or sign above and fax back promptly to 844-208-6794. Thank you.

This telecopy transmission may contain confidential information which is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby advised that any disclosure, copying, distribution, or taking of any action in reliance of the contents of this information is prohibited. If you have received this transmission in error, please notify us to arrange for the return of the documents. Thank you.



Check Summary		Transaction Date: November 13, 2020	
UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 553439864		Payee Name: ANESTHESIA DYNAMICS LLC Payee Address: 3220 N. STREET NW SUITE 152 WASHINGTON, DC 200072829	
Payee Tax ID: S23430528	Payee ID: 1073001012	Check/EFT Trace Number: 1TR0555349	
Payment Amount: 18,306.31	Check/EFT Date: 11/13/2020	Production End Cycle Date: 11/09/2020	

Patient Name: SILBERSCHLANG, KERSTIN I	Claim Number: CH38711598 0019037072	Claim Date: 10/23/2020 - 10/23/2020	Claim Status Code: 1
Patient ID:	Group / Policy: 907616	Facility Type: 24	Claim Charge: \$2,385.03
Patient Ctrl Nbr: 17776	Contract Hdr: CH0YC+	Claim Frequency: 1	Claim Payment: \$267.06
Rendering Prv: ANESTHESIA DYNAMICS LLC	Rendering Prv ID:	Claim Received Date: 10/29/2020	Patient Resp: \$29.67
Original Ref Nbr:			

Line Details						Results:-				
Line Ctrl Nbr	Dates of Service	Revd Prov ID	Rev	Sub Proc / Modifier / Units	Remark / Payer Code	Supp Info (AMT)	Charge	Adjustments (Qty)	Adj Amount	Payment
177760001	10/23/2020 - 10/23/2020									

Supplemental Information - AMT/Payer Codes: \$296.73 (AU)

Code Descriptions

REMARK CODE(S):

M415=Alert: Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
 N383=Not covered when deemed cosmetic.
 N479=Missing Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).
 N567=Not covered when considered preventative.
 N702=Decision based on review of previously adjudicated claims or for claims in process for the same/similar type of services.
 N706=Missing documentation.

AMT CODE(S):

B6=Allowed - Actual
 AU=Coverage Amount

GROUP CODE(S):

PF=Patient Responsibility
 PI=Payor Initiated Reductions
 CO=Contractual Obligations
 CA=Other Adjustments

CLAIM ADJUSTMENT REASON CODE(S):

2=Coinurance Amount
 242=Services not provided by network/primary care providers.
 227=Information requested from the patient/insured/responsible party was not provided or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
 131=Claim specific negotiated discount.

CLAIM ADJUSTMENT REASON CODE(S):

B13=Previously paid. Payment for this claim/service may have been provided in a previous payment.
 1=Deductible Amount
 49=This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Usage: Refer to the R35 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 45=Change exceeds the scheduled maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjustment. (Use only with Group Codes PR or CO depending upon liability)
 252=An attachment or documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
 18=Exact duplicate claim/service (Use only with Group Code CA except where state workers' compensation regulations requires CO)
 23=The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code CA)
 4=The procedure code is inconsistent with the modifier used. Usage: Refer to the R35 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
 50=These are non-covered services because this is not deemed a medical necessity by the payer. Usage: Refer to the R35 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CLAIM STATUS CODE(S):

1=Processed as Primary
 22=Reversal of Previous Payment
 2=Processed as Secondary