

KEMPER

Kemper
PO Box 2843
Clinton, IA 52733-2843

-- 01 000062 66879 H 1 A818
Dr Claim Group
PO Box 941090
Miami, FL 33194



Claim payment

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez
Claim number: 24123721146
Date of loss: October 11, 2024
Date of mailing: February 27, 2025

Coverage: PIP

Dates of service: October 17, 2024 to
October 25, 2024

Payment for: Claim 24123721146
Invoice number: PSD

Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

Kemper
PO Box 2843
Clinton, IA 52733-2843
Trinity Universal Insurance Company

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.
Policy Number: 10195963501 Issue Date: 02/27/2025
Claim Number: 24123721146 Loss Date: 10/11/2024
Underwritten by: Infinity Auto Insurance Company

6152625132
66-156
531

PAY DR CLAIM GROUP OPERATING ACCT
TO THE
ORDER OF

Thirty Nine and 43/100
Wells Fargo Bank, N.A.

Dollars 39.43
Void after 180 days from date issued

Dates of service: 10/17/2024 to 10/25/2024
Memo: Payment for: Claim 24123721146

Fo mille

6152625132 053101561 2079900598557

000062 1/1

ENV

Security Features Included
Details on back

Endorse Here

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
 Reserved for financial institution use

 The security features listed below, as well as those not listed, exceed industry guidelines.

Security Features:

Digital Security Autograph

The words "FDIC" will appear in the check background when photocopied.

Digital Verification Grid

A light gray diamond pattern area on front of check will not be present on photocopies.

Anti-Copy Technology

Prevents most color copiers from creating a readable document.

Digital Inkjet

Dye-based ink printed areas will wash away. Lighter-based ink printed areas will not wash away when chemical alteration attempts are made.

Original Back Pattern

Discourages cut & paste alterations.

Federal Reserve Board of Governors Reg. CC

* Factual design is a registered trademark of Check Payment Systems Association

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Kemper
PO Box 2843
Clinton, IA 52733-2843

-- 01 000020 66879 H 1 A818
Dr Claim Group
PO Box 941090
Miami, FL 33194

Claim payment

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025



Coverage: PIP

Dates of service: October 17, 2024 to
October 25, 2024

Payment for: \$34.18 PIP + \$1.08
INTEREST

Invoice number: PSD

Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

Kemper
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Trinity Universal Insurance Company

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.
Policy Number: 10195963501 Issue Date: 02/27/2025
Claim Number: 24123721146 Loss Date: 10/11/2024
Underwritten by: Infinity Auto Insurance Company

6152625127
66-156
531

PAY Dr Claim Group
TO THE
ORDER OF

Thirty Five and 26/100
Wells Fargo Bank, N.A.

Dollars 35.26
Void after 180 days from date issued

Dates of service: 10/17/2024 to 10/25/2024
Memo: Payment for: \$34.18 PIP + \$1.08 INTEREST

To [Signature]

6152625127 053101561 2079900598557

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[Endorse Here](#)

 The security features listed below, as well as those not listed, exceed industry guidelines.

 The security features listed below, as well as those not listed, exceed industry guidelines.

Digital Security Fantasy

Digital Security Handout

Digital Education Grid

A slightly screened pattern area on front of

Anti-Carry Techniques

Anti-Copy technology prevents most color copiers from

Digital inkjet-type-based

Digital inkjet dye-based

Original Hack Pattern

Original Pack Pattern Discourages cut & paste alterations

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Kemper
PO Box 2843
Clinton, IA 52733-2843

-- 01 000004 66597 H 1 A818
DR CLAIM GROUP
PO BOX 941090
Miami, FL 33194



Claim payment

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez
Claim number: 24123721146
Date of loss: October 11, 2024
Date of mailing: February 27, 2025

Coverage: PIP

Dates of service: November 4, 2024 to
November 14, 2024

Payment for: \$42.72 PIP + \$1.19
INTEREST

Invoice number: PSD 232602

Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

Kemper
PO Box 2843
Clinton, IA 52733-2843
Trinity Universal Insurance Company

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.
Policy Number: 10195963501 Issue Date: 02/27/2025
Claim Number: 24123721146 Loss Date: 10/11/2024
Underwritten by: Infinity Auto Insurance Company

6152624351
66-156
531

PAY DR CLAIM GROUP
TO THE
ORDER OF

Forty Three and 91/100
Wells Fargo Bank, N.A.

Dollars 43.91
Void after 180 days from date issued

Dates of service: 11/04/2024 to 11/14/2024
Memo: Payment for: \$42.72 PIP + \$1.19 INTEREST

To [Signature]

6152624351 053101561 2079900598557

Endorse Here
X

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Reserve for financial institution use

**The security features listed below, as well as those
not listed, exceed industry guidelines.**

Security Features:

Digital Security Panorograph

A faint watermark will appear in the check background when photocopied.

Digital Verification Grid

A light gray pattern, also on front of check, will not be present on photocopies.

No-Copy Technology

Prevents most color copiers from creating a usable document.

Digital Inkjet® Based

Dye-based ink printed areas will wash away. Pigment-based ink printed areas will NOT wash away when chemical alteration attempts are made.

Original Back Pattern

Discourages cut & paste alterations.

Paycheck design is a service mark of Check Writer System Association

KEMPER

Kemper
PO Box 2843
Clinton, IA 52733-2843

-- 01 000059 66879 H 1 A818
Dr Claim Group
PO Box 941090
Miami, FL 33194



Claim payment

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Coverage: PIP

Dates of service: October 28, 2024 to
November 1, 2024

Payment for: \$25.64 PIP + \$0.75
INTEREST

Invoice number: PSD 2

Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

Kemper
PO Box 2843
Clinton, IA 52733-2843
Trinity Universal Insurance Company

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.
Policy Number: 10195963501 Issue Date: 02/27/2025
Claim Number: 24123721146 Loss Date: 10/11/2024
Underwritten by: Infinity Auto Insurance Company

6152625115
66-156
531

PAY Dr Claim Group
TO THE
ORDER OF

Twenty Six and 39/100
Wells Fargo Bank, N.A.

Dollars 26.39
Void after 180 days from date issued

Dates of service: 10/28/2024 to 11/01/2024
Memo: Payment for: \$25.64 PIP + \$0.75 INTEREST

F. Miller

6152625115 053101561 2079900598557

Endorse Here

X

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Reserve for financial institution use

**✉ The security features listed below, as well as those
not listed, exceed industry guidelines.**

Security Features:

Digital Security Panograph

Digital Verifier Grid

Anti-Copy Technology

Digital inkjet-based and/or pigment-based inks

Original RaX® pattern

Ink-based ink printed areas will wash away. Pigment-based ink printed areas will not wash away when chemical alteration attempts are made.

Discourages cut & paste alterations

KEMPER

Kemper
PO Box 2843
Clinton, IA 52733-2843

-- 01 000006 66597 H 1 A818
DR CLAIM GROUP
PO BOX 941090
Miami, FL 33194

|||||

Claim payment

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Coverage: PIP

Dates of service: November 4, 2024 to
November 14, 2024

Payment for: \$48.03 PENALTY + \$1.01
POSTAGE

Invoice number: PSD 232602

Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

Kemper
PO Box 2843
Clinton, IA 52733-2843
Trinity Universal Insurance Company

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.
Policy Number: 10195963501 Issue Date: 02/27/2025
Claim Number: 24123721146 Loss Date: 10/11/2024
Underwritten by: Infinity Auto Insurance Company

6152624362
66-156
531

PAY DR CLAIM GROUP OPERATING ACCT
TO THE
ORDER OF

Forty Nine and 04/100
Wells Fargo Bank, N.A.

Dollars 49.04
Void after 180 days from date issued

Dates of service: 11/04/2024 to 11/14/2024
Memo: Payment for: \$48.03 PENALTY + \$1.01 POSTAGE

Fo Mille

6152624362 053101561 2079900598557

X**DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE**

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LOCK The security features listed below, as well as those not listed, exceed industry guidelines.

Security Features:**Digital Security Panograph:****Digital Verifier Grid****Anti-Copy Technology****Original Back Pattern****Original Back Pattern****Digital Inkjet / dye-based inks****Digital Inkjet / pigment-based inks****Anti-Copy Technology****Original Back Pattern****Original Back Pattern**

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Kemper
PO Box 2843
Clinton, IA 52733-2843

-- 01 000036 66879 H 1 A818
Dr Claim Group
PO Box 941090
Miami, FL 33194

|||||

Claim payment

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Coverage: PIP

Dates of service: October 28, 2024 to
November 1, 2024

Payment for: \$28.82 PENALTY + \$1.01
POSTAGE

Invoice number: PSD 2

Your claim payment

We attached a check representing payment on the above noted claim. For full explanation or if you have any questions, please contact your claims representative.

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

SECURITY NOTE: The face of this check is printed on a blue background. See reverse for additional security features.

Kemper
PO Box 2843
Clinton, IA 52733-2843
Trinity Universal Insurance Company

Policy Number: 10195963501 Issue Date: 02/27/2025
Claim Number: 24123721146 Loss Date: 10/11/2024
Underwritten by: Infinity Auto Insurance Company

6152625056
66-156
531

PAY DR CLAIM GROUP OPERATING ACCT
TO THE
ORDER OF

Twenty Nine and 83/100
Wells Fargo Bank, N.A.

Dollars 29.83

Void after 180 days from date issued

Dates of service: 10/28/2024 to 11/01/2024
Memo: Payment for: \$28.82 PENALTY + \$1.01 POSTAGE

F. Miller

6152625056 0531015610 2079900598557

Endorse Here

X

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**The security features listed below, as well as those
 not listed, exceed industry guidelines.**

Security Features:

Digital Security Panograph

Digital Verification Grid

Anti-Copy Technology

Creates a usable document
 by words 'VOID' will appear in the check
 background when photocopied

Digital Inkjet Technology

Creates a usable document
 by words 'VOID' will appear in the check
 background when photocopied

Original Water Pattern

Discourages cut & paste alterations
 by water pattern



Kemper
P.O. Box 2843
Clinton, IA 52733

SP 05 000054 67019 E 1 ASNGLP
Dr Claim Group
PO Box 941090
Miami, FL 33194

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Policy Term: 08/21/2024-02/21/2025

000054 1/26

|||||

Dear Dr Claim Group:

Provider: Vila Fortuny Salou Medical Center, Inc

DSR: 10/17/2024-10/25/2024

PSD: 1

File: 28063

This letter is a response to your demand for payment for medical services rendered to the patient as mentioned above.

A payment of \$360.49 was paid directly to the provider prior to the processing of your demand. Draft 615-2623316 included \$349.95 benefits and \$10.54 interest. Two additional payments have been made in response to your demand. The first draft made payable to your office in the amount of \$35.26 includes \$34.18 benefits and \$1.08 interest. The second draft made payable to your operating account in the amount of \$39.43 includes \$38.42 penalty and \$1.01 in postage fees as requested by your office. Please note, that the results from a Peer Review does not support reimbursement for all services in question. Benefits paid in accordance with the policy and Florida PIP statute for the CPT codes that were supported.

I have attached a copy of the declaration page and PIP payment ledger.

Please note that we contend that for an insured's pre-suit demand letter to comply with section 6627.736(10), it must provide the exact information listed in the statute.

Sincerely,

Shunte Jenkins
Claims Team
T 800-353-6737, ext.1351499
F 888-976-2123
shunte.jenkins@kemper.com

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Kemper
P.O. Box 2843
Clinton, IA 52733

Cavada Law
7925 NW 12th ST
STE 330
Doral, FL 33126

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 25, 2025

Dear YAMISLEYDYS Perez:

Please see the attached peer report for your records.

Sincerely,

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

CC: YAMISLEYDYS Perez 1031 E 19th St HIALEAH, FL 33013

CC: Vilafourtuny Salou Medical Ctr 900 W 49th St Ste 510 Hialeah, FL 33012

CC: River Medical Center 85 Grand Canal Dr Miami, FL 33144

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kevin White, MD
Board Certified PM&R
Florida License # ME 132827**

**508 W. Martin Luther King Jr. Blvd Suite A
Tampa, Florida 33603**

December 12, 2024

Claimant: Yamisleydys Perez

Claim #: 24123721146

File # 138633

DOI: October 11, 2024

DOE: December 12, 2024

This is a peer review.

INTRODUCTION

According to the records, the claimant is a 30-year-old female restrained driver of a vehicle involved in a motor vehicle collision on October 11, 2024. According to the records, no airbags deployed. According to the records, the claimant was seen for an initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024. According to the records, the claimant was not seen in the emergency room prior to this visit. According to the records, history and physical exam notes claimant complained of neck, back, right and left shoulder pain. According to the records, the claimant had no previous accidents. According to the records, the claimant had no significant past medical history.

PHYSICAL EXAMINATION

Reports tenderness in the cervical, thoracic and lumbar spine as well as the left and right shoulder. The examination appeared to be complete with a full neuromusculoskeletal examination. The claimant was prescribed a course of therapy as well as ibuprofen and methocarbamol.

REVIEW OF RECORDS

1. Identification including vehicle registration and driver's license.
2. Florida traffic crash report.
3. Initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024.
4. X-rays of the cervical, thoracic and lumbar spine as well as the left and right shoulder that were all unremarkable except for muscle spasm findings in the cervical spine.
5. Therapy visit notes from Vila Fortuny Salou Medical Center from October 17, 2024 through November 14, 2024.
6. Followup medical evaluation at River Medical Center with Blanca Bruzon, APRN, on November 18, 2024.

CONCLUSION

C O P Y

C O P Y

Yamisleydys Perez
December 12, 2024
Page 2

It is my opinion the initial medical evaluation and followup visits dated October 14, 2024 and November 18, 2024 were of medical necessity to evaluate with injury sustained and recommend treatment options. It is my opinion the initial evaluation was complete with a full neuromusculoskeletal examination. It is my opinion this initial evaluation should be billed at code 99203 rather than 99204. Also, the followup visit should be billed at code 99213 rather than 99214.

It is my opinion the x-rays of the cervical spine, thoracic spine and lumbar spine as well as the left and right shoulder were of medical necessity to evaluate with injury sustained.

It is my opinion that some of the treatment codes were of medical necessity. Some of the therapy services dated October 17, 2024 through November 14, 2024 were of medical necessity. However, based on my experience as a Board Certified Physical Medicine and Rehabilitation Specialist, applicable research and standards of care, it is my opinion that the number of modalities as well as the number of treatments will be considered excessive.

It is my opinion that the following treatments were of medical necessity to treat the injuries and complaints:

October 17, 2024, two units of manual therapy under code 97140.
October 21, 2024, two units of manual therapy under code 97140.
October 23, 2024, two units of manual therapy under code 97140.
October 25, 2024, two units of manual therapy under code 97140.
October 28, 2024, two units of manual therapy under code 97140.
October 30, 2024, two units of manual therapy under code 97140.
November 1, 2024, two units of manual therapy under code 97140.
November 4, 2024, two units of manual therapy under code 97140.
November 6, 2024, two units of manual therapy under code 97140.
November 8, 2024, two units of manual therapy under code 97140.
November 12, 2024, two units of manual therapy under code 97140.
November 14, 2024, two units of manual therapy under code 97140.

The following dates: October 18, 2024, October 22, 2024, October 24, 2024, October 29, 2024, October 31, 2024, November 5, 2024, November 7, 2024, and November 13, 2024 were excessive and not medically reasonable, related or necessary to the accident.

Any other physical therapy or treatment was not medically reasonable, related or necessary to the accident.

Based on published clinical practice guidelines for the treatment of strains/sprains, recommending at most four to six weeks of supervised therapy, on a maximum three day per week schedule, combined with a lack of objective findings documented in the treatment records, no further physical therapy treatment after November 14, 2024 would be reasonable, related or necessary.

I declare, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned as is true to the best of my knowledge and information. I certify that I meet the requirements of Section 627.736 (7) if Florida Statute which states that the physician preparing the report must be in active practice unless the physician is

Yamisleydys Perez
December 12, 2024
Page 3

000054 4/26

physically disabled. Active practice means that during the three (3) years immediately preceding the date of the physical examination or review of the treatment records, the physician must have devoted professional time to the clinical practice of evaluation, diagnosis, or treatment of medical conditions or to the instruction of students in an accredited health professional school or accredited resident program or a clinical research program that is affiliated with an accredited health professional school or teaching hospital or accredited resident program.

I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

Sincerely,

Kevin Wit. M.D.

Kevin White, MD

**Board Certified PM&R
Florida License # ME 132827**

KW/us X1971451

C O P Y

C O P Y

KEMPER**Infinity Value Added**

3760 River Run Drive

Birmingham, AL 35243

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 353-6737

PERSONAL AUTO DECLARATION**POLICY NUMBER: 10195963501****POLICY PERIOD: 08/21/2024 TO 02/21/2025**

JORGE LUIS CASTILLO CARDENAS
1031 E 19th St
HIALEAH, FL 33013

This policy begins on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2013	MERCEDES-BENZ - S550	WDDNG7DB3DA519188	NA / NA	1	JORGE LUIS CASTILLO CARDENAS	Active	No
2	2008	MERCEDES-BENZ - C300	WDDGF54X76F053912	NA / NA	2	YAMISLEYDYS Perez	Active	No
3	2020	NISSAN - ROGUE SPORT	JN1BJ1CWSLW841780	1000 / 1000				

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES		
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1 VEH 2 VEH 3		
Property Damage	\$10,000 each accident	185	142	179
Comprehensive		No Cov	No Cov	236
Collision		No Cov	No Cov	444
Uninsured Motorist Bodily Injury	***REJECTED*** / ***REJECTED***	No Cov	No Cov	No Cov
Personal Injury Protection	Refer to Schedule	570	454	1,048
PREMIUM BY VEHICLE:		735	598	1,805
				TOTAL VEHICLE PREMIUM \$3,236.00
				POLICY FEES \$10.00
				FIGA RECOUPMENT FEE \$0.00
				TOTAL POLICY PREMIUM \$3,246.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:
 10950AE101; 10950AE901; 10950RBI01; 10950RDR01;
 10950AMDE01; 10950AES01; 10950UMC02; 10950PIP02;
 109TNDE01; 10950PVA02; 10900AMDE01

By _____
Craig, Thru 11
 Daily Authorized Representative

10950DEC04

AMEND DATE: 08/21/2024

ENDORSEMENT: 1.01

Additional Information:

Agency Information:

EVELYN STAR, INC. DBA Estrella Insurance #129
610 E 49TH ST
HIALEAH, FL 33013-1964

Please mail all inquiries to:

Kemper
PO Box 830189
Birmingham, AL 35283-0189

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name
Int

ADDITIONAL INTEREST

Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors

Standard
RSVP Direct Repair Discount
Multicar Discount

PAY PLAN: 16.67% Down Pay - 5 Installments
RATE REVISION 1

Driver Factors

RATING CRITERIA

Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	0		40	0	61	19
2	0		51	0	61	19
3	0		51	0	61	10

Vehicle Factors

Air Bag Discount
Anti-Theft Device Discount
Anti-Lock Brakes Discount

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services (Medical Expense Limited to \$2500 for Non-Emergency)	\$10,000
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$1000, all expenses and losses are applicable to:	
<input type="checkbox"/> The Named Insured	
<input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only	
<input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys					
Coverage	Limit	Charges	Paid	Wages	Essential Services	Funeral	Other	Remaining
PIP	\$10,000.00		\$2,071.49	-	-	-	-	\$7,928.51
Med Pay	-		-	-	-	-	-	-
Totals	\$10,000.00	\$19,522.00	\$2,071.49	-	-	-	-	\$7,928.51
Deductible	-		-	-	-	-	-	-
Copay	-		\$438.30					
Interest + Penalty			\$238.11					
Doc ID PSD232602 Check # PSD232602 Paid \$91.94 Processed On 02/27/2025 Payee Dates of Service 11/04/2024 to 11/14/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP	\$49.22	\$42.72					
Doc ID PSD237260 Check # PSD237260 Paid \$342.91 Processed On 02/27/2025 Payee Dates of Service 10/14/2024 to 11/18/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	RIVER MEDICAL CENTER		\$0.00
PIP	\$241.39							\$101.52
Doc ID PSD1 Check # PSD1 Paid \$73.68 Processed On 02/27/2025 Payee Dates of Service 10/17/2024 to 10/25/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP	\$39.50	\$34.18					
Doc ID KF0981980 Check # Paid \$0.00 Processed On 12/30/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	\$0.00							
Doc ID KF0981980 R1 Check # Paid \$0.00 Processed On 02/25/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	\$0.00							
Doc ID NX4331908 Check # Paid \$0.00 Processed On 12/16/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/10/2024 to 11/26/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	\$0.00							
Doc ID NX4331908 R1 Check # Paid \$0.00 Processed On 02/25/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	\$0.00							

0000547726

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys
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Doc ID KF0971389 Check # Paid \$0.00 Processed On 12/06/2024 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date 12/03/2024	Expense Type Medical	Recommended \$0.00	Charges \$400.00	Deductible \$0.00	Copay \$0.00	Billing Provider RIVER MEDICAL CENTER	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0971389 R1 Check # 615-2623305 Paid \$156.26 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date 12/03/2024	Expense Type Medical	Recommended \$190.96	Charges \$400.00	Deductible \$0.00	Copay \$38.19	Billing Provider RIVER MEDICAL CENTER	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty
PIP
\$3.49
\$152.77

Doc ID KF0964910 Check # Paid \$0.00 Processed On 11/25/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date 11/20/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,496.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0964910 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date 11/20/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,496.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0964910 R2 Check # 615-2623314 Paid \$448.91 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date 11/20/2024	Expense Type Medical	Recommended \$546.80	Charges \$3,496.00	Deductible \$0.00	Copay \$109.36	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
PIP
\$11.47
\$437.44

Doc ID KF0962143 Check # Paid \$0.00 Processed On 11/21/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,185.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0962143 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,185.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0962143 R2 Check # 615-2623090 Paid \$269.68 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$328.08	Charges \$2,185.00	Deductible \$0.00	Copay \$65.62	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
PIP
\$7.22
\$262.46

Doc ID NX4309633 Check # Paid \$0.00 Processed On 11/21/2024 Payee River Medical Center Dates of Service 10/14/2024 to 10/14/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,680.00	Deductible \$0.00	Copay \$0.00	Billing Provider River Medical Center	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

000054 8/26

Carrier Claim Number Date of Loss Patient name
Kemper 24123721146 10/11/2024 Perez, Yamisleydys

Doc ID NX4309633 (R1) Check # 615-2622988 Paid \$565.73 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 10/14/2024 to 10/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$688.22	\$2,680.00	\$0.00	\$137.64	River Medical Center	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty	PIP							
\$15.15		\$550.58						

Doc ID NX4300388 Check # Paid \$0.00 Processed On 11/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	PIP							
\$0.00								

Doc ID NX4300388 (R1) Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	PIP							
\$0.00								

Doc ID NX4300388 (R2) Check # 615-2623316 Paid \$360.49 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$437.44	\$3,209.00	\$0.00	\$87.49	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	PIP							
\$10.54		\$349.95						



ADJUSTMENT

NX4300988- AdJ -DR

Archive

Florida

Receive Date: 11/05/2024
 Service Provider: 85-3697693
ADLER, LIDIA C
 900 WEST 49 ST STE 510
 HIALEAH FL 33012

Claim Number: 24123721148
 Adjuster: cprod1_29509 - Ashley Meyer
 Date Of Loss: 10/11/2024
 Patient Account #: 21030469 2110

Billing Provider: 85-3697693
VILAFOURTUNY SALOU MEDICAL CTR
 900 W 49TH ST STE 510
 HIALEAH FL 33012

Mail To Patient:
PEREZ, YAMILLEYDYS
 1031 E 19TH ST
 HIALEAH FL 33013

Carrier:
Kemper
 8380 LBJ FWY STE 400
 DALLAS TX 75243

Dates Of Service: 10/17/2024 to 10/25/2024

LINE	DOB	PROC. CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PVDR REINBURSE	EXPLANATION
	87	10/17/24	97010	*RECON* 44 Hot or cold packs therapy	1	12.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	88	10/17/24	97036	*RECON* 46 App modity 1+ultrasound ea 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	89	10/17/24	97032	*RECON* 46 Appl modality 1+estim ea 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	90	10/17/24	97012	*RECON* 47 Mechanical traction therapy	1	36.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	91	10/17/24	97140	58 *RECON* 48 Manual therapy 1> regions	2	140.00		109.38	FL_REGMCB
ICD Ref	1,2,3,4,5								
	92	10/17/24	97112	*RECON* 49 Neuromuscular reeducation	2	180.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	93	10/17/24	97635	*RECON* 50 Self care mgmnt training	1	150.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	94	10/18/24	97010	*RECON* 51 Hot or cold packs therapy	1	12.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	95	10/18/24	97036	*RECON* 52 App modity 1+ultrasound ea 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	96	10/18/24	97032	*RECON* 53 Appl modality 1+estim ea 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
	97	10/18/24	97012	*RECON* 54 Mechanical traction therapy	1	36.00		0.00	H-REV
ICD Ref	1,2,3,4,5								

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
 888-501-0950

Claim Number -	24123721148	Total Charges --	\$ 3,209.00	NX4300385-Adj-DR
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider -	ADLER, LICRA C	Date Of Service --	10/17/2024 - 10/25/2024	
Patient Name -	PEREZ, YAMISLEYDYS			

98 10/18/24	97140	59	"RECON" 60	Manual therapy 1/> regions	2	140.00	0.00	H-REV
ICD Ref 1,2,3,4,5 99 10/18/24	97112		"RECON" 60	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5 100 10/21/24	97010		"RECON" 67	Hot or cold packs therapy	1	12.00	0.00	H-REV
ICD Ref 1,2,3,4,5 101 10/21/24	97036		"RECON" 68	App modity 1+ultrasound ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 102 10/21/24	97032		"RECON" 69	Appi modality 1+estim ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 103 10/21/24	97012		"RECON" 60	Mechanical traction therapy	1	35.00	0.00	H-REV
ICD Ref 1,2,3,4,5 104 10/21/24	97140	59	"RECON" 61	Manual therapy 1/> regions	2	140.00	100.38	FL_REGMCR
ICD Ref 1,2,3,4,5 105 10/21/24	97112		"RECON" 62	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5 106 10/22/24	97010		"RECON" 63	Hot or cold packs therapy	1	12.00	0.00	H-REV
ICD Ref 1,2,3,4,5 107 10/22/24	97036		"RECON" 64	App modity 1+ultrasound ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 108 10/22/24	97032		"RECON" 65	Appi modality 1+estim ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 109 10/22/24	97012		"RECON" 66	Mechanical traction therapy	1	35.00	0.00	H-REV
ICD Ref 1,2,3,4,5 110 10/22/24	97140	59	"RECON" 67	Manual therapy 1/> regions	2	140.00	0.00	H-REV
ICD Ref 1,2,3,4,5 111 10/22/24	97112		"RECON" 68	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5 112 10/23/24	97010		"RECON" 69	Hot or cold packs therapy	1	12.00	0.00	H-REV
ICD Ref 1,2,3,4,5 113 10/23/24	97036		"RECON" 70	App modity 1+ultrasound ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 114 10/23/24	97032		"RECON" 71	Appi modality 1+estim ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 115 10/23/24	97012		"RECON" 72	Mechanical traction therapy	1	35.00	0.00	H-REV
ICD Ref 1,2,3,4,5 116 10/23/24	97140	59	"RECON" 73	Manual therapy 1/> regions	2	140.00	100.38	FL_REGMCR
ICD Ref 1,2,3,4,5 117 10/23/24	97112		"RECON" 74	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5 118 10/24/24	97010		"RECON" 75	Hot or cold packs therapy	1	12.00	0.00	H-REV
ICD Ref 1,2,3,4,5 119 10/24/24	97036		"RECON" 76	App modity 1+ultrasound ss 15	1	50.00	0.00	H-REV
ICD Ref 1,2,3,4,5 120 10/24/24	97032		"RECON" 77	Appi modality 1+estim ss 15	1	50.00	0.00	H-REV

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PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number	--	24123721148	Total Charges	--	\$ 3,209.00	NX4300388-Adj -DR
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	--	\$ 437.44	
Service Provider	--	ADLER, LIORA C	Dates Of Service	--	10/17/2024	- 10/25/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

ICD Ref	1,2,3,4,5									
121	10/24/24	97012		"RECON"	78	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
122	10/24/24	97140	60	"RECON"	79	Manual therapy 1/> regions	2	140.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
123	10/24/24	97112		"RECON"	80	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
124	10/25/24	97010		"RECON"	81	Hot or cold pack therapy	1	12.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
125	10/25/24	97035		"RECON"	82	App modality 1+ultrasound ea 15	1	50.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
126	10/25/24	97032		"RECON"	83	App modality 1+estim ea 15	1	50.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
127	10/25/24	97012		"RECON"	84	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
128	10/25/24	97140	60	"RECON"	85	Manual therapy 1/> regions	2	140.00	109.38	FL_REGMCB
ICD Ref	1,2,3,4,5									
128	10/25/24	97112		"RECON"	86	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
Total Lines :	43						3209.00	0.00	437.44	

Total Lines : 43 3209.00 0.00 437.44

If you have questions regarding payment, please contact your insurance carrier.
If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733

Claim Number --	24123721146	Total Charges --	\$ 3,209.00	NX4900388-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024 - 10/25/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

Reimbursement Amount :	437.44
Less Previous Reimbursement :	0.00
Net Reimbursement Amount :	437.44
Apportionment % :	
Subtotal :	437.44
Limited Benefits/Copay :	87.49
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	10.64
EOB Check Amount :	360.49
Allocated PIP Payment :	349.95
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

If you have questions regarding payment, please contact your insurance carrier.
If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 868-501-0950.

PO Box 2843, Clinton, IA 52733
868-501-0950

Printed On --
26-Feb-2025 2:36 pm

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C O P Y

Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4300386-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider --	ADLER, LICRA C	Dates Of Service --	10/17/2024 - 10/28/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

Reconsideration:

LINE NUMBER	ADJUSTS	EXPLANATION	DESCRIPTION
87	44	H-REV	Peer Reviewer deemed service not necessary
88	45	H-REV	Peer Reviewer deemed service not necessary
89	46	H-REV	Peer Reviewer deemed service not necessary
90	47	H-REV	Peer Reviewer deemed service not necessary
91	48	FL_REGMCS	Per F.S.A. 827.738(b)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
92	49	H-REV	Peer Reviewer deemed service not necessary
93	50	H-REV	Peer Reviewer deemed service not necessary
94	51	H-REV	Peer Reviewer deemed service not necessary
95	52	H-REV	Peer Reviewer deemed service not necessary
96	53	H-REV	Peer Reviewer deemed service not necessary
97	54	H-REV	Peer Reviewer deemed service not necessary
98	55	H-REV	Peer Reviewer deemed service not necessary
99	56	H-REV	Peer Reviewer deemed service not necessary
100	57	H-REV	Peer Reviewer deemed service not necessary
101	58	H-REV	Peer Reviewer deemed service not necessary
102	59	H-REV	Peer Reviewer deemed service not necessary
103	60	H-REV	Peer Reviewer deemed service not necessary
104	61	FL_REGMCS	Per F.S.A. 827.738(b)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
105	62	H-REV	Peer Reviewer deemed service not necessary
106	63	H-REV	Peer Reviewer deemed service not necessary
107	64	H-REV	Peer Reviewer deemed service not necessary
108	65	H-REV	Peer Reviewer deemed service not necessary
109	66	H-REV	Peer Reviewer deemed service not necessary
110	67	H-REV	Peer Reviewer deemed service not necessary
111	68	H-REV	Peer Reviewer deemed service not necessary
112	69	H-REV	Peer Reviewer deemed service not necessary
113	70	H-REV	Peer Reviewer deemed service not necessary
114	71	H-REV	Peer Reviewer deemed service not necessary
115	72	H-REV	Peer Reviewer deemed service not necessary

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PO Box 2843, Clinton, IA 52733
888-501-0950

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25-Feb-2025 2:36 pm

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Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4800385-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024 - 10/25/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

116	73	FL_REGMCB	Per F.S.A. 827.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
117	74	H-REV	Peer Reviewer deemed service not necessary
118	75	H-REV	Peer Reviewer deemed service not necessary
119	76	H-REV	Peer Reviewer deemed service not necessary
120	77	H-REV	Peer Reviewer deemed service not necessary
121	78	H-REV	Peer Reviewer deemed service not necessary
122	79	H-REV	Peer Reviewer deemed service not necessary
123	80	H-REV	Peer Reviewer deemed service not necessary
124	81	H-REV	Peer Reviewer deemed service not necessary
125	82	H-REV	Peer Reviewer deemed service not necessary
126	83	H-REV	Peer Reviewer deemed service not necessary
127	84	H-REV	Peer Reviewer deemed service not necessary
128	85	FL_REGMCB	Per F.S.A. 827.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
129	86	H-REV	Peer Reviewer deemed service not necessary

MODIFIER CODE	DESCRIPTION
50	Distinct Procedural Service

000054 11/28

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C O P Y

Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4300388-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024 - 10/26/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

Explanation summary:

EXPLANATION	EXPLANATION FOR THE REIMBURSEMENT AMOUNT	REF DOC_ID	REF LINE NUMBER
FL_REGMCB	Per F.S.A. 827.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 91)	NX4300388	48
FL_REGMCB	Per F.S.A. 827.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 104)	NX4300388	61
FL_REGMCB	Per F.S.A. 827.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 118)	NX4300388	73
FL_REGMCB	Per F.S.A. 827.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 128)	NX4300388	86
H-REV	Peer Reviewer deemed service not necessary (Line: 87)	NX4300388	44
H-REV	Peer Reviewer deemed service not necessary (Line: 88)	NX4300388	45
H-REV	Peer Reviewer deemed service not necessary (Line: 89)	NX4300388	46
H-REV	Peer Reviewer deemed service not necessary (Line: 90)	NX4300388	47
H-REV	Peer Reviewer deemed service not necessary (Line: 92)	NX4300388	48
H-REV	Peer Reviewer deemed service not necessary (Line: 93)	NX4300388	50
H-REV	Peer Reviewer deemed service not necessary (Line: 94)	NX4300388	51
H-REV	Peer Reviewer deemed service not necessary (Line: 95)	NX4300388	52
H-REV	Peer Reviewer deemed service not necessary (Line: 96)	NX4300388	53
H-REV	Peer Reviewer deemed service not necessary (Line: 97)	NX4300388	54
H-REV	Peer Reviewer deemed service not necessary (Line: 98)	NX4300388	55
H-REV	Peer Reviewer deemed service not necessary (Line: 99)	NX4300388	56
H-REV	Peer Reviewer deemed service not necessary (Line: 100)	NX4300388	57
H-REV	Peer Reviewer deemed service not necessary (Line: 101)	NX4300388	58
H-REV	Peer Reviewer deemed service not necessary (Line: 102)	NX4300388	59
H-REV	Peer Reviewer deemed service not necessary (Line: 103)	NX4300388	60
H-REV	Peer Reviewer deemed service not necessary (Line: 105)	NX4300388	62
H-REV	Peer Reviewer deemed service not necessary (Line: 106)	NX4300388	63
H-REV	Peer Reviewer deemed service not necessary (Line: 107)	NX4300388	64
H-REV	Peer Reviewer deemed service not necessary (Line: 108)	NX4300388	65
H-REV	Peer Reviewer deemed service not necessary (Line: 109)	NX4300388	66
H-REV	Peer Reviewer deemed service not necessary (Line: 110)	NX4300388	67
H-REV	Peer Reviewer deemed service not necessary (Line: 111)	NX4300388	68
H-REV	Peer Reviewer deemed service not necessary (Line: 112)	NX4300388	69
H-REV	Peer Reviewer deemed service not necessary (Line: 113)	NX4300388	70
H-REV	Peer Reviewer deemed service not necessary (Line: 114)	NX4300388	71

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Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4300388- Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024 - 10/25/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

H-REV	Peer Reviewer deemed service not necessary (Line: 115)	NX4300388	72
H-REV	Peer Reviewer deemed service not necessary (Line: 117)	NX4300388	74
H-REV	Peer Reviewer deemed service not necessary (Line: 118)	NX4300388	75
H-REV	Peer Reviewer deemed service not necessary (Line: 119)	NX4300388	76
H-REV	Peer Reviewer deemed service not necessary (Line: 120)	NX4300388	77
H-REV	Peer Reviewer deemed service not necessary (Line: 121)	NX4300388	78
H-REV	Peer Reviewer deemed service not necessary (Line: 122)	NX4300388	79
H-REV	Peer Reviewer deemed service not necessary (Line: 123)	NX4300388	80
H-REV	Peer Reviewer deemed service not necessary (Line: 124)	NX4300388	81
H-REV	Peer Reviewer deemed service not necessary (Line: 125)	NX4300388	82
H-REV	Peer Reviewer deemed service not necessary (Line: 126)	NX4300388	83
H-REV	Peer Reviewer deemed service not necessary (Line: 127)	NX4300388	84
H-REV	Peer Reviewer deemed service not necessary (Line: 129)	NX4300388	86

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Claim Number	-	24123721146	Total Charges	-- \$ 3,209.00	NX4300388-Adj-DR
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-- \$ 437.44	
Service Provider	-	ADLER, LIORA C	Date Of Service	-- 10/17/2024 - 10/25/2024	
Patient Name	-	PEREZ, YAMISLEYDYS			

Doc ID NX4300388 Claim ID 3451454 Kemper				Claim Type PIP (Personal Injury Protection)						
Line	Date	Mod	Proc	DESCRIPTION	Units	Charge	Schedule Reduction Amt	PPO Discount	Reimburse	Explanation
44	10/17/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
45	10/17/2024		87035	FL_CPT - App modality 1+ultrasound ea 15	1	50.00	0.00	0.00	0.00	H-REV
46	10/17/2024		87032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
47	10/17/2024		87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
48	10/17/2024	58	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
49	10/17/2024		87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
50	10/17/2024		87535	FL_CPT - Self care mgmnt training	1	160.00	0.00	0.00	0.00	H-REV
51	10/18/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
52	10/18/2024		87035	FL_CPT - App modality 1+ultrasound ea 15	1	50.00	0.00	0.00	0.00	H-REV
53	10/18/2024		87032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
54	10/18/2024		87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
55	10/18/2024	58	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
56	10/18/2024		87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
57	10/21/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
58	10/21/2024		87035	FL_CPT - App modality 1+ultrasound ea 15	1	50.00	0.00	0.00	0.00	H-REV
59	10/21/2024		87032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
60	10/21/2024		87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
61	10/21/2024	58	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
62	10/21/2024		87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV

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Claim Number --	24123721146	Total Charges --	\$ 3,209.00	NX4300388-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 437.44	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024 - 10/25/2024	
Patient Name --	PEREZ, YAMISLEYDYS			
63 10/22/2024	97010 FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
64 10/22/2024	97035 FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00 0.00 0.00 H-REV
65 10/22/2024	97032 FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00 0.00 0.00 H-REV
66 10/22/2024	97012 FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
67 10/22/2024	59 97140 FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 0.00 H-REV
68 10/22/2024	97112 FL_CPT - Neuromuscular reeducation	2	150.00	0.00 0.00 0.00 H-REV
69 10/23/2024	97010 FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
70 10/23/2024	97036 FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00 0.00 0.00 H-REV
71 10/23/2024	97032 FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00 0.00 0.00 H-REV
72 10/23/2024	97012 FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
73 10/23/2024	59 97140 FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 0.00 H-REV
74 10/23/2024	97112 FL_CPT - Neuromuscular reeducation	2	150.00	0.00 0.00 0.00 H-REV
75 10/24/2024	97010 FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
76 10/24/2024	97035 FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00 0.00 0.00 H-REV
77 10/24/2024	97032 FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00 0.00 0.00 H-REV
78 10/24/2024	97012 FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
79 10/24/2024	59 97140 FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 0.00 H-REV
80 10/24/2024	97112 FL_CPT - Neuromuscular reeducation	2	150.00	0.00 0.00 0.00 H-REV
81 10/25/2024	97010 FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
82 10/25/2024	97035 FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00 0.00 0.00 H-REV
83 10/25/2024	97032 FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00 0.00 0.00 H-REV
84 10/25/2024	97012 FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
85 10/25/2024	59 97140 FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 0.00 H-REV
86 10/25/2024	97112 FL_CPT - Neuromuscular reeducation	2	150.00	0.00 0.00 0.00 H-REV

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C O P Y

Claim Number	-	24123721148	Total Charges	--	\$ 3,209.00	NX4300380-Adj -DR
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	--	\$ 437.44	
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/17/2024	- 10/25/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

Comments :

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Claim Number --	24123721146	Total Charges --	\$ 3,209.00	NX4300386-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 487.44	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024 - 10/25/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

000054 14/28

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 827.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

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C O P Y

KEMPER

ADJUSTMENT

NX4300388-Adj-DR

Draft

Florida

Receive Date : 11/05/2024
 Service Provider : ADLER, LIORA C
 85-3897893

Claim Number : 24123721148 Adj# ccprod1_29508 -
 Claim Type : PIP / FL
 Date Of Loss : 10/11/2024

900 WEST 49 ST STE 510
 HIALEAH FL 33012

Patient : PEREZ, YAMISLEYDYS
 1031 E 19TH ST
 HIALEAH FL 33013

Billing Provider : VILAFOURTUNY BALOU MEDICAL CTR
 85-3897893

Patient Account # : 21030469 2110

900 W 49TH ST STE 510
 HIALEAH FL 33012

Carrier : Kemper
 8380 LBJ FWY STE 400
 DALLAS TX 75243

Date Of Service : 10/17/2024 to 10/25/2024

LINE	DOS	PROC. CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PROVIDER REIMBURSE	EXPLANATION
130	10/17/24	97010		*RECON* Hot or cold packs therapy 87	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
131	10/17/24	97036		*RECON* App modity 1+ultrasound ea 15 88	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
132	10/17/24	97032		*RECON* Appl modality 1+estim ea 15 89	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
133	10/17/24	97012		*RECON* Mechanical traction therapy 90	1	35.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
134	10/17/24	97140	59	*RECON* Manual therapy 1/> regions 91	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5								
135	10/17/24	97112		*RECON* Neuromuscular reeducation 92	2	150.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
136	10/17/24	97536		*RECON* Self care mgmnt training 93	1	150.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
137	10/18/24	97010		*RECON* Hot or cold packs therapy 94	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
138	10/18/24	97036		*RECON* App modity 1+ultrasound ea 15 95	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								

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Claim Number	24123721146	Total Charges	\$3,209.00	NDX43003BB- Adj -DR
Claim Type	PIP / FL	Total Reimbursement	\$480.16	
Billing Provider	VILAPOURTUNY SALOU MEDICAL CTR	Date Of Service	10/17/2024 - 10/26/2024	
Service Provider	ADLER, LIORA C			
Patient Name	PEREZ, YAMISLEYDYS			

000054 15/26

139	10/18/24	97032	"RECON" App modality 1+estim ss 15 95	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
140	10/18/24	97012	"RECON" Mechanical traction therapy 97	1	35.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
141	10/18/24	97140	"RECON" Manual therapy 1/> regions 98	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
142	10/18/24	97112	"RECON" Neuromuscular reeducation 99	2	150.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
143	10/21/24	97010	"RECON" Hot or cold packs therapy 100	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
144	10/21/24	97036	"RECON" App modality 1+ultrasound ss 15 101	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
145	10/21/24	97032	"RECON" App modality 1+estim ss 15 102	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
146	10/21/24	97012	"RECON" Mechanical traction therapy 103	1	35.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
147	10/21/24	97140	"RECON" Manual therapy 1/> regions 104	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5							
148	10/22/24	97010	"RECON" Neuromuscular reeducation 105	2	150.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
149	10/22/24	97036	"RECON" Hot or cold packs therapy 106	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
150	10/22/24	97032	"RECON" App modality 1+ultrasound ss 15 107	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
151	10/22/24	97032	"RECON" App modality 1+estim ss 15 108	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
152	10/22/24	97012	"RECON" Mechanical traction therapy 109	1	35.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
153	10/22/24	97140	"RECON" Manual therapy 1/> regions 110	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
154	10/22/24	97112	"RECON" Neuromuscular reeducation 111	2	150.00	0.00	0.00	H-REV

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Claim Number	--	24123721146	Total Charges	--	\$3,209.00	AXA300388-Adj-DR
Claim Type	--	PIP / FL	Total Reimbursement		\$480.18	
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR	Dates Of Service		10/17/2024 - 10/25/2024	
Service Provider	--	ADLER, LIORA C				
Patient Name	--	PEREZ, YAMISLEYDYS				

ICD Ref	1,2,3,4,5							
155	10/23/24	97010	"RECON" 112	Hot or cold packs therapy	1	12.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
156	10/23/24	97036	"RECON" 113	App modity 1+ultrasound ss 15	1	50.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
157	10/23/24	97032	"RECON" 114	App modility 1+estim ss 15	1	50.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
158	10/23/24	97012	"RECON" 115	Mechanical traction therapy	1	35.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
159	10/23/24	97140	BB	"RECON" 116	Manual therapy 1/> regions	2	140.00	0.00 120.04 FL_REGMCB
ICD Ref	1,2,3,4,5							
160	10/23/24	97112	"RECON" 117	Neuromuscular reeducation	2	160.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
161	10/24/24	97010	"RECON" 118	Hot or cold packs therapy	1	12.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
162	10/24/24	97036	"RECON" 119	App modity 1+ultrasound ss 15	1	50.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
163	10/24/24	97032	"RECON" 120	App modility 1+estim ss 15	1	50.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
164	10/24/24	97012	"RECON" 121	Mechanical traction therapy	1	35.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
165	10/24/24	97140	BB	"RECON" 122	Manual therapy 1/> regions	2	140.00	0.00 0.00 H-REV
ICD Ref	1,2,3,4,5							
166	10/24/24	97112	"RECON" 123	Neuromuscular reeducation	2	160.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
167	10/25/24	97010	"RECON" 124	Hot or cold packs therapy	1	12.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
168	10/25/24	97036	"RECON" 125	App modity 1+ultrasound ss 15	1	50.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
169	10/25/24	97032	"RECON" 126	App modility 1+estim ss 15	1	50.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							

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Claim Number	--	24123721148	Total Charges	--	\$3,209.00	NX4300388- AdJ -DR
Claim Type	--	PIP / FL				
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR			Total Reimbursement	-- \$480.18
Service Provider	--	ADLER, LIORA C			Date Of Service	-- 10/17/2024 -- 10/25/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

170	10/25/24	97012	"RECON" 127	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
171	10/25/24	97140	69	"RECON" 129	Manual therapy 1/> regions	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5									
172	10/25/24	97112	"RECON" 129	Neuromuscular reeducation	2	160.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
Total Lines :						2209.00	0.00	480.18		

Total Lines : 43

If you have questions regarding payment, please contact your insurance carrier.
If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

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C O P Y

000054 16/26

Claim Number --	24123721146	Total Charges --	\$3,209.00	NX4300388- Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$480.16	
Service Provider --	ADLER, LIORA C	Dates Of Service --	10/17/2024 - 10/26/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

Reimbursement Amount :	\$ 480.16
Less Previous Reimbursement :	\$ 437.44
Net Reimbursement Amount :	42.72
Apportionment % :	
Subtotal :	42.72
Limited Benefits/Copay :	8.54
Collateral Source/Healthcare Carrier Payment:	\$ 0.00
Plus Interest :	\$ 1.08
EOR Check Amount :	\$ 36.28
Allocated PIP Payment :	\$34.18
Allocated MedPay Payment :	\$0.00
Allocated to Other Coverage Payments :	\$0.00

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Claim Number --	24123721146	Total Charges -	\$3,209.00	NX4300388- Adj -DR
Claim Type --	PIP / FL	Total Reimbursement -	\$480.16	
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR			
Service Provider --	ADLER, LIORA C	Date Of Service -	10/17/2024 - 10/25/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

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Resconsideration

LINE NUMBER	ADJUSTS	EXPLANATION	DESCRIPTION
130	87	H-REV	Peer Reviewer deemed service not necessary
131	88	H-REV	Peer Reviewer deemed service not necessary
132	89	H-REV	Peer Reviewer deemed service not necessary
133	90	H-REV	Peer Reviewer deemed service not necessary
134	91	FL_REGMCB	Per F.S.A. 527.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
135	92	H-REV	Peer Reviewer deemed service not necessary
136	93	H-REV	Peer Reviewer deemed service not necessary
137	94	H-REV	Peer Reviewer deemed service not necessary
138	95	H-REV	Peer Reviewer deemed service not necessary
139	96	H-REV	Peer Reviewer deemed service not necessary
140	97	H-REV	Peer Reviewer deemed service not necessary
141	98	H-REV	Peer Reviewer deemed service not necessary
142	99	H-REV	Peer Reviewer deemed service not necessary
143	100	H-REV	Peer Reviewer deemed service not necessary
144	101	H-REV	Peer Reviewer deemed service not necessary
145	102	H-REV	Peer Reviewer deemed service not necessary
146	103	H-REV	Peer Reviewer deemed service not necessary
147	104	FL_REGMCB	Per F.S.A. 527.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
148	105	H-REV	Peer Reviewer deemed service not necessary
149	106	H-REV	Peer Reviewer deemed service not necessary
150	107	H-REV	Peer Reviewer deemed service not necessary
151	108	H-REV	Peer Reviewer deemed service not necessary
152	109	H-REV	Peer Reviewer deemed service not necessary
153	110	H-REV	Peer Reviewer deemed service not necessary
154	111	H-REV	Peer Reviewer deemed service not necessary
155	112	H-REV	Peer Reviewer deemed service not necessary

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888-501-0950

Claim Number	-	24123721148	Total Charges	-	\$3,209.00	NX4300388- AdJ -DR
Claim Type	-	PIP / FL				
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$480.16	
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/17/2024	10/25/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

156	113	H-REV	Peer Reviewer deemed service not necessary
157	114	H-REV	Peer Reviewer deemed service not necessary
158	115	H-REV	Peer Reviewer deemed service not necessary
159	116	FL_REGMCB	Per F.S.A. 827.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
160	117	H-REV	Peer Reviewer deemed service not necessary
161	118	H-REV	Peer Reviewer deemed service not necessary
162	119	H-REV	Peer Reviewer deemed service not necessary
163	120	H-REV	Peer Reviewer deemed service not necessary
164	121	H-REV	Peer Reviewer deemed service not necessary
165	122	H-REV	Peer Reviewer deemed service not necessary
166	123	H-REV	Peer Reviewer deemed service not necessary
167	124	H-REV	Peer Reviewer deemed service not necessary
168	125	H-REV	Peer Reviewer deemed service not necessary
169	126	H-REV	Peer Reviewer deemed service not necessary
170	127	H-REV	Peer Reviewer deemed service not necessary
171	128	FL_REGMCB	Per F.S.A. 827.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
172	129	H-REV	Peer Reviewer deemed service not necessary

MODIFIER CODE	DESCRIPTION
59	Distinct Procedural Service

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Claim Number --	24123721148	Total Charges --	\$3,209.00	NX4300388- Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$480.16	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/17/2024	10/25/2024
Patient Name --	PEREZ, YAMISLEYDYS			

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Explanation summary

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC ID	REF LINE NUMBER
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 134)	NX4300388	91
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 147)	NX4300388	104
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 159)	NX4300388	116
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 171)	NX4300388	128
H-REV	Peer Reviewer deemed service not necessary (Line: 130)	NX4300388	87
H-REV	Peer Reviewer deemed service not necessary (Line: 131)	NX4300388	88
H-REV	Peer Reviewer deemed service not necessary (Line: 132)	NX4300388	89
H-REV	Peer Reviewer deemed service not necessary (Line: 133)	NX4300388	90
H-REV	Peer Reviewer deemed service not necessary (Line: 135)	NX4300388	92
H-REV	Peer Reviewer deemed service not necessary (Line: 136)	NX4300388	93
H-REV	Peer Reviewer deemed service not necessary (Line: 137)	NX4300388	94
H-REV	Peer Reviewer deemed service not necessary (Line: 138)	NX4300388	95
H-REV	Peer Reviewer deemed service not necessary (Line: 139)	NX4300388	96
H-REV	Peer Reviewer deemed service not necessary (Line: 140)	NX4300388	97
H-REV	Peer Reviewer deemed service not necessary (Line: 141)	NX4300388	98
H-REV	Peer Reviewer deemed service not necessary (Line: 142)	NX4300388	99
H-REV	Peer Reviewer deemed service not necessary (Line: 143)	NX4300388	100
H-REV	Peer Reviewer deemed service not necessary (Line: 144)	NX4300388	101
H-REV	Peer Reviewer deemed service not necessary (Line: 145)	NX4300388	102
H-REV	Peer Reviewer deemed service not necessary (Line: 146)	NX4300388	103

If you have questions regarding payment, please contact your insurance carrier.

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Claim Number	--	24123721146	Total Charges	--	\$3,209.00	NX4300388- Adj -DR
Claim Type	--	PIP / FL				
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	--	\$480.16	
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/17/2024	10/26/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

H-REV	Peer Reviewer deemed service not necessary (Line: 148)	NX4300388	105
H-REV	Peer Reviewer deemed service not necessary (Line: 149)	NX4300388	106
H-REV	Peer Reviewer deemed service not necessary (Line: 150)	NX4300388	107
H-REV	Peer Reviewer deemed service not necessary (Line: 151)	NX4300388	108
H-REV	Peer Reviewer deemed service not necessary (Line: 152)	NX4300388	109
H-REV	Peer Reviewer deemed service not necessary (Line: 153)	NX4300388	110
H-REV	Peer Reviewer deemed service not necessary (Line: 154)	NX4300388	111
H-REV	Peer Reviewer deemed service not necessary (Line: 155)	NX4300388	112
H-REV	Peer Reviewer deemed service not necessary (Line: 156)	NX4300388	113
H-REV	Peer Reviewer deemed service not necessary (Line: 157)	NX4300388	114
H-REV	Peer Reviewer deemed service not necessary (Line: 158)	NX4300388	115
H-REV	Peer Reviewer deemed service not necessary (Line: 180)	NX4300388	117
H-REV	Peer Reviewer deemed service not necessary (Line: 181)	NX4300388	118
H-REV	Peer Reviewer deemed service not necessary (Line: 182)	NX4300388	119
H-REV	Peer Reviewer deemed service not necessary (Line: 183)	NX4300388	120
H-REV	Peer Reviewer deemed service not necessary (Line: 184)	NX4300388	121
H-REV	Peer Reviewer deemed service not necessary (Line: 185)	NX4300388	122
H-REV	Peer Reviewer deemed service not necessary (Line: 186)	NX4300388	123
H-REV	Peer Reviewer deemed service not necessary (Line: 187)	NX4300388	124
H-REV	Peer Reviewer deemed service not necessary (Line: 188)	NX4300388	125
H-REV	Peer Reviewer deemed service not necessary (Line: 189)	NX4300388	126
H-REV	Peer Reviewer deemed service not necessary (Line: 170)	NX4300388	127
H-REV	Peer Reviewer deemed service not necessary (Line: 172)	NX4300388	128

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

Claim Number --	24123721148	Total Charges --	\$3,209.00	NX4300388-Adj -DR
Claim Type --	PIP / FL	Total Reimbursement --	\$480.16	
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Date Of Service --	10/17/2024 - 10/25/2024	
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS			

Doc ID	NX4300388	Claim Type	PIP (Personnel Injury Protection)							
Claim ID	3451454	Receive Date	11/9/24							
Kemper		Send Date								
Line	Date	Mod	Proc	DESCRIPTION	Units	Charge	Schedule Reduction Amt	PPO Discount	Reimburse	Explanation
87	10/17/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
88	10/17/2024		97035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV
89	10/17/2024		97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
90	10/17/2024		97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
91	10/17/2024	59	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	108.34	FL_REGMCB
92	10/17/2024		97112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
93	10/18/2024		97635	FL_CPT - Self care mgmnt training	1	160.00	0.00	0.00	0.00	H-REV
94	10/18/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
95	10/18/2024		97035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV
96	10/18/2024		97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
97	10/18/2024		97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
98	10/18/2024	59	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
99	10/18/2024		97112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
100	10/21/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
101	10/21/2024		97035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV
102	10/21/2024		97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
103	10/21/2024		97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-601-0950.

PO Box 2843, Clinton, IA 52733
888-601-0950

Claim Number	-	24123721148	Total Charges	-	\$3,209.00	NX4300388-Adj -DR
Claim Type	--	PIP / FL				
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$480.18	
Service Provider	--	ADLER, LIORA C	Date Of Service	-	10/17/2024	10/25/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

104	10/21/2024	89	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	108.36	FL_REGMCB
105	10/21/2024		97112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00	0.00	0.00	H-REV
106	10/22/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
107	10/22/2024		97035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV
108	10/22/2024		97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
109	10/22/2024		97012	FL_CPT - Mechanical traction therapy	1	36.00	0.00	0.00	0.00	H-REV
110	10/22/2024	89	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
111	10/22/2024		97112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00	0.00	0.00	H-REV
112	10/23/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
113	10/23/2024		97035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV
114	10/23/2024		97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
115	10/23/2024		97012	FL_CPT - Mechanical traction therapy	1	36.00	0.00	0.00	0.00	H-REV
116	10/23/2024	89	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	108.36	FL_REGMCB
117	10/23/2024		97112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00	0.00	0.00	H-REV
118	10/24/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
119	10/24/2024		97035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV
120	10/24/2024		97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV
121	10/24/2024		97012	FL_CPT - Mechanical traction therapy	1	36.00	0.00	0.00	0.00	H-REV
122	10/24/2024	89	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
123	10/24/2024		97112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00	0.00	0.00	H-REV
124	10/25/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV

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Claim Number	-	24123721146	Total Charges	-	\$3,209.00	NX4300388- Adj -DR
Claim Type	-	PIP / FL				
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL	Total Reimbursement	-	\$480.16	
		CTR				
Service Provider	-	ADLER, LIORA C	Date Of Service	-	10/17/2024	10/25/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

126	10/25/2024	97035	FL_CPT - App modity 1+ultrasound ea 15	1	50.00	0.00	0.00	0.00	H-REV
128	10/25/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	50.00	0.00	0.00	0.00	H-REV
127	10/25/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
128	10/25/2024	88	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	108.36 FL_REGMCB
129	10/25/2024		97112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV

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Comments :

If you have questions regarding payment, please contact your insurance carrier.

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PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number	--	24123721148	Total Charges	--	\$3,209.00	NX4800388-Adj -DR
Claim Type	--	PIP / FL				
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	--	\$480.16	
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/17/2024	. 10/25/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

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EXPLANATION OF REVIEW

NX4300388-EOBID-db

Archive

Florida

Receive Date: 11/05/2024
Service Provider: 85-3897693
ADLER, LIORA C
800 WEST 49 ST STE 510
HIALEAH FL 33012

Claim Number: 24123721146
Adjuster: coprod1_29509 - Ashley Meyer
Date Of Loss: 10/12/2024
Patient Account #: 21030468 2110

Billing Provider: 85-3897693
VILAFOURTUNY SALOU MEDICAL CTR
900 W 49TH ST STE 510
HIALEAH FL 33012

Mail To Patient:
PEREZ, YAMISLEYDYS
1031 E 19TH ST
HIALEAH FL 33013

Provider Title: MD
Provider Specialty:
Carrier:
Kemper
8380 LBJ FWY STE 400
DALLAS TX 75243

Date Of Service: 10/17/2024 to 10/25/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION					
1	S13.4XXA			ICD-0 Sprain of ligaments of cervical spine, initial encounter					
2	S23.3XXA			ICD-0 Sprain of ligaments of thoracic spine, initial encounter					
3	S33.5XXA			ICD-0 Sprain of ligaments of lumbar spine, initial encounter					
4	S43.401A			ICD-0 Unspecified sprain of right shoulder joint, int encntr					
5	S43.402A			ICD-0 Unspecified sprain of left shoulder joint, initial encounter					
LINE	DOB	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PAYER	EXPLANATION REIMBURSE
1	10/17/24	97010		Hot or cold pack therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								
2	10/17/24	97035		App mdly 1+ultrasound ea 15	1	50.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								

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PO Box 2843, Clinton, IA 52733
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Claim Number --	24123721146	Total Charges --	\$ 3,209.00	NX4300388- EOBID -db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Archive		
Service Provider --	ADLER, LIORA C	Total Reimbursement --	\$ 0.00	
Patient Name --	PEREZ, YAMISLEYDYS	Dates Of Service --	10/17/2024 - 10/25/2024	

3	10/17/24	97032	Appl modality 1+estim as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
4	10/17/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
5	10/17/24	97140	59 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
6	10/17/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
7	10/17/24	97536	Self care management training	1	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
8	10/18/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
9	10/18/24	97036	Appl modity 1+ultrasound as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
10	10/18/24	97032	Appl modality 1+estim as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
11	10/18/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
12	10/18/24	97140	59 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
13	10/18/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
14	10/21/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721146	Total Charges --	\$ 3,209.00	NX4300388- EOBID-db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Archive		
Service Provider --	ADLER, LIORA C	Total Reimbursement --	\$ 0.00	
Patient Name --	PEREZ, YAMISLEYDYS	Dates Of Service --	10/17/2024 - 10/25/2024	

16	10/21/24	97036	App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
16	10/21/24	97032	Appl modality 1+estim ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
17	10/21/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
18	10/21/24	97140	59	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								
19	10/21/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
20	10/22/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
21	10/22/24	97036	App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
22	10/22/24	97032	Appl modality 1+estim ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
23	10/22/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
24	10/22/24	97140	59	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								
25	10/22/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
26	10/23/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-601-0950.

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888-601-0950

Printed On --

13-Nov-2024 2:07 pm

Page 3 of 7

Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4900388- EOBID -db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR			
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS			
		Date Of Service --	10/17/2024	- 10/25/2024

27	10/23/24	97036	App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
28	10/23/24	97032	Appl modality 1+estim ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
29	10/23/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
30	10/23/24	97140	89	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								
31	10/23/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
32	10/24/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
33	10/24/24	97036	App modity 1+ultrasound ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
34	10/24/24	97032	Appl modality 1+estim ea 15	1	60.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
35	10/24/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
36	10/24/24	97140	89	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								
37	10/24/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								
38	10/25/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD	
ICD Ref	1,2,3,4,5								

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Printed On --

13-Nov-2024 2:07 pm

Page 4 of 7

Claim Number --	24123721146	Total Charges --	\$ 3,209.00	NX4300388- EOBID-db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR			
Service Provider --	ADLER, LIORA C	Total Reimbursement --	\$ 0.00	Archive
Patient Name --	PEREZ, YAMISLEYDYS	Dates Of Service --	10/17/2024 - 10/25/2024	

39	10/25/24	97035	App modif 1+ultrasound ea 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
40	10/25/24	97032	Appl modality 1+estim ea 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
41	10/25/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
42	10/25/24	87140	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
43	10/25/24	97112	Neuromuscular reeducation	2	160.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
Total Lines :	43				3209.00	0.00	0.00	

If you have questions regarding payment, please contact your insurance carrier.
If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4300388-EDOID-06
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	Archive
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Dates Of Service --	10/17/2024 - 10/25/2024	

Reimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EDR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FL_PND_FRD	Per F.S.A 627.736(4)(i) If an insurer has a reasonable belief that a fraudulent insurance act, for the purposes of s. 626.880 or s. 617.234, has been committed, the insurer shall notify the claimant, in writing, within 30 days after submission of the claim that the claim is being investigated for suspected fraud. This shall serve as notice that this claim is being investigated for suspected fraud.		
Modifier Code Summary			
MODIFIER CODE	Description		
#9	Distinct Procedural Service		

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Printed On --

13-Nov-2024 2:07 pm

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Claim Number --	24123721148	Total Charges --	\$ 3,209.00	NX4309388- EOBID -db
		Archive		
Billing Provider --	VILAFOURTUNY BALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	10/17/2024 - 10/25/2024	

Comments :

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Printed On --
13-Nov-2024 2:07 pm

Page 7 of 7

DR CLAIM GROUP
PO BOX 941090
MIAMI, FLORIDA 33194
CLAUDIA TATAJE
claudia.t@drclaim.info
FACSIMILE: 786-329-6910

Date: 12/30/2024

Via Certified Mail -RRR 9589 0710 5270 1530 4722 41
INFINITY AUTO INSURANCE COMPANY
ATTN: MS. LAUREN GUROSKY

PO Box 9000
DAPHNE, ALABAMA 36526

DEMAND LETTER UNDER FL. STATUTE §627.736(10)

RE:	File No.:	28063
	Provider:	VILA FORTUNY SALOU MEDICAL CENTER INC
	Patient:	PEREZ YAMISLEYDYS
	Insured:	CASTILLO JORGE
	Claim No.:	24123721146
	Policy No.:	10195963501
	Date of Loss:	10/11/2024

Dear Mr./Ms: MS. LAUREN GUROSKY

Please be advised that we have been retained by the above-listed provider in their claim for overdue personal injury protection benefits. Please refrain from any further contact with our client.

Demand is hereby made for payment of medical services provided to the above-named patient for dates of service 10/17/2024 through 10/25/2024 with a total billed amount of \$3209.00. The amount paid for these dates of service was \$0.00, therefore the amount of \$2567.20 is now due. Any other payments to this provider and any applicable deductible not reflected here should be deducted from this total. Payment for these services is overdue as of the date of this letter.

**In accordance with the applicable provisions of the Florida Statutes, a bona fide attempt has been made to calculate the balance of benefits due based upon best information as to deductibles, etc. If you disagree with this amount, please respond immediately with your calculations and amount you claim to be due.*

Additionally, if the policy at issue contains Med-Pay Coverage then forward all monies available and the itemized statement of any payments made.

Enclosed please find the itemized statement or copies of the bills previously submitted and a copy of the Assignment of Benefits. Pursuant to Florida Statutes, any payment now made must include the applicable interest and ten percent (10%) penalty of the overdue amount paid, subject to maximum penalty of two hundred and fifty (\$250). Postage due is \$ 1.01. Failure to pay or provide the requested documentation within 30 days will result in the institution of a civil suit for damages, attorney's fees and costs.

The undersigned also hereby demands:

- a) a written explanation of benefits specifying as to each item submitted and the reason said item was not paid in full as required by Florida Statute 627.736.
- b) a Personal Injury Protection payment log.
- c) a copy of the policy declarations page.
- d) a copy of the insurance policy as mandated by Florida Statute 627.736.
- e) copies of all notices as well as proof of receipt by the patient, as required by Florida Statute 627.736, if you assert the patient failed to attend an Examination Under Oath (EUO) and/or an Independent Medical Examination (IME).
- f) a copy of the transcript if the patient attended an EUO.
- g) a copy of the IME report if the patient attended an IME.

If the amount requested by this letter is not paid by you within the required time, we hereby demand that a sum sufficient to pay our client's balance be held aside until the issue of the amount due is resolved.

To avoid requests for re-issuance of checks, kindly do the following:

Make all checks payable to Dr Claim Group, and the Penalty & Postage checks to Dr Claim Group operating account, and forward all checks to the company's mailing address:
PO BOX 941090 Miami, Florida 33194. Our Tax ID Number is 84-5157170.

Thank you.

Very truly yours,

DR CLAIM GROUP



Claudia Tataje

VILA FORTUNY SALOU MEDICAL CENTER INC
ASSIGNMENT OF INSURANCE BENEFITS, RELEASE, & DEMAND

I, YAMISLEYDYS PEREZ

the undersigned patient/insured knowingly, voluntarily and intentionally assign the rights and benefits of my automobile insurance, also known as Personal Injury Protection (hereinafter PIP), and Medical Payments policy of insurance to: VILA FORTUNY SALOU MEDICAL CENTER INC. I understand it is the intention of the provider to accept this assignment of benefits in lieu of demanding payment at the time services are rendered and that this document will allow the provider to file suit against an insurance company for payment of the insurance benefits. I understand the provider may file a lawsuit against my insurer for payment and if the provider's bills are paid or applied to a deductible I agree this will serve as a benefit to me and I authorize and request such litigation. This assignment of benefits includes the cost of transportation, medications, supplies, over due interest and any potential claim for common law or statutory bad faith/unfair claims handling. If the insurer disputes the validity of this assignment of benefits then the insurer is instructed to notify the provider in writing within five days of receipt of this document. Failure to inform the provider shall result in a waiver by the insurer to contest the validity of this document. The undersigned directs the insurer to pay the health care provider directly without reductions & without including the patient's name on the check. To the extent the PIP insurer contends there is a material misrepresentation on the application for insurance resulting in the policy of insurance is declared voided, rescinded, or canceled, I, as the named insured under said policy of insurance, hereby assign the right to receive the premiums paid for my PIP insurance to this provider and to file suit for recovery of the premiums. The insurer is directed to issue such a refund check payable to this provider only. Should the medical bills not exceed the premium refunded, then the provider is directed to mail the patient/named Insured a check which represents the difference between the medical bills and the premiums paid.

The insurer is directed by the provider and the undersigned to not issue any checks or drafts in partial settlement of a claim that contain or are accompanied by language releasing the insurer or its insured/patient from liability unless there has been a prior written settlement agreed to by the health provider and the insurer as to the amount payable under the insurance policy. The insured and the provider hereby contests and objects to any reductions or partial payments. Any partial or reduced payment, regardless of the accompanying language, issued by the insurer and deposited by the provider shall be done so under protest, at the risk of the insurer, and the deposit shall not be deemed a waiver, accord, satisfaction, discharge, settlement or agreement by the provider to accept a reduced amount as payment in full. The insurer is hereby placed on notice that this provider reserves the right to seek the full amount of the bills submitted.

If the insurer schedules a defense examination or examination under oath (hereinafter "EUA") the insurer is hereby INSTRUCTED to send a copy of said notification to this provider. The provider or the provider's attorney is expressly authorized to appear at any EUO or IME set by the insurer. The health care provider is not the agent of the insurer or the patient for any purpose.

This assignment applies to both past and future medical expenses and is valid even if undated. A photocopy of this assignment is to be considered as valid as the original. I agree to pay any applicable deductible, co-payments, for services rendered after the policy of insurance exhausts and for any other services unrelated to the automobile accident. The health care provider is given the power of attorney to: endorse my name on any check for services rendered by the above provider; and to request and obtain a copy of any statements or examinations under oath given by patient.

Release of Information: I hereby authorize this provider to: furnish an insurer, an insurer's intermediary, the patient's other medical providers, and the patient's attorney via mail, fax, or email, with any and all information that may be contained in the medical records; to obtain insurance coverage information (declaration sheet & policy of insurance) in writing and telephonically from the insurer; request from any insurer all explanation of benefits (EOBs) for all providers and non-redacted PIP payout sheets; obtain any written and verbal statements the patient or anyone else provided to the insurer; obtain copies of the entire claim file and all medical records, including but not limited to, documents, reports, scans, notes, bills, opinions, X-rays, IMEs, and MRIs, from any other medical provider or any insurer.

The provider is permitted to produce my medical records to its attorney in connection with any pending lawsuits. The insurer is directed to keep the patient's medical records from this provider private and confidential and the insurer is not authorized to provide these medical records to anyone without the patient's and the provider's prior express written permission.

Demand: Demand is hereby made for the insurer to pay all bills within 30 days without reductions and to mail the latest non-redacted PIP payout sheet and the insurance coverage declaration sheet to the above provider within 15 days. The insurer is directed to pay the bills in the order they are received. However, if a bill from this provider and a claim from anyone else is received by the insurer on the same day the insurer is directed to not apply this provider's bill to the deductible. If a bill from this provider and claim from anyone else is received by the insurer on the same day then the insurer is directed to pay this provider first before the policy is exhausted. In the event the provider's medical bills are disputed or reduced by the insurer for any reason, or amount, the insurer is to: set aside the entire amount disputed or reduced; escrow the full amount at issue; and not pay the disputed amount to anyone or any entity, including myself, until the dispute is resolved by a Court. Do not exhaust the policy. The insurer is instructed to inform, in writing, the provider of any dispute.

Certification: I certify that: I have read and agree to the above; I have not been solicited or promised anything in exchange for receiving health care; I have not received any promises or guarantees from anyone as to the results that may be obtained by any treatment or service; and I agree the provider's prices for medical services, treatment and supplies are reasonable, usual and customary.

Caution: Please read before signing. Please ask to view a copy of our charges. If you do not completely understand this document please ask us to explain it to you. If you sign below we will assume you understand and agree to the above.

Patient's Name (please print)

YAMISLEYDYS PEREZ

Date 10/14/2024

Patient's Signature or Legal Guardian

VILAFOURTUNY SALOU MEDICAL CTR
Patient Account Ledger
As of October 25, 2024
Show all data where the Chart Number is between 21030469,21030469
and the Date From is between 10/17/2024, 10/25/2024

Entry	Date	POS	Description	Procedure	Document	Provider	Amount
21030469	YAMISLEYDYS PEREZ			(786)754-9946			
	Last Payment: 0.00		On:				
94502	10/17/2024	11		97010	2410290000	FL	12.00
94503	10/17/2024	11		97035	2410290000	FL	50.00
94504	10/17/2024	11		97032	2410290000	FL	50.00
94505	10/17/2024	11		97012	2410290000	FL	35.00
94506	10/17/2024	11		97140	2410290000	FL	140.00
94507	10/17/2024	11		97112	2410290000	FL	150.00
94508	10/17/2024	11		97535	2410290000	FL	150.00
94509	10/18/2024	11		97010	2410290000	FL	12.00
94510	10/18/2024	11		97035	2410290000	FL	50.00
94511	10/18/2024	11		97032	2410290000	FL	50.00
94512	10/18/2024	11		97012	2410290000	FL	35.00
94513	10/18/2024	11		97140	2410290000	FL	140.00
94514	10/18/2024	11		97112	2410290000	FL	150.00
94515	10/21/2024	11		97010	2410290000	FL	12.00
94516	10/21/2024	11		97035	2410290000	FL	50.00
94517	10/21/2024	11		97032	2410290000	FL	50.00
94518	10/21/2024	11		97012	2410290000	FL	35.00
94519	10/21/2024	11		97140	2410290000	FL	140.00
94520	10/21/2024	11		97112	2410290000	FL	150.00
94521	10/22/2024	11		97010	2410290000	FL	12.00
94522	10/22/2024	11		97035	2410290000	FL	50.00
94523	10/22/2024	11		97032	2410290000	FL	50.00
94524	10/22/2024	11		97012	2410290000	FL	35.00
94525	10/22/2024	11		97140	2410290000	FL	140.00
94526	10/22/2024	11		97112	2410290000	FL	150.00
94527	10/23/2024	11		97010	2410290000	FL	12.00
94528	10/23/2024	11		97035	2410290000	FL	50.00
94529	10/23/2024	11		97032	2410290000	FL	50.00
94530	10/23/2024	11		97012	2410290000	FL	35.00
94531	10/23/2024	11		97140	2410290000	FL	140.00
94532	10/23/2024	11		97112	2410290000	FL	150.00
94533	10/24/2024	11		97010	2410290000	FL	12.00
94534	10/24/2024	11		97035	2410290000	FL	50.00
94535	10/24/2024	11		97032	2410290000	FL	50.00
94536	10/24/2024	11		97012	2410290000	FL	35.00
94537	10/24/2024	11		97140	2410290000	FL	140.00
94538	10/24/2024	11		97112	2410290000	FL	150.00
94539	10/25/2024	11		97010	2410290000	FL	12.00
94540	10/25/2024	11		97035	2410290000	FL	50.00
94541	10/25/2024	11		97032	2410290000	FL	50.00
94542	10/25/2024	11		97012	2410290000	FL	35.00
94543	10/25/2024	11		97140	2410290000	FL	140.00
94544	10/25/2024	11		97112	2410290000	FL	150.00

Patient Total: 3,209.00

Ledger Total: \$3,209.00



Kemper
P.O. Box 2843
Clinton, IA 52733

SP 05 000023 66648 E 1 ASNGLP
Dr Claim Group
PO Box 941090
Miami, FL 33194

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Policy Term: 08/21/2024-02/21/2025

000023 1/24

000023 1/24

Dear Dr Claim Group:

Provider: Vila Fortuny Salou Medical Center, Inc

DSR: 11/04/2024-11/14/2024

PSD: 232602

File: 28063

This is an amended response to your demand for payment for medical services rendered to the patient as mentioned above.

A payment for \$448.91 was paid directly to the provider prior to the processing of your demand. Draft 615-2623314 included \$437.44 benefits and \$11.47 interest. Two additional payments have been made in response to your demand. The first draft made payable to your office in the amount of \$43.91 includes \$42.72 benefits and \$1.19 interest. The second draft made payable to your operating account in the amount of \$5.29 includes \$4.28 penalty and \$1.01 in postage fees as requested by your office. Please note, that the results from a Peer Review does not support reimbursement for all services in question. Benefits paid in accordance with the policy and Florida PIP statute for the CPT codes that were supported.

Attached is a copy of the policy's declaration page, and the PIP payment log.

Please note that we contend that for an insured's pre-suit demand letter to comply with section 6627.736(10), it must provide the exact information listed in the statute.

Sincerely,

Shunte Jenkins
Claims Team
T 800-353-6737, ext.1351499
F 888-976-2123
shunte.jenkins@kemper.com

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KEMPER

Kemper
P.O. Box 2843
Clinton, IA 52733

Cavada Law
7925 NW 12th ST
STE 330
Doral, FL 33126

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez
Claim number: 24123721146
Date of loss: October 11, 2024

Date of mailing: February 25, 2025

Dear YAMISLEYDYS Perez:

Please see the attached peer report for your records.

Sincerely,

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

CC: YAMISLEYDYS Perez 1031 E 19th St HIALEAH, FL 33013

CC: Vilafourtuny Salou Medical Ctr 900 W 49th St Ste 510 Hialeah, FL 33012

CC: River Medical Center 85 Grand Canal Dr Miami, FL 33144

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kevin White, MD
Board Certified PM&R
Florida License # ME 132827**

**508 W. Martin Luther King Jr. Blvd Suite A
Tampa, Florida 33603**

December 12, 2024

Claimant: Yamisleydys Perez
Claim #: 24123721146
File # 138633
DOI: October 11, 2024
DOE: December 12, 2024

This is a peer review.

INTRODUCTION

According to the records, the claimant is a 30-year-old female restrained driver of a vehicle involved in a motor vehicle collision on October 11, 2024. According to the records, no airbags deployed. According to the records, the claimant was seen for an initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024. According to the records, the claimant was not seen in the emergency room prior to this visit. According to the records, history and physical exam notes claimant complained of neck, back, right and left shoulder pain. According to the records, the claimant had no previous accidents. According to the records, the claimant had no significant past medical history.

PHYSICAL EXAMINATION

Reports tenderness in the cervical, thoracic and lumbar spine as well as the left and right shoulder. The examination appeared to be complete with a full neuromusculoskeletal examination. The claimant was prescribed a course of therapy as well as ibuprofen and methocarbamol.

REVIEW OF RECORDS

1. Identification including vehicle registration and driver's license.
2. Florida traffic crash report.
3. Initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024.
4. X-rays of the cervical, thoracic and lumbar spine as well as the left and right shoulder that were all unremarkable except for muscle spasm findings in the cervical spine.
5. Therapy visit notes from Vila Fortuny Salou Medical Center from October 17, 2024 through November 14, 2024.
6. Followup medical evaluation at River Medical Center with Blanca Bruzon, APRN, on November 18, 2024.

CONCLUSION

C O P Y

C O P Y

Yamisleydys Perez
December 12, 2024
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It is my opinion the initial medical evaluation and followup visits dated October 14, 2024 and November 18, 2024 were of medical necessity to evaluate with injury sustained and recommend treatment options. It is my opinion the initial evaluation was complete with a full neuromusculoskeletal examination. It is my opinion this initial evaluation should be billed at code 99203 rather than 99204. Also, the followup visit should be billed at code 99213 rather than 99214.

It is my opinion the x-rays of the cervical spine, thoracic spine and lumbar spine as well as the left and right shoulder were of medical necessity to evaluate with injury sustained.

It is my opinion that some of the treatment codes were of medical necessity. Some of the therapy services dated October 17, 2024 through November 14, 2024 were of medical necessity. However, based on my experience as a Board Certified Physical Medicine and Rehabilitation Specialist, applicable research and standards of care, it is my opinion that the number of modalities as well as the number of treatments will be considered excessive.

It is my opinion that the following treatments were of medical necessity to treat the injuries and complaints:

October 17, 2024, two units of manual therapy under code 97140.
October 21, 2024, two units of manual therapy under code 97140.
October 23, 2024, two units of manual therapy under code 97140.
October 25, 2024, two units of manual therapy under code 97140.
October 28, 2024, two units of manual therapy under code 97140.
October 30, 2024, two units of manual therapy under code 97140.
November 1, 2024, two units of manual therapy under code 97140.
November 4, 2024, two units of manual therapy under code 97140.
November 6, 2024, two units of manual therapy under code 97140.
November 8, 2024, two units of manual therapy under code 97140.
November 12, 2024, two units of manual therapy under code 97140.
November 14, 2024, two units of manual therapy under code 97140.

The following dates: October 18, 2024, October 22, 2024, October 24, 2024, October 29, 2024, October 31, 2024, November 5, 2024, November 7, 2024, and November 13, 2024 were excessive and not medically reasonable, related or necessary to the accident.

Any other physical therapy or treatment was not medically reasonable, related or necessary to the accident.

Based on published clinical practice guidelines for the treatment of strains/sprains, recommending at most four to six weeks of supervised therapy, on a maximum three day per week schedule, combined with a lack of objective findings documented in the treatment records, no further physical therapy treatment after November 14, 2024 would be reasonable, related or necessary.

I declare, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned as is true to the best of my knowledge and information. I certify that I meet the requirements of Section 627.736 (7) if Florida Statute which states that the physician preparing the report must be in active practice unless the physician is

Yamisleydyas Perez
December 12, 2024
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physically disabled. Active practice means that during the three (3) years immediately preceding the date of the physical examination or review of the treatment records, the physician must have devoted professional time to the clinical practice of evaluation, diagnosis, or treatment of medical conditions or to the instruction of students in an accredited health professional school or accredited resident program or a clinical research program that is affiliated with an accredited health professional school or teaching hospital or accredited resident program.

I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

Sincerely,

Kevin White, M.D.

Kevin White, MD

**Board Certified PM&R
Florida License # ME 132827**

KW/us X1971451

C O P Y

C O P Y

KEMPER

Infinity Value Added

**3780 River Run Drive
Birmingham, AL 35243**

Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 353-8737

PERSONAL AUTO DECLARATION

POLICY NUMBER: 10196963501

POLICY PERIOD: 08/21/2024 TO 02/21/2025

**JORGE LUIS CASTILLO CARDENAS
1031 E 19th St
HIALEAH, FL 33013**

This policy incepts on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2013	MERCEDES-BENZ - S550	WDDNG7DB3DA519188	NA / NA	1	JORGE LUIS CASTILLO CARDENAS	Active	No
2	2008	MERCEDES-BENZ - C300	WDDGF54X76F053312	NA / NA	2	YAMISLEYDYS Perez	Active	No
3	2020	NISSAN - ROGUE SPORT	JN1BJ1CWBLW541750	1000 / 1000				

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES		
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1	VEH 2	VEH 3
Property Damage	\$10,000 each accident	185	142	179
Comprehensive		No Cov	No Cov	288
Collision		No Cov	No Cov	444
Uninsured Motorist Bodily Injury	***REJECTED*** / ***REJECTED***	No Cov	No Cov	No Cov
Personal Injury Protection	Refer to Schedule	570	484	1,046
PREMIUM BY VEHICLE:		735	598	1,006
TOTAL VEHICLE PREMIUM				\$3,236.00
POLICY FEES				\$10.00
FIGA RECOUPMENT FEE				\$0.00
TOTAL POLICY PREMIUM				\$3,246.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:
10950AE101; 10950AE901; 10950RBI01; 10950RDR01;
10950AMDE01; 10950AE501; 10950UMC02; 10950PIP02;
109TNDE01; 10950PVA02; 10900AMDE01

By Craig Thorne Daily Authorized Representative

10A50DEC04

AMEND DATE: 08/21/2024

Additional Information:

Agency Information:

**EVELYN STAR, INC. DBA Estrella Insurance #129
610 E 49TH ST
HIALEAH, FL 33013-1964**

Please mail all inquiries to:

**Kemper
PO Box 830189
Birmingham, AL 35283-0189**

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name
Int

ADDITIONAL INTEREST

Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors

Standard

RSVP Direct Repair Placement

REV. ENRICO RAVASI
Multicar Discount

PAY PLAN: 16.67% Down Pay - 5 Installments

RATE REVISION 1

Driver Factors

RATING CRITERIA						
Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMBS
1	0		40	0	61	19
2	0		51	0	61	19
3	0		51	0	61	10

Vehicle Factors

Air Bag Discount

Anti-Theft Device Discount

Anti-Theft Device Discount

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services	\$10,000
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$1000, all expenses and losses are applicable to:	
<input type="checkbox"/> The Named Insured	
<input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only	
<input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys						
Coverage	Limit	Charges	Paid	Wages	Essential Services	Funeral	Other	Remaining	
PIP	\$10,000.00		\$1,795.92					\$8,204.08	
MedPay	-		-	-				-	
Totals	\$10,000.00	\$19,522.00	\$1,795.92					\$8,204.08	
Deductible	-		-					-	
Copay	-		\$438.30					-	
Interest + Penalty			\$97.09						

Doc ID PSD232602 Check# PSD232602 Paid \$91.94 Processed On 02/27/2025 Payee Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP	\$49.22	\$42.72					

Doc ID KF0981980 Check# Paid \$0.00 Processed On 12/30/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0981980 R1 Check# Paid \$0.00 Processed On 02/25/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID NX4331908 Check# Paid \$0.00 Processed On 12/16/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID NX4331908 R1 Check# Paid \$0.00 Processed On 02/25/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0971389 Check# Paid \$0.00 Processed On 12/06/2024 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$0.00	\$400.00	\$0.00	\$0.00	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0971389 R1 Check# 615-2623305 Paid \$156.26 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$190.96	\$400.00	\$0.00	\$38.19	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty	PIP	\$3.49	\$152.77					

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier	Claim Number	Date of Loss	Patient name
Kemper	24123721146	10/11/2024	Perez, Yamisleydys

Doc ID KFD964910 Check # Paid \$0.00 Processed On 11/25/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$0.00	\$3,496.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0964910 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$0.00	\$3,496.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0964910 R2 Check # 615-2623314 Paid \$448.91 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$546.80	\$3,496.00	\$0.00	\$109.36	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty PIP \$11.47 \$437.44								

Doc ID KF0962143 Check # Paid \$0.00 Processed On 11/21/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,185.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0962143 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,185.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0962143 R2 Check # 615-2623090 Paid \$269.68 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$328.08	\$2,185.00	\$0.00	\$65.62	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty PIP \$7.22 \$262.46								

Doc ID NX4309633 Check # Paid \$0.00 Processed On 11/21/2024 Payee River Medical Center Dates of Service 10/14/2024 to 10/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,680.00	\$0.00	\$0.00	River Medical Center	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty \$0.00								

Doc ID NX4309633 R1 Check # 615-2622988 Paid \$565.73 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 10/14/2024 to 10/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$488.22	\$2,680.00	\$0.00	\$137.64	River Medical Center	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty PIP \$15.15 \$550.58								

Doc ID NX4300388 Check # Paid \$0.00 Processed On 11/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty \$0.00								

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Claim Number Date of Loss Patient name
Kemper 24123721146 10/11/2024 Perez, Yamileydy

0000023 6/24

Doc ID NX4300388 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID NX4300388 R2 Check # 615-2623316 Paid \$360.49 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$437.44	\$3,209.00	\$0.00	\$87.49	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty PIP
\$10.54 \$349.95

Archive

Florida

Receive Date: 11/20/2024
 Service Provider: 85-3697693
ADLER, LICRA C
 900 WEST 49 ST STE 510
 HIALEAH FL 33012

Claim Number: 24123721148
 Adjuster: cccprod1_29508 - Ashley Meyer
 Date Of Loss: 10/11/2024
 Patient Account #: 21030469 2143

Billing Provider: 85-3697693
VILAFOURTUNY SALOU MEDICAL CTR
 900 W 49TH ST STE 510
 HIALEAH FL 33012

Mail To Patient:
PEREZ, YAMISLEYDYS
 1031 E 19TH ST

HIALEAH FL 33013

Carrier:
Kemper
 8360 LBJ FWY STE 400
 DALLAS TX 75243

Dates Of Service: 11/04/2024 to 11/14/2024

LINE	DOB	PROC-CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PVDR-REIMBURSE	EXPLANATION
97	11/04/24	87010		"RECON" 48 Hot or cold pack therapy	1	12.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
98	11/04/24	87036		"RECON" 50 App modity 1+ultrasound ss 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
99	11/04/24	87032		"RECON" 51 Appl modality 1+estim ss 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
100	11/04/24	87012		"RECON" 52 Mechanical traction therapy	1	36.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
101	11/04/24	87140	59	"RECON" 53 Manual therapy 1/> regions	2	140.00		109.96	FL_REGMCS
ICD Ref	1,2,3,4,5								
102	11/04/24	87112		"RECON" 54 Neuromuscular reeducation	2	160.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
103	11/05/24	87010		"RECON" 55 Hot or cold pack therapy	1	12.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
104	11/05/24	87036		"RECON" 56 App modity 1+ultrasound ss 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
105	11/05/24	87032		"RECON" 57 Appl modality 1+estim ss 15	1	60.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
106	11/05/24	87012		"RECON" 58 Mechanical traction therapy	1	36.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
107	11/05/24	87140	59	"RECON" 59 Manual therapy 1/> regions	2	140.00		0.00	H-REV
ICD Ref	1,2,3,4,5								

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
 888-501-0950

Claim Number -	24123721148	Total Charges --	\$ 3,498.00	KP0P64910-Adj-DR
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement ..	\$ 648.80	
Service Provider -	ADLER, LIORA C	Dates Of Service --	11/04/2024 - 11/14/2024	
Patient Name -	PEREZ, YAMISLEYDYS			

000023 9/21

108 11/06/24	97112	"RECON" 60	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 61	Hot or cold packs therapy	1	12.00	0.00	H-REV
109 11/06/24	97010	"RECON" 62	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 63	App modality 1+estim ss 15	1	60.00	0.00	H-REV
110 11/06/24	97035	"RECON" 64	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 65	Manual therapy 1/> regions	2	140.00	108.88	FL_REGMCS
111 11/06/24	97032	"RECON" 66	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 67	Hot or cold packs therapy	1	12.00	0.00	H-REV
112 11/06/24	97012	"RECON" 68	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 69	App modality 1+estim ss 15	1	60.00	0.00	H-REV
113 11/06/24	97140	"RECON" 70	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 71	Manual therapy 1/> regions	2	140.00	0.00	H-REV
114 11/06/24	97112	"RECON" 72	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 73	Hot or cold packs therapy	1	12.00	0.00	H-REV
115 11/07/24	97010	"RECON" 74	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 75	App modality 1+estim ss 15	1	60.00	0.00	H-REV
116 11/07/24	97032	"RECON" 76	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 77	Manual therapy 1/> regions	2	140.00	0.00	H-REV
117 11/07/24	97012	"RECON" 78	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 79	Hot or cold packs therapy	1	12.00	0.00	H-REV
118 11/07/24	97012	"RECON" 80	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 81	App modality 1+estim ss 15	1	60.00	0.00	H-REV
119 11/07/24	97140	"RECON" 82	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 83	Manual therapy 1/> regions	2	140.00	108.88	FL_REGMCS
120 11/07/24	97112	"RECON" 84	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 85	Hot or cold packs therapy	1	12.00	0.00	H-REV
121 11/08/24	97010	"RECON" 86	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 87	App modality 1+estim ss 15	1	60.00	0.00	H-REV
122 11/08/24	97035	"RECON" 88	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 89	Manual therapy 1/> regions	2	140.00	0.00	H-REV
123 11/08/24	97032	"RECON" 90	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 91	Hot or cold packs therapy	1	12.00	0.00	H-REV
124 11/08/24	97012	"RECON" 92	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 93	App modality 1+estim ss 15	1	60.00	0.00	H-REV
125 11/08/24	97140	"RECON" 94	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 95	Manual therapy 1/> regions	2	140.00	108.88	FL_REGMCS
126 11/08/24	97112	"RECON" 96	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 97	Hot or cold packs therapy	1	12.00	0.00	H-REV
127 11/12/24	97010	"RECON" 98	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 99	App modality 1+estim ss 15	1	60.00	0.00	H-REV
128 11/12/24	97035	"RECON" 100	Mechanical traction therapy	1	36.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 101	Manual therapy 1/> regions	2	140.00	108.88	FL_REGMCS
129 11/12/24	97032	"RECON" 102	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 103	Hot or cold packs therapy	1	12.00	0.00	H-REV
130 11/12/24	97012	"RECON" 104	App modity 1+ultrasound ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 105	App modality 1+estim ss 15	1	60.00	0.00	H-REV
ICD Ref 1,2,3,4,5		"RECON" 106	Mechanical traction therapy	1	36.00	0.00	H-REV

If you have questions regarding payment, please contact your insurance carrier.

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Claim Number	-	24123721148	Total Charges	--	\$ 3,498.00	KP09M4910-Adj-DR
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR		Total Reimbursement	--	\$ 548.00
Service Provider	-	ADLER, LIORA C		Date Of Service	--	11/04/2024 - 11/14/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

ICD Ref	1,2,3,4,5						
131	11/12/24	97140	69	*RECON* 88 Manual therapy 1/> regions	2	140.00	109.36 FL_REGMCB
ICD Ref	1,2,3,4,5						
132	11/12/24	97112	69	*RECON* 84 Neuromuscular reeducation	2	160.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
133	11/13/24	97010	69	*RECON* 88 Hot or cold packs therapy	1	12.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
134	11/13/24	97036	69	*RECON* 88 App modity 1+ultrasound ss 15	1	60.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
135	11/13/24	97022	69	*RECON* 87 Appl modality 1+estim ss 15	1	50.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
136	11/13/24	97012	69	*RECON* 88 Mechanical traction therapy	1	36.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
137	11/13/24	97140	69	*RECON* 88 Manual therapy 1/> regions	2	140.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
138	11/13/24	97112	69	*RECON* 88 Neuromuscular reeducation	2	160.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
139	11/14/24	97010	69	*RECON* 81 Hot or cold packs therapy	1	12.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
140	11/14/24	97036	69	*RECON* 88 App modity 1+ultrasound ss 15	1	60.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
141	11/14/24	97032	69	*RECON* 88 Appl modality 1+estim ss 15	1	60.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
142	11/14/24	97012	69	*RECON* 84 Mechanical traction therapy	1	36.00	0.00 H-REV
ICD Ref	1,2,3,4,5						
143	11/14/24	97140	69	*RECON* 88 Manual therapy 1/> regions	2	140.00	109.36 FL_REGMCB
ICD Ref	1,2,3,4,5						
144	11/14/24	97112	69	*RECON* 88 Neuromuscular reeducation	2	160.00	0.00 H-REV
ICD Ref	1,2,3,4,5						

Total Lines : 48 2498.00 0.00 548.00

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0980.

Claim Number -	24123721146	Total Charges -	\$ 3,498.00	KF0954910-Adj-DR
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement -	\$ 546.80	
Service Provider -	ADLER, LIORA C	Date Of Service -	11/04/2024 - 11/14/2024	
Patient Name -	PEREZ, YAMISLEYDYS			

Reimbursement Amount :	546.80
Less Previous Reimbursement :	0.00
Net Reimbursement Amount :	546.80
Apportionment % :	
Subtotal :	546.80
Limited Benefits/Copay :	109.36
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	11.47
EOR Check Amount :	448.91
Allocated PIP Payment :	437.44
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

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C O P Y

Claim Number	-	24123721148	Total Charges	-	\$ 3,498.00	KF0984010-Adj-DR
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$ 646.80	
Service Provider	-	ADLER, LIORA C	Date Of Service	-	11/04/2024 - 11/14/2024	
Patient Name	-	PEREZ, YAMISLEYDOYS				

Reconsideration:

LINE NUMBER	ADJUSTS	EXPLANATION	DESCRIPTION
97	49	H-REV	Peer Reviewer deemed service not necessary
98	60	H-REV	Peer Reviewer deemed service not necessary
99	51	H-REV	Peer Reviewer deemed service not necessary
100	62	H-REV	Peer Reviewer deemed service not necessary
101	63	FL_REGMCB	Per F.S.A. 627.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
102	64	H-REV	Peer Reviewer deemed service not necessary
103	65	H-REV	Peer Reviewer deemed service not necessary
104	66	H-REV	Peer Reviewer deemed service not necessary
105	67	H-REV	Peer Reviewer deemed service not necessary
106	68	H-REV	Peer Reviewer deemed service not necessary
107	69	H-REV	Peer Reviewer deemed service not necessary
108	60	H-REV	Peer Reviewer deemed service not necessary
109	81	H-REV	Peer Reviewer deemed service not necessary
110	62	H-REV	Peer Reviewer deemed service not necessary
111	83	H-REV	Peer Reviewer deemed service not necessary
112	84	H-REV	Peer Reviewer deemed service not necessary
113	65	FL_REGMCB	Per F.S.A. 627.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
114	66	H-REV	Peer Reviewer deemed service not necessary
115	87	H-REV	Peer Reviewer deemed service not necessary
116	68	H-REV	Peer Reviewer deemed service not necessary
117	89	H-REV	Peer Reviewer deemed service not necessary
118	70	H-REV	Peer Reviewer deemed service not necessary
119	71	H-REV	Peer Reviewer deemed service not necessary
120	72	H-REV	Peer Reviewer deemed service not necessary
121	73	H-REV	Peer Reviewer deemed service not necessary
122	74	H-REV	Peer Reviewer deemed service not necessary
123	75	H-REV	Peer Reviewer deemed service not necessary
124	76	H-REV	Peer Reviewer deemed service not necessary
125	77	FL_REGMCB	Per F.S.A. 627.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.

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Claim Number --	24123721146	Total Charges --	\$ 3,496.00	KP0864910-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 546.80	
Service Provider --	ADLER, LIORA C	Dates Of Service --	11/04/2024 - 11/14/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

128	78	H-REV	Peer Reviewer deemed service not necessary
127	79	H-REV	Peer Reviewer deemed service not necessary
128	80	H-REV	Peer Reviewer deemed service not necessary
129	81	H-REV	Peer Reviewer deemed service not necessary
130	82	H-REV	Peer Reviewer deemed service not necessary
131	83	FL_REGMCB	Per F.S.A. 827.73(b)(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
132	84	H-REV	Peer Reviewer deemed service not necessary
133	85	H-REV	Peer Reviewer deemed service not necessary
134	86	H-REV	Peer Reviewer deemed service not necessary
135	87	H-REV	Peer Reviewer deemed service not necessary
136	88	H-REV	Peer Reviewer deemed service not necessary
137	89	H-REV	Peer Reviewer deemed service not necessary
138	90	H-REV	Peer Reviewer deemed service not necessary
139	91	H-REV	Peer Reviewer deemed service not necessary
140	92	H-REV	Peer Reviewer deemed service not necessary
141	93	H-REV	Peer Reviewer deemed service not necessary
142	94	H-REV	Peer Reviewer deemed service not necessary
143	95	FL_REGMCB	Per F.S.A. 827.73(b)(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
144	96	H-REV	Peer Reviewer deemed service not necessary

MODIFIER CODE	DESCRIPTION
59	Distinct Procedural Service

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C O P Y

Claim Number -	24123721146	Total Charges --	\$ 3,495.00	KF0984810-AQ-DR
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 546.80	
Service Provider -	ADLER, LIGRA C	Date Of Service -	11/04/2024 - 11/14/2024	
Patient Name -	PEREZ, YAMISLEYDYS			

Explanation summary:

EXPLANATION	EXPLANATION FOR THE REIMBURSEMENT AMOUNT	REF DOC_ID	REF LINE NUMBER
FL_REGMCB	Per F.S.A. 827.736(5)(e)1f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 101)	KF0984810	53
FL_REGMCB	Per F.S.A. 827.736(5)(e)1f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 113)	KF0984810	65
FL_REGMCB	Per F.S.A. 827.736(5)(e)1f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 126)	KF0984810	77
FL_REGMCB	Per F.S.A. 827.736(5)(e)1f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 131)	KF0984810	83
FL_REGMCB	Per F.S.A. 827.736(5)(e)1f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 143)	KF0984810	96
H-REV	Peer Reviewer deemed service not necessary (Line: 87)	KF0984810	48
H-REV	Peer Reviewer deemed service not necessary (Line: 98)	KF0984810	50
H-REV	Peer Reviewer deemed service not necessary (Line: 99)	KF0984810	51
H-REV	Peer Reviewer deemed service not necessary (Line: 100)	KF0984810	52
H-REV	Peer Reviewer deemed service not necessary (Line: 102)	KF0984810	54
H-REV	Peer Reviewer deemed service not necessary (Line: 103)	KF0984810	55
H-REV	Peer Reviewer deemed service not necessary (Line: 104)	KF0984810	56
H-REV	Peer Reviewer deemed service not necessary (Line: 105)	KF0984810	57
H-REV	Peer Reviewer deemed service not necessary (Line: 106)	KF0984810	58
H-REV	Peer Reviewer deemed service not necessary (Line: 107)	KF0984810	59
H-REV	Peer Reviewer deemed service not necessary (Line: 108)	KF0984810	60
H-REV	Peer Reviewer deemed service not necessary (Line: 109)	KF0984810	61
H-REV	Peer Reviewer deemed service not necessary (Line: 110)	KF0984810	62
H-REV	Peer Reviewer deemed service not necessary (Line: 111)	KF0984810	63
H-REV	Peer Reviewer deemed service not necessary (Line: 112)	KF0984810	64
H-REV	Peer Reviewer deemed service not necessary (Line: 114)	KF0984810	66
H-REV	Peer Reviewer deemed service not necessary (Line: 115)	KF0984810	67
H-REV	Peer Reviewer deemed service not necessary (Line: 116)	KF0984810	68
H-REV	Peer Reviewer deemed service not necessary (Line: 117)	KF0984810	69
H-REV	Peer Reviewer deemed service not necessary (Line: 118)	KF0984810	70
H-REV	Peer Reviewer deemed service not necessary (Line: 119)	KF0984810	71
H-REV	Peer Reviewer deemed service not necessary (Line: 120)	KF0984810	72
H-REV	Peer Reviewer deemed service not necessary (Line: 121)	KF0984810	73
H-REV	Peer Reviewer deemed service not necessary (Line: 122)	KF0984810	74
H-REV	Peer Reviewer deemed service not necessary (Line: 123)	KF0984810	75

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Claim Number --	24123721146	Total Charges --	\$ 3,496.00	KF0964910-Aq-DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 646.80	
Service Provider --	ADLER, LIORA C	Date Of Service --	11/04/2024 - 11/14/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

H-REV	Peer Reviewer deemed service not necessary (Line: 124)	KF0964910	78
H-REV	Peer Reviewer deemed service not necessary (Line: 126)	KF0964910	78
H-REV	Peer Reviewer deemed service not necessary (Line: 127)	KF0964910	79
H-REV	Peer Reviewer deemed service not necessary (Line: 128)	KF0964910	80
H-REV	Peer Reviewer deemed service not necessary (Line: 129)	KF0964910	81
H-REV	Peer Reviewer deemed service not necessary (Line: 130)	KF0964910	82
H-REV	Peer Reviewer deemed service not necessary (Line: 132)	KF0964910	84
H-REV	Peer Reviewer deemed service not necessary (Line: 133)	KF0964910	85
H-REV	Peer Reviewer deemed service not necessary (Line: 134)	KF0964910	86
H-REV	Peer Reviewer deemed service not necessary (Line: 135)	KF0964910	87
H-REV	Peer Reviewer deemed service not necessary (Line: 136)	KF0964910	88
H-REV	Peer Reviewer deemed service not necessary (Line: 137)	KF0964910	89
H-REV	Peer Reviewer deemed service not necessary (Line: 138)	KF0964910	90
H-REV	Peer Reviewer deemed service not necessary (Line: 139)	KF0964910	91
H-REV	Peer Reviewer deemed service not necessary (Line: 140)	KF0964910	92
H-REV	Peer Reviewer deemed service not necessary (Line: 141)	KF0964910	93
H-REV	Peer Reviewer deemed service not necessary (Line: 142)	KF0964910	94
H-REV	Peer Reviewer deemed service not necessary (Line: 144)	KF0964910	95

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Claim Number	-	24123721148	Total Charges	-	\$ 3,498.00	KP0984910-AIJ-DR
Billing Provider	-	VILAFORTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$ 548.80	
Service Provider	-	ADLER, LIORA C	Date Of Service	-	11/04/2024 - 11/14/2024	
Patient Name	-	PEREZ, YAMISLEYDYS				

Doc ID KP0984910 Claim ID 3451454 Kemper				Claim Type	PIP (Personal Injury Protection)					
Line	Date	Mod	Proc	DESCRIPTION	Units	Charge	Schedule Reduction Amt	PPC Discount	Reimbursed	Explanation
48	11/04/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
50	11/04/2024		87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV
51	11/04/2024		87032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00	H-REV
52	11/04/2024		87012	FL_CPT - Mechanical traction therapy	1	36.00	0.00	0.00	0.00	H-REV
53	11/04/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
54	11/04/2024		87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
55	11/05/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
56	11/05/2024		87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV
57	11/05/2024		87032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00	H-REV
58	11/05/2024		87012	FL_CPT - Mechanical traction therapy	1	36.00	0.00	0.00	0.00	H-REV
59	11/05/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
60	11/05/2024		87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
61	11/05/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
62	11/05/2024		87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV
63	11/05/2024		87032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00	H-REV
64	11/05/2024		87012	FL_CPT - Mechanical traction therapy	1	36.00	0.00	0.00	0.00	H-REV
65	11/05/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
66	11/05/2024		87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV
67	11/07/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV

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Claim Number --	24123721148	Total Charges --	\$ 3,498.00	KP0984810-Adj-OR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 546.80	
Service Provider --	ADLER, LIORA C	Dates Of Service --	11/04/2024 - 11/14/2024	
Patient Name --	PEREZ, YAMISLEYDYS			
68 11/07/2024	97035	FL_CPT - App modity 1+ultrasound ea 15	1	50.00 0.00 0.00 0.00 H-REV
69 11/07/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	50.00 0.00 0.00 0.00 H-REV
70 11/07/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00 0.00 0.00 0.00 H-REV
71 11/07/2024	59 97140	FL_CPT - Manual therapy 1/> regions	2	140.00 0.00 0.00 0.00 H-REV
72 11/07/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00 0.00 0.00 0.00 H-REV
73 11/08/2024	97010	FL_CPT - Hot or cold packs therapy	1	12.00 0.00 0.00 0.00 H-REV
74 11/08/2024	97035	FL_CPT - App modity 1+ultrasound ea 15	1	50.00 0.00 0.00 0.00 H-REV
75 11/08/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	50.00 0.00 0.00 0.00 H-REV
76 11/08/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00 0.00 0.00 0.00 H-REV
77 11/08/2024	59 97140	FL_CPT - Manual therapy 1/> regions	2	140.00 0.00 0.00 0.00 H-REV
78 11/08/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00 0.00 0.00 0.00 H-REV
79 11/12/2024	97010	FL_CPT - Hot or cold packs therapy	1	12.00 0.00 0.00 0.00 H-REV
80 11/12/2024	97035	FL_CPT - App modity 1+ultrasound ea 15	1	50.00 0.00 0.00 0.00 H-REV
81 11/12/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	50.00 0.00 0.00 0.00 H-REV
82 11/12/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00 0.00 0.00 0.00 H-REV
83 11/12/2024	59 97140	FL_CPT - Manual therapy 1/> regions	2	140.00 0.00 0.00 0.00 H-REV
84 11/12/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00 0.00 0.00 0.00 H-REV
85 11/13/2024	97010	FL_CPT - Hot or cold packs therapy	1	12.00 0.00 0.00 0.00 H-REV
86 11/13/2024	97035	FL_CPT - App modity 1+ultrasound ea 15	1	50.00 0.00 0.00 0.00 H-REV
87 11/13/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	50.00 0.00 0.00 0.00 H-REV
88 11/13/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00 0.00 0.00 0.00 H-REV
89 11/13/2024	59 97140	FL_CPT - Manual therapy 1/> regions	2	140.00 0.00 0.00 0.00 H-REV
90 11/13/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00 0.00 0.00 0.00 H-REV
91 11/14/2024	97010	FL_CPT - Hot or cold packs therapy	1	12.00 0.00 0.00 0.00 H-REV

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C O P Y

Claim Number -	24123721148	Total Charges --	\$ 3,496.00	KP0944810-Adj-DR
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 548.80	
Service Provider -	ADLER, LIORA C	Date Of Service -	11/04/2024 - 11/14/2024	
Patient Name -	PEREZ, YAMISLEYDYS			
82	11/14/2024	87035 FL_CPT - Appl modality 1+ultrasound ss 15	1	50.00 0.00 0.00 0.00 H-REV
83	11/14/2024	87032 FL_CPT - Appl modality 1+estim ss 15	1	50.00 0.00 0.00 0.00 H-REV
94	11/14/2024	87012 FL_CPT - Mechanical traction therapy	1	36.00 0.00 0.00 0.00 H-REV
95	11/14/2024	89 87140 FL_CPT - Manual therapy 1/> regions	2	140.00 0.00 0.00 0.00 H-REV
98	11/14/2024	87112 FL_CPT - Neuromuscular reeducation	2	160.00 0.00 0.00 0.00 H-REV

Comments :

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Claim Number --	24123721148	Total Charges --	\$ 3,496.00	KP0954910- Adj -DR
Billing Provider --	VILAFCURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 546.80	
Service Provider --	ADLER, LIORA C	Date Of Service --	11/04/2024 - 11/14/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

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The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

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C O P Y

KEMPER

ADJUSTMENT

KF0864910-Adj -DR

Draft

Florida

Receive Date : 11/20/2024
 Service Provider : ADLER, LIORA C
 85-3897893

900 WEST 49 ST STE 510
 HIALEAH FL 33012

Claim Number : 24123721146 Adj# ccprod1_29509 -
 Claim Type : PIP / FL
 Date Of Loss : 10/11/2024

Billing Provider : VILAFOURTUNY SALOU MEDICAL CTR
 85-3897893

900 W 49TH ST STE 510
 HIALEAH FL 33012

Patient : PEREZ, YANISLEYDYS
 1031 E 19TH ST
 HIALEAH FL 33013

Patient Account # : 21030469 2143
 Carrier : Kemper
 8360 LBJ FWY STE 400
 DALLAS TX 75243

Date Of Service : 11/04/2024 to 11/14/2024

LINE	DOS	PRDC-CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PROVIDER REIMBURSE	EXPLANATION
145	11/04/24	97010		"RECON" Hot or cold packs therapy 87	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
146	11/04/24	97036		"RECON" App modity 1+ultrasound ss 15 98	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
147	11/04/24	97032		"RECON" App modality 1+estim ss 15 99	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
148	11/04/24	97012		"RECON" Mechanical traction therapy 100	1	30.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
149	11/04/24	97140	59	"RECON" Manual therapy 1/> regions 101	2	140.00	0.00	120.04	FL_REQMCB
ICD Ref	1,2,3,4,5								
150	11/04/24	97112		"RECON" Neuromuscular reeducation 102	2	160.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
151	11/08/24	97010		"RECON" Hot or cold packs therapy 103	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
152	11/08/24	97036		"RECON" App modity 1+ultrasound ss 15 104	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
153	11/08/24	97032		"RECON" App modality 1+estim ss 15 105	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								

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Claim Number --	24123721148	Total Charges --	\$3,496.00	KF9864910-Adj-DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL	Total Reimbursement --	\$600.20	
Service Provider --	CTR ADLER, LIORA C	Date Of Service --	11/04/2024	11/14/2024
Patient Name --	PEREZ, YAMISLEYDYS			

000023 15/24

164	11/06/24	97012	"RECON" 106	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
165	11/06/24	97140	59	"RECON" 107	Manual therapy 1/> regions	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
166	11/06/24	97112	"RECON" 108	Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
167	11/06/24	97010	"RECON" 109	Hot or cold packs therapy	1	12.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
168	11/06/24	97035	"RECON" 110	App modality 1+ultrasound es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
169	11/06/24	97032	"RECON" 111	App modality 1+esstim es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
170	11/06/24	97012	"RECON" 112	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
161	11/06/24	97140	59	"RECON" 113	Manual therapy 1/> regions	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5									
182	11/06/24	97112	"RECON" 114	Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
183	11/07/24	97010	"RECON" 115	Hot or cold packs therapy	1	12.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
184	11/07/24	97035	"RECON" 116	App modality 1+ultrasound es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
166	11/07/24	97032	"RECON" 117	App modality 1+esstim es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
168	11/07/24	97012	"RECON" 118	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
187	11/07/24	97140	59	"RECON" 119	Manual therapy 1/> regions	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
168	11/07/24	97112	"RECON" 120	Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
189	11/08/24	97010	"RECON" 121	Hot or cold packs therapy	1	12.00	0.00	0.00	H-REV	

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Claim Number	--	24123721148	Total Charges -	\$3,498.00	KF9964810-Adj -DR
Claim Type	--	PIP / FL	Total Reimbursement - \$800.20		
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR			
Service Provider	--	ADLER, LIORA C	Date Of Service -	11/04/2024 - 11/14/2024	
Patient Name	--	PEREZ, YAMISLEYDYS			

ICD Ref	1,2,3,4,5							
170	11/08/24	97036	"RECON" 122	App modity 1+ultrasound ss 15	1	60.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
171	11/08/24	97032	"RECON" 123	Appl modality 1+estim ss 15	1	60.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
172	11/08/24	97012	"RECON" 124	Mechanical traction therapy	1	35.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
173	11/08/24	97140	68	"RECON" 125	Manual therapy 1/> regions	2	140.00	0.00 120.04 FL_REGMCB
ICD Ref	1,2,3,4,5							
174	11/08/24	97112	"RECON" 126	Neuromuscular reeducation	2	160.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
175	11/12/24	97010	"RECON" 127	Hot or cold packs therapy	1	12.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
176	11/12/24	97036	"RECON" 128	App modity 1+ultrasound ss 15	1	60.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
177	11/12/24	97032	"RECON" 129	Appl modality 1+estim ss 15	1	60.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
178	11/12/24	97012	"RECON" 130	Mechanical traction therapy	1	35.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
179	11/12/24	97140	68	"RECON" 131	Manual therapy 1/> regions	2	140.00	0.00 120.04 FL_REGMCB
ICD Ref	1,2,3,4,5							
180	11/12/24	97112	"RECON" 132	Neuromuscular reeducation	2	160.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
181	11/13/24	97010	"RECON" 133	Hot or cold pack therapy	1	12.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
182	11/13/24	97036	"RECON" 134	App modity 1+ultrasound ss 15	1	60.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
183	11/13/24	97032	"RECON" 135	Appl modality 1+estim ss 15	1	60.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							
184	11/13/24	97012	"RECON" 136	Mechanical traction therapy	1	35.00	0.00	0.00 H-REV
ICD Ref	1,2,3,4,5							

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Claim Number	-	24123721148	Total Charges	-	\$3,496.00	KFH64810-Adj-DR
Claim Type	-	PIP / FL	Total Reimbursement		\$800.20	
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Date Of Service		11/04/2024 - 11/14/2024	
Service Provider	-	ADLER, LIORA C				
Patient Name	-	PEREZ, YAMISLEYDYS				

186	11/13/24	97140	60	"RECON" 137	Manual therapy 1> regions	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
188	11/13/24	97112		"RECON" 138	Neuromuscular reeducation	2	160.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
187	11/14/24	97010		"RECON" 139	Hot or cold pack therapy	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
188	11/14/24	97036		"RECON" 140	App modity 1+ultrasound ea 15	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
189	11/14/24	97032		"RECON" 141	App modality 1+estim ea 15	1	50.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
190	11/14/24	97012		"RECON" 142	Mechanical traction therapy	1	36.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
191	11/14/24	97140	60	"RECON" 143	Manual therapy 1> regions	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5									
192	11/14/24	97112		"RECON" 144	Neuromuscular reeducation	2	160.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
Total Lines :						3496.00	0.00	800.20		

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Claim Number -	24123721146	Total Charges -	\$3,496.00	KF#984818- Adj -DR
Claim Type -	PIP / FL			
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement -	\$800.20	
Service Provider -	ADLER, LIORA C	Date Of Service -	11/04/2024	11/14/2024
Patient Name -	PEREZ, YAMISLEYDYS			

Reimbursement Amount :	\$ 800.20
Less Previous Reimbursement :	\$ 545.80
Net Reimbursement Amount :	\$ 53.40
Apportionment % :	
Subtotal :	\$ 53.40
Limited Benefits/Copay :	\$ 10.68
Collateral Source/Healthcare Carrier Payment :	\$ 0.00
Plus Interest :	\$ 1.19
BOR Check Amount :	\$ 43.91
Allocated PIP Payment :	\$42.72
Allocated MedPay Payment :	\$0.00
Allocated to Other Coverage Payments :	\$0.00

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Claim Number	-	24123721148	Total Charges	-	\$3,498.00	KF9884918-Adj -DR
Claim Type	-	PIP / FL				
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL	Total Reimbursement	-	\$800.20	
		CTR				
Service Provider	-	ADLER, LIORA C	Date Of Service	-	11/04/2024	11/14/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

000023 17/24

Reasons for Decision:

LINE NUMBER	ADJUSTS	EXPLANATION	DESCRIPTION
145	97	H-REV	Peer Reviewer deemed service not necessary
146	98	H-REV	Peer Reviewer deemed service not necessary
147	99	H-REV	Peer Reviewer deemed service not necessary
148	100	H-REV	Peer Reviewer deemed service not necessary
149	101	PL_REGMCB	Per F.S.A. 827.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
150	102	H-REV	Peer Reviewer deemed service not necessary
151	103	H-REV	Peer Reviewer deemed service not necessary
152	104	H-REV	Peer Reviewer deemed service not necessary
153	105	H-REV	Peer Reviewer deemed service not necessary
154	106	H-REV	Peer Reviewer deemed service not necessary
155	107	H-REV	Peer Reviewer deemed service not necessary
156	108	H-REV	Peer Reviewer deemed service not necessary
157	109	H-REV	Peer Reviewer deemed service not necessary
158	110	H-REV	Peer Reviewer deemed service not necessary
159	111	H-REV	Peer Reviewer deemed service not necessary
160	112	H-REV	Peer Reviewer deemed service not necessary
161	113	PL_REGMCB	Per F.S.A. 827.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
162	114	H-REV	Peer Reviewer deemed service not necessary
163	115	H-REV	Peer Reviewer deemed service not necessary
164	116	H-REV	Peer Reviewer deemed service not necessary
165	117	H-REV	Peer Reviewer deemed service not necessary
166	118	H-REV	Peer Reviewer deemed service not necessary
167	119	H-REV	Peer Reviewer deemed service not necessary
168	120	H-REV	Peer Reviewer deemed service not necessary
169	121	H-REV	Peer Reviewer deemed service not necessary
170	122	H-REV	Peer Reviewer deemed service not necessary

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Claim Number -	24123721148	Total Charges -	\$3,486.00	KF984818-Adj -DR
Claim Type -	PIP / FL			
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR		Total Reimbursement -	\$600.20
Service Provider -	ADLER, LIORA C		Date Of Service -	11/04/2024 - 11/14/2024
Patient Name -	PEREZ, YAMISLEYDYS			

171	123	H-REV	Peer Reviewer deemed service not necessary
172	124	H-REV	Peer Reviewer deemed service not necessary
173	125	FL_REGMCB	Per F.S.A. 827.736(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
174	126	H-REV	Peer Reviewer deemed service not necessary
175	127	H-REV	Peer Reviewer deemed service not necessary
176	128	H-REV	Peer Reviewer deemed service not necessary
177	129	H-REV	Peer Reviewer deemed service not necessary
178	130	H-REV	Peer Reviewer deemed service not necessary
179	131	FL_REGMCB	Per F.S.A. 827.736(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
180	132	H-REV	Peer Reviewer deemed service not necessary
181	133	H-REV	Peer Reviewer deemed service not necessary
182	134	H-REV	Peer Reviewer deemed service not necessary
183	135	H-REV	Peer Reviewer deemed service not necessary
184	136	H-REV	Peer Reviewer deemed service not necessary
185	137	H-REV	Peer Reviewer deemed service not necessary
186	138	H-REV	Peer Reviewer deemed service not necessary
187	139	H-REV	Peer Reviewer deemed service not necessary
188	140	H-REV	Peer Reviewer deemed service not necessary
189	141	H-REV	Peer Reviewer deemed service not necessary
190	142	H-REV	Peer Reviewer deemed service not necessary
191	143	FL_REGMCB	Per F.S.A. 827.736(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
192	144	H-REV	Peer Reviewer deemed service not necessary

MODIFIER CODE	DESCRIPTION
59	Distinct Procedural Service

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Claim Number --	24123721148	Total Charges -	\$3,498.00	KF0984910- Adj -DR
Claim Type --	PIP / FL	Total Reimbursement -	\$600.20	
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Date Of Service -	11/04/2024	11/14/2024
Service Provider --	ADLER, LIDIA C			
Patient Name --	PEREZ, YAMISLEYDOYS			

060023 1824

Explanation summary

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC ID	REF LINE NUMBER
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 149)	KF0984910	101
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 161)	KF0984910	113
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 173)	KF0984910	125
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 179)	KF0984910	131
FL_REGMCB	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 181)	KF0984910	143
H-REV	Peer Reviewer deemed service not necessary (Line: 145)	KF0984910	97
H-REV	Peer Reviewer deemed service not necessary (Line: 146)	KF0984910	98
H-REV	Peer Reviewer deemed service not necessary (Line: 147)	KF0984910	99
H-REV	Peer Reviewer deemed service not necessary (Line: 148)	KF0984910	100
H-REV	Peer Reviewer deemed service not necessary (Line: 150)	KF0984910	102
H-REV	Peer Reviewer deemed service not necessary (Line: 151)	KF0984910	103
H-REV	Peer Reviewer deemed service not necessary (Line: 152)	KF0984910	104
H-REV	Peer Reviewer deemed service not necessary (Line: 153)	KF0984910	105
H-REV	Peer Reviewer deemed service not necessary (Line: 154)	KF0984910	106
H-REV	Peer Reviewer deemed service not necessary (Line: 155)	KF0984910	107
H-REV	Peer Reviewer deemed service not necessary (Line: 156)	KF0984910	108
H-REV	Peer Reviewer deemed service not necessary (Line: 157)	KF0984910	109
H-REV	Peer Reviewer deemed service not necessary (Line: 158)	KF0984910	110

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PO Box 2943, Clinton, IA 52733
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Claim Number	-	24123721148	Total Charges	-	\$3,496.00	KF0984910-Adj-DR
Claim Type	-	PIP / FL				
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$600.20	
Service Provider	-	ADLER, LIORA C	Date Of Service	-	11/04/2024	11/14/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

H-REV	Peer Reviewer deemed service not necessary (Line: 159)	KF0984910	111
H-REV	Peer Reviewer deemed service not necessary (Line: 160)	KF0984910	112
H-REV	Peer Reviewer deemed service not necessary (Line: 162)	KF0984910	114
H-REV	Peer Reviewer deemed service not necessary (Line: 163)	KF0984910	115
H-REV	Peer Reviewer deemed service not necessary (Line: 164)	KF0984910	116
H-REV	Peer Reviewer deemed service not necessary (Line: 165)	KF0984910	117
H-REV	Peer Reviewer deemed service not necessary (Line: 166)	KF0984910	118
H-REV	Peer Reviewer deemed service not necessary (Line: 167)	KF0984910	119
H-REV	Peer Reviewer deemed service not necessary (Line: 168)	KF0984910	120
H-REV	Peer Reviewer deemed service not necessary (Line: 169)	KF0984910	121
H-REV	Peer Reviewer deemed service not necessary (Line: 170)	KF0984910	122
H-REV	Peer Reviewer deemed service not necessary (Line: 171)	KF0984910	123
H-REV	Peer Reviewer deemed service not necessary (Line: 172)	KF0984910	124
H-REV	Peer Reviewer deemed service not necessary (Line: 174)	KF0984910	126
H-REV	Peer Reviewer deemed service not necessary (Line: 175)	KF0984910	127
H-REV	Peer Reviewer deemed service not necessary (Line: 176)	KF0984910	128
H-REV	Peer Reviewer deemed service not necessary (Line: 177)	KF0984910	129
H-REV	Peer Reviewer deemed service not necessary (Line: 178)	KF0984910	130
H-REV	Peer Reviewer deemed service not necessary (Line: 180)	KF0984910	132
H-REV	Peer Reviewer deemed service not necessary (Line: 181)	KF0984910	133
H-REV	Peer Reviewer deemed service not necessary (Line: 182)	KF0984910	134
H-REV	Peer Reviewer deemed service not necessary (Line: 183)	KF0984910	135
H-REV	Peer Reviewer deemed service not necessary (Line: 184)	KF0984910	136
H-REV	Peer Reviewer deemed service not necessary (Line: 185)	KF0984910	137
H-REV	Peer Reviewer deemed service not necessary (Line: 186)	KF0984910	138
H-REV	Peer Reviewer deemed service not necessary (Line: 187)	KF0984910	139
H-REV	Peer Reviewer deemed service not necessary (Line: 188)	KF0984910	140
H-REV	Peer Reviewer deemed service not necessary (Line: 189)	KF0984910	141
H-REV	Peer Reviewer deemed service not necessary (Line: 190)	KF0984910	142

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Claim Number	-	24123721146	Total Charges	-	\$3,496.00	KFDB6491D-Adj-DR
Claim Type	--	PIP / FL				
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL	Total Reimbursement	-	\$600.20	
		CTR				
Service Provider	--	ADLER, LIORA C	Date Of Service	-	11/04/2024	11/14/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

H-REV

Peer Reviewer deemed service not necessary (Line: 182)

KFDB6491D

144

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C O P Y

Claim Number	--	24123721148	Total Charges	--	\$3,495.00	KF0964810- Adj -DR
Claim Type	--	PIP / FL				
Billing Provider	--	VILAFOURTUNY BALOU MEDICAL	Total Reimbursement	--	\$600.20	
		CTR				
Service Provider	--	ADLER, LIORA C	Date Of Service	--	11/04/2024	11/14/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

Doc ID	KF0964810			Claim Type	PIP (Personal Injury Protection)		
Claim ID	3451454			Receive Date	11/25/24		
Kemper				Send Date			
Line	Date	Mod	Proc	DESCRIPTION	Units	Charge	Schedule Reduction Amt PPO Discount Reimburse Explanation
97	11/04/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
98	11/04/2024		87035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00 0.00 0.00 H-REV
99	11/04/2024		87032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00 0.00 0.00 H-REV
100	11/04/2024		87012	FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
101	11/04/2024	88	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 108.96 FL_REGMCB
102	11/04/2024		87112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00 0.00 0.00 H-REV
103	11/05/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
104	11/05/2024		87035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00 0.00 0.00 H-REV
105	11/05/2024		87032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00 0.00 0.00 H-REV
106	11/05/2024		87012	FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
107	11/05/2024	88	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 0.00 H-REV
108	11/05/2024		87112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00 0.00 0.00 H-REV
109	11/05/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00 0.00 0.00 H-REV
110	11/05/2024		87035	FL_CPT - App modity 1+ultrasound ea 15	1	60.00	0.00 0.00 0.00 H-REV
111	11/05/2024		87032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00 0.00 0.00 H-REV
112	11/05/2024		87012	FL_CPT - Mechanical traction therapy	1	36.00	0.00 0.00 0.00 H-REV
113	11/05/2024	88	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00 0.00 108.96 FL_REGMCB

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Claim Number --	24123721148	Total Charges -	\$3,496.00	KF8664810-Adj-DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR		Total Reimbursement -	\$600.20
Service Provider --	ADLER, LIORA C	Date Of Service -	11/04/2024	.11/14/2024
Patient Name --	PEREZ, YAMISLEYDYS			

114	11/06/2024	87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	
115	11/07/2024	87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV	
116	11/07/2024	87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV	
117	11/07/2024	87032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00	H-REV	
118	11/07/2024	87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
119	11/07/2024	89	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
120	11/08/2024	87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	
121	11/08/2024	87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV	
122	11/08/2024	87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV	
123	11/08/2024	87032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00	H-REV	
124	11/08/2024	87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
125	11/08/2024	89	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	109.38	FL_REGMCB
126	11/08/2024	87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	
127	11/12/2024	87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV	
128	11/12/2024	87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV	
129	11/12/2024	87032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00	H-REV	
130	11/12/2024	87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
131	11/12/2024	89	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	109.38	FL_REGMCB
132	11/12/2024	87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	
133	11/13/2024	87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV	
134	11/13/2024	87035	FL_CPT - App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00	H-REV	

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Claim Number	-	24123721148	Total Charged -	\$3,496.00	KF004810-Adj -DR					
Claim Type	-	PIP / FL	Total Reimbursement -		\$800.20					
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Dates Of Service -		11/04/2024 - 11/14/2024					
Service Provider	-	ADLER, LIORA C								
Patient Name	-	PEREZ, YAMISLEYDYS								
136	11/13/2024	87082	FL_CPT - Appl modality 1+estim es 15	1	60.00	0.00	0.00	0.00	H-REV	
138	11/13/2024	87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
137	11/13/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
138	11/13/2024	87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV	
139	11/14/2024	87010	FL_CPT - Hot or cold pack therapy	1	12.00	0.00	0.00	0.00	H-REV	
140	11/14/2024	87085	FL_CPT - App modality 1+ultrasound es 15	1	60.00	0.00	0.00	0.00	H-REV	
141	11/14/2024	87082	FL_CPT - Appl modality 1+estim es 15	1	60.00	0.00	0.00	0.00	H-REV	
142	11/14/2024	87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
143	11/14/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	109.38	FL_REGMCB
144	11/14/2024	87112	FL_CPT - Neuromuscular reeducation	2	160.00	0.00	0.00	0.00	H-REV	

Comments :

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Claim Number --	24123721148	Total Charges --	\$3,496.00	KP0884810-Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$600.20	
Service Provider --	ADLER, LIORA C	Date Of Service --	11/04/2024	11/14/2024
Patient Name --	PEREZ, YAMISLEYDYS			

000023 21/24

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 827.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

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C O P Y



EXPLANATION OF REVIEW

KF0984910-EOBID-db

Archive

Florida

Receive Date: 11/20/2024
Service Provider: 86-3697693
ADLER, LICRA C
800 WEST 49 ST STE 510
HIALEAH FL 33012

Claim Number: 24123721148
Adjuster: coprod1_29509 - Ashley Meyer
Date Of Loss: 10/12/2024
Patient Account #: 21030469 2143

Billing Provider: 86-3697693
VILAFOURTUNY SALOU MEDICAL CTR
900 W 49TH ST STE 510
HIALEAH FL 33012

Mail To Patient:
PEREZ, YAMISLEYDVS
1031 E 19TH ST

HIALEAH FL 33013

Provider Title: MD
Provider Specialty:

Carrier:
Kemper
8360 LBJ FWY STE 400
DALLAS TX 75243

Dates Of Service: 11/04/2024 to 11/14/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION					
1	B19.40XA			ICD-0 Sprain of ligaments of cervical spine, initial encounter					
2	B23.30XA			ICD-0 Sprain of ligaments of thoracic spine, initial encounter					
3	B33.50XA			ICD-0 Sprain of ligaments of lumbar spine, initial encounter					
4	B43.401A			ICD-0 Unspecified sprain of right shoulder joint, int encntr					
5	B43.402A			ICD-0 Unspecified sprain of left shoulder joint, initial encounter					
LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PROVIDER REIMBURSE	EXPLANATION
1	11/04/24	87010		Hot or cold pack therapy	1	12.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5						
2	11/04/24	87035		App molly 1+ultrasound ea 15	1	60.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5						

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 866-501-0960.

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Claim Number --	24123721148	Total Charges --	\$ 3,496.00	KP0984810- EOBID <db Archive
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	11/04/2024 - 11/14/2024	

3	11/04/24	87082	App modality 1+estm ss 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
4	11/04/24	87012	Mechanical traction therapy	1	25.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
5	11/04/24	87140	69 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
6	11/04/24	87112	Neuromuscular reeducation	2	160.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
7	11/05/24	87010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
8	11/05/24	87036	App mdity 1+ultrasound ss 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
9	11/05/24	87082	App modality 1+estm ss 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
10	11/05/24	87012	Mechanical traction therapy	1	25.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
11	11/05/24	87140	69 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
12	11/05/24	87112	Neuromuscular reeducation	2	160.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
13	11/05/24	87010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
14	11/05/24	87036	App mdity 1+ultrasound ss 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							

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C O P Y

#000023 22/24

Claim Number -	24123721146	Total Charges -	\$ 3,496.00	KP004915- EDI910 -db
Billing Provider -	VILAFOURTUNY BALOU MEDICAL CTR	Total Reimbursement -	\$ 0.00	Archive
Service Provider --	ADLER, LIORA C			
Patient Name -	PEREZ, YAMISLEYDYS	Date Of Service -	11/04/2024 - 11/14/2024	

16	11/06/24	97082	Appl modality 1+estim as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
18	11/06/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
17	11/06/24	97140	Manual therapy 1> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
18	11/06/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
19	11/07/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
20	11/07/24	97085	App mdly 1+ultrasound as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
21	11/07/24	97082	Appl modality 1+estim as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
22	11/07/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
23	11/07/24	97140	Manual therapy 1> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
24	11/07/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
25	11/08/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
26	11/08/24	97085	App mdly 1+ultrasound as 15	1	60.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							

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Claim Number -	24123721146	Total Charges -	\$ 3,496.00	KP0864910- EOBID -db Archive
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement - \$ 0.00		
Service Provider --	ADLER, LIORA C			
Patient Name -	PEREZ, YAMISLEYDYS	Dates Of Service -	11/04/2024 - 11/14/2024	

27	11/08/24	97032	Appl modality 1+estim ss 15	1	50.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
28	11/08/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
29	11/08/24	97140	59 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
30	11/08/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
31	11/12/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
32	11/12/24	97035	App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
33	11/12/24	97032	Appl modality 1+estim ss 15	1	60.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
34	11/12/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
35	11/12/24	97140	59 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
36	11/12/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
37	11/13/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					
38	11/13/24	97035	App modity 1+ultrasound ss 15	1	50.00	0.00	0.00	FL_PND_FRD
			ICD Ref 1,2,3,4,5					

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Claim Number -	24123721146	Total Charges -	\$ 3,498.00	KP0064810- EOBID -db
Billing Provider -	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement -	\$ 0.00	Archive
Service Provider -	ADLER, LIORA C			
Patient Name -	PEREZ, YAMISLEYDYS	Date Of Service -	11/04/2024 - 11/14/2024	

39	11/13/24	87082	Appl modality 1+stim as 15	1	50.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
40	11/13/24	87012	Mechanical traction therapy	1	35.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
41	11/13/24	87140	59 Manual therapy 1/> regions	2	140.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
42	11/13/24	87112	Neuromuscular reeducation	2	150.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
43	11/14/24	87010	Hot or cold packs therapy	1	12.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
44	11/14/24	87035	App mdity 1+ultrasound as 15	1	50.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
45	11/14/24	87032	Appl modality 1+stim as 15	1	50.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
46	11/14/24	87012	Mechanical traction therapy	1	35.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
47	11/14/24	87140	59 Manual therapy 1/> regions	2	140.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
48	11/14/24	87112	Neuromuscular reeducation	2	150.00	0.00	0.00	PL_PND_FRD
ICD Ref	1,2,3,4,5							
Total Lines :	48				3498.00	0.00	0.00	

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Claim Number --	24123721148	Total Charges --	\$ 3,496.00	KP0984910- EOBID -db
				Archive
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	11/04/2024 - 11/14/2024	

Rimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EDR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FL_PND_FRD	Per F.S.A 827.73B(4)(i) If an insurer has a reasonable belief that a fraudulent insurance act, for the purposes of s. 828.968 or s. 817.234, has been committed, the insurer shall notify the claimant, in writing, within 30 days after submission of the claim that the claim is being investigated for suspected fraud. This shall serve as notice that this claim is being investigated for suspected fraud.		
<u>Modifier Code Summary</u>			
<u>MODIFIER CODE</u>	<u>Description</u>		
50	Distinct Procedural Service		

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2943, Clinton, IA 52733
888-501-0950

Printed On --
26-Nov-2024 2:41 pm

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C O P Y

Claim Number --	24123721148	Total Charges --	\$ 3,496.00	KP0964910- ROBID -db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	Archive
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	11/04/2024 - 11/14/2024	

Comments :

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

If you have questions regarding payment, please contact your insurance carrier.
If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-591-0960.

PO Box 2843, Clinton, IA 52733
888-591-0960

Printed On --
26-Nov-2024 2:41 pm

Page 7 of 7



Kemper
P.O. Box 2843
Clinton, IA 52733

SP 05 000053 67019 E 1 ASNGLP
Dr Claim Group
PO Box 941090
Miami, FL 33194

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Policy Term: 08/21/2024-02/21/2025

000053 1/23

Dear Dr Claim Group:

Provider: Vila Fortuny Salou Medical Center, Inc

DSR: 10/28/2024-11/01/2024

PSD: 2

File: 28063

This letter is a response to your demand for payment for medical services rendered to the patient as mentioned above.

A payment of \$269.68 was paid directly to the provider prior to the processing of your demand. Draft 615-2623090 included \$262.46 benefits and \$7.22 interest. Two additional payments have been made in response to your demand. The first draft made payable to your office in the amount of \$26.39 includes \$25.64 benefits and \$0.75 interest. The second draft made payable to your operating account in the amount of \$29.83 includes \$28.82 penalty and \$1.01 in postage fees as requested by your office. Please note, that the results from a Peer Review does not support reimbursement for all services in question. Benefits paid in accordance with the policy and Florida PIP statute for the CPT codes that were supported.

I have attached a copy of the declaration page and PIP payment ledger.

Please note that we contend that for an insured's pre-suit demand letter to comply with section 6627.736(10), it must provide the exact information listed in the statute.

Sincerely,

Shunte Jenkins
Claims Team
T 800-353-6737, ext.1351499
F 888-976-2123
shunte.jenkins@kemper.com

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



Kemper
P.O. Box 2843
Clinton, IA 52733

Cavada Law
7925 NW 12th ST
STE 330
Doral, FL 33126

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 25, 2025

Dear YAMISLEYDYS Perez:

Please see the attached peer report for your records.

Sincerely,

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

CC: YAMISLEYDYS Perez 1031 E 19th St HIALEAH, FL 33013

CC: Vilafourtuny Salou Medical Ctr 900 W 49th St Ste 510 Hialeah, FL 33012

CC: River Medical Center 85 Grand Canal Dr Miami, FL 33144

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kevin White, MD
Board Certified PM&R
Florida License # ME 132827**

**508 W. Martin Luther King Jr. Blvd Suite A
Tampa, Florida 33603**

December 12, 2024

Claimant: Yamisleydys Perez
Claim #: 24123721146
File # 138633
DOI: October 11, 2024
DOE: December 12, 2024

This is a peer review.

INTRODUCTION

According to the records, the claimant is a 30-year-old female restrained driver of a vehicle involved in a motor vehicle collision on October 11, 2024. According to the records, no airbags deployed. According to the records, the claimant was seen for an initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024. According to the records, the claimant was not seen in the emergency room prior to this visit. According to the records, history and physical exam notes claimant complained of neck, back, right and left shoulder pain. According to the records, the claimant had no previous accidents. According to the records, the claimant had no significant past medical history.

PHYSICAL EXAMINATION

Reports tenderness in the cervical, thoracic and lumbar spine as well as the left and right shoulder. The examination appeared to be complete with a full neuromusculoskeletal examination. The claimant was prescribed a course of therapy as well as ibuprofen and methocarbamol.

REVIEW OF RECORDS

1. Identification including vehicle registration and driver's license.
2. Florida traffic crash report.
3. Initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024.
4. X-rays of the cervical, thoracic and lumbar spine as well as the left and right shoulder that were all unremarkable except for muscle spasm findings in the cervical spine.
5. Therapy visit notes from Vila Fortuny Salou Medical Center from October 17, 2024 through November 14, 2024.
6. Followup medical evaluation at River Medical Center with Blanca Bruzon, APRN, on November 18, 2024.

CONCLUSION

C O P Y

C O P Y

**Infinity Value Added**3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 353-6737

PERSONAL AUTO DECLARATION**POLICY NUMBER: 10195963501****POLICY PERIOD: 08/21/2024 TO 02/21/2025**

JORGE LUIS CASTILLO CARDENAS
1031 E 19th St
HIALEAH, FL 33013

This policy begins on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coli	#	Driver Name	Status	Filing
1	2013	MERCEDES-BENZ - S650	WDDNG7DB3DA519188	NA / NA	1	JORGE LUIS CASTILLO CARDENAS	Active	No
2	2008	MERCEDES-BENZ - C300	WDDGF84X78F053312	NA / NA	2	YAMISLEYDYS Penzz	Active	No
3	2020	NISSAN - ROGUE SPORT	JN1BJ1CW5LW541780	1000 / 1000				

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES					
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1 VEH 2 VEH 3					
Property Damage		\$10,000 each accident					
Comprehensive		185 142 178					
Collision		No Cov No Cov 238					
Uninsured Motorist Bodily Injury		No Cov No Cov 444					
Personal Injury Protection		***REJECTED*** / ***REJECTED***					
Refer to Schedule		No Cov No Cov No Cov					
		570 454 1,048					
PREMIUM BY VEHICLE:		735 598 1,805					
		TOTAL VEHICLE PREMIUM \$3,236.00					
		POLICY FEES \$10.00					
		FIGA RECOUPMENT FEE \$0.00					
		TOTAL POLICY PREMIUM \$3,246.00					

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:
10950AE101; 10950AE901; 10950RBI01; 10950RDR01;
10950AMDE01; 10950AE601; 10950UMC02; 10950PIP02;
109TNDE01; 10950PVA02; 10900AMDE01

By _____

Duly Authorized Representative

Craig Elmer II

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Additional Information:

Agency Information:

EVELYN STAR, INC. DBA Estrella Insurance #129
610 E 48TH ST
HIALEAH, FL 33013-1964

Please mail all inquiries to:

Kemper
PO Box 830189
Birmingham, AL 35283-0189

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE

Veh Addl Name
Int

ADDITIONAL INTEREST

Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors

Standard
RSVP Direct Repair Discount
Multicar Discount

PAY PLAN: 16.57% Down Pay - 5 Installments
RATE REVISION 1

Driver Factors

RATING CRITERIA

Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	0		40	0	61	19
2	0		51	0	61	19
3	0		51	0	61	10

Vehicle Factors

Air Bag Discount
Anti-Theft Device Discount
Anti-Lock Brakes Discount

10850DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services (Medical Expense Limited to \$2500 for Non-Emergency)	\$10,000
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$1000, all expenses and losses are applicable to:	
<input type="checkbox"/> The Named Insured <input checked="" type="checkbox"/> The Named Insured and Dependant Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only <input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

10850DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys					
Coverage	Limit	Charges	Paid	Wages	Essential Services	Funeral	Other	Remaining
PIP	\$10,000.00		\$2,097.13	-	-	-	-	\$7,902.87
MedPay	-	-	-	-	-	-	-	-
Totals	\$10,000.00	\$19,522.00	\$2,097.13	-	-	-	-	\$7,902.87
Deductible	-	-	-	-	-	-	-	-
Copay	-	-	\$438.30	-	-	-	-	-
Interest + Penalty	-	-	\$267.68	-	-	-	-	-

Doc ID PSD232602 Check # PSD232602 Paid \$91.94 Processed On 02/27/2025 Payee Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP							
	\$49.22	\$42.72						

Doc ID PSD237260 Check # PSD237260 Paid \$342.91 Processed On 02/27/2025 Payee Dates of Service 10/14/2024 to 11/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source	Interest + Penalty
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	RIVER MEDICAL CENTER		\$0.00	\$101.52
Interest + Penalty	PIP								
	\$241.39								

Doc ID PSD1 Check # PSD1 Paid \$73.68 Processed On 02/27/2025 Payee Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP							
	\$39.50	\$34.18						

Doc ID PSD2 Check # PSD2 Paid \$55.21 Processed On 02/27/2025 Payee Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP							
	\$29.57	\$25.64						

Doc ID KFO981980 Check # Paid \$0.00 Processed On 12/30/2024 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	PIP							
	\$0.00							

Doc ID KFO981980 R1 Check # Paid \$0.00 Processed On 02/25/2025 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	PIP							
	\$0.00							

Doc ID NX433190B Check # Paid \$0.00 Processed On 12/16/2024 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty	PIP							
	\$0.00							

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Claim Number Date of Loss Patient name
 Kemper 24123721146 10/11/2024 Perez, Yamisleydys

Doc ID NX433190B (R1) Check # Paid \$0.00 Processed On 02/25/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID KF0971389 Check # Paid \$0.00 Processed On 12/06/2024 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$0.00	\$400.00	\$0.00	\$0.00	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00

Interest + Penalty
\$0.00

Doc ID KF0971389 (R2) Check # 615-2623305 Paid \$156.26 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$190.96	\$400.00	\$0.00	\$38.19	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00

Interest + Penalty PIP
\$3.49 \$152.77

Doc ID KF0964910 Check # Paid \$0.00 Processed On 11/25/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$0.00	\$3,496.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID KF0964910 (R1) Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$0.00	\$3,496.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID KF0964910 (R2) Check # 615-2623314 Paid \$448.91 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$546.80	\$3,496.00	\$0.00	\$109.36	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty PIP
\$1147 \$437.44

Doc ID KF0962143 Check # Paid \$0.00 Processed On 11/21/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,185.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID KF0962143 (R1) Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,185.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID KF0962143 (R2) Check # 615-2623090 Paid \$269.68 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$328.08	\$2,185.00	\$0.00	\$65.62	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty PIP
\$7.22 \$262.46

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys
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Doc ID NX4309633 Check # Paid \$0.00 Processed On 11/21/2024 Payee River Medical Center Dates of Service 10/14/2024 to 10/14/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,680.00	Deductible \$0.00	Copay \$0.00	Billing Provider River Medical Center	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID NX4309633 R1 Check # 615-2622988 Paid \$565.73 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 10/14/2024 to 10/14/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$688.22	Charges \$2,680.00	Deductible \$0.00	Copay \$137.64	Billing Provider River Medical Center	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty
\$15.15
\$550.58

Doc ID NX4300388 Check # Paid \$0.00 Processed On 11/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date 11/05/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,209.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID NX4300388 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date 11/05/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,209.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID NX4300388 R2 Check # 615-2623316 Paid \$360.49 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date 11/05/2024	Expense Type Medical	Recommended \$437.44	Charges \$3,209.00	Deductible \$0.00	Copay \$87.49	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$10.54
\$349.95



ADJUSTMENT

KF0982143- Adj -DR

Archive

Florida

Receive Date: 11/15/2024
Service Provider: 85-3897693
ADLER, LIORA C
900 WEST 49 ST STE 510
HIALEAH FL 33012

Claim Number: 24123721148
Adjuster: cccprod1_29509 - Ashley Meyer
Date Of Loss: 10/11/2024
Patient Account #: 21030469 2125

Billing Provider: 85-3897693
VILAFOURTUNY SALOU MEDICAL CTR
900 W 49TH ST STE 510
HIALEAH FL 33012

Mail To Patient:
PEREZ, YAMILLEYDYS
1031 E 19TH ST
HIALEAH FL 33013

Carrier:
Kemper
8360 LBJ FWY STE 400
DALLAS TX 75243

Dates Of Services: 10/28/2024 to 11/01/2024

LINE	DOB	PROC. CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PVROVIDER REIMBURSE	EXPLANATION
61	10/28/24	97010		"RECON" 31 Hot or cold packs therapy	1	12.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
62	10/28/24	97036		"RECON" 32 App modality 1+ultrasound ea 15	1	50.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
63	10/28/24	97032		"RECON" 33 App modality 1+estim ea 15	1	50.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
64	10/28/24	97012		"RECON" 34 Mechanical traction therapy	1	36.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
65	10/28/24	97140	69	"RECON" 35 Manual therapy 1/> regions	2	140.00		109.38	PL_REGMCB
ICD Ref	1,2,3,4,5								
66	10/28/24	97112		"RECON" 36 Neuromuscular reeducation	2	180.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
67	10/28/24	97010		"RECON" 37 Hot or cold packs therapy	1	12.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
68	10/28/24	97036		"RECON" 38 App modality 1+ultrasound ea 15	1	50.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
69	10/28/24	97032		"RECON" 39 App modality 1+estim ea 15	1	50.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
70	10/28/24	97012		"RECON" 40 Mechanical traction therapy	1	36.00		0.00	H-REV
ICD Ref	1,2,3,4,5								
71	10/28/24	97140	69	"RECON" 41 Manual therapy 1/> regions	2	140.00		0.00	H-REV
ICD Ref	1,2,3,4,5								

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Claim Number --	24123721148	Total Charges --	\$ 2,185.00	KF0982143- Adj -DR
Billing Provider --	VILAFORTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 328.08	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

72 10/29/24	97112	"RECON" 42	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON"	Hot or cold packs therapy	1	12.00	0.00	H-REV
73 10/30/24	97010	"RECON" 43					
ICD Ref	1,2,3,4,5	"RECON" 44	App modity 1+ultrasound ea 15	1	50.00	0.00	H-REV
74 10/30/24	97035	"RECON" 45					
ICD Ref	1,2,3,4,5	"RECON" 46	App modility 1+estim ea 15	1	50.00	0.00	H-REV
75 10/30/24	97032	"RECON" 47	Appl modility 1+estim ea 15	1	50.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 48	Mechanical traction therapy	1	35.00	0.00	H-REV
76 10/30/24	97012	"RECON" 49					
ICD Ref	1,2,3,4,5	"RECON" 50	Manual therapy 1/> regions	2	140.00	109.36	FL_REGMCB
77 10/30/24	97140	"RECON" 51					
ICD Ref	1,2,3,4,5	"RECON" 52	Neuromuscular reeducation	2	150.00	0.00	H-REV
78 10/30/24	97112	"RECON" 53	Hot or cold packs therapy	1	12.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 54					
79 10/31/24	97010	"RECON" 55	App modity 1+ultrasound ea 15	1	50.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 56					
80 10/31/24	97035	"RECON" 57	App modility 1+estim ea 15	1	50.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 58					
81 10/31/24	97032	"RECON" 59	Mechanical traction therapy	1	35.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 60					
82 10/31/24	97012	"RECON" 61	Manual therapy 1/> regions	2	140.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 62					
83 10/31/24	97140	"RECON" 63	Neuromuscular reeducation	2	150.00	0.00	H-REV
ICD Ref	1,2,3,4,5	"RECON" 64	Hot or cold packs therapy	1	12.00	0.00	H-REV
84 10/31/24	97112	"RECON" 65					
ICD Ref	1,2,3,4,5	"RECON" 66	App modity 1+ultrasound ea 15	1	50.00	0.00	H-REV
85 11/01/24	97010	"RECON" 67					
ICD Ref	1,2,3,4,5	"RECON" 68	App modility 1+estim ea 15	1	50.00	0.00	H-REV
86 11/01/24	97035	"RECON" 69					
ICD Ref	1,2,3,4,5	"RECON" 70	Mechanical traction therapy	1	35.00	0.00	H-REV
87 11/01/24	97032	"RECON" 71					
ICD Ref	1,2,3,4,5	"RECON" 72	Manual therapy 1/> regions	2	140.00	109.36	FL_REGMCB
88 11/01/24	97012	"RECON" 73					
ICD Ref	1,2,3,4,5	"RECON" 74	Neuromuscular reeducation	2	150.00	0.00	H-REV
89 11/01/24	97140	"RECON" 75					
ICD Ref	1,2,3,4,5	"RECON" 76					
90 11/01/24	97112	"RECON" 77					
ICD Ref	1,2,3,4,5	"RECON" 78					

Total Lines : 30 2185.00 0.00 328.08

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Claim Number --	24123721148	Total Charges --	\$ 2,185.00	KF0982143- Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 328.08	
Service Provider --	ADLER, LICRA C	Date Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

Reimbursement Amount :	328.08
Less Previous Reimbursement :	0.00
Net Reimbursement Amount :	328.08
Apportionment % :	
Subtotal :	328.08
Limited Benefits/Copay :	65.62
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	7.22
EDR Check Amount :	269.88
Allocated PIP Payment :	262.46
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

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Claim Number --	24123721146	Total Charges --	\$ 2,185.00	KF0962143- Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 328.08	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

Recommendation

LINE NUMBER	ADJUSTS	EXPLANATION	DESCRIPTION
81	31	H-REV	Peer Reviewer deemed service not necessary
82	32	H-REV	Peer Reviewer deemed service not necessary
83	33	H-REV	Peer Reviewer deemed service not necessary
84	34	H-REV	Peer Reviewer deemed service not necessary
85	35	FL_REGMCB	Per F.S.A. 627.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
86	36	H-REV	Peer Reviewer deemed service not necessary
87	37	H-REV	Peer Reviewer deemed service not necessary
88	38	H-REV	Peer Reviewer deemed service not necessary
89	39	H-REV	Peer Reviewer deemed service not necessary
70	40	H-REV	Peer Reviewer deemed service not necessary
71	41	H-REV	Peer Reviewer deemed service not necessary
72	42	H-REV	Peer Reviewer deemed service not necessary
73	43	H-REV	Peer Reviewer deemed service not necessary
74	44	H-REV	Peer Reviewer deemed service not necessary
75	45	H-REV	Peer Reviewer deemed service not necessary
76	46	H-REV	Peer Reviewer deemed service not necessary
77	47	FL_REGMCB	Per F.S.A. 627.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
78	48	H-REV	Peer Reviewer deemed service not necessary
79	49	H-REV	Peer Reviewer deemed service not necessary
80	50	H-REV	Peer Reviewer deemed service not necessary
81	51	H-REV	Peer Reviewer deemed service not necessary
82	52	H-REV	Peer Reviewer deemed service not necessary
83	53	H-REV	Peer Reviewer deemed service not necessary
84	54	H-REV	Peer Reviewer deemed service not necessary
85	55	H-REV	Peer Reviewer deemed service not necessary
86	56	H-REV	Peer Reviewer deemed service not necessary
87	57	H-REV	Peer Reviewer deemed service not necessary
88	58	H-REV	Peer Reviewer deemed service not necessary
89	59	FL_REGMCB	Per F.S.A. 627.738(5)(e)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.

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Claim Number --	24123721148	Total Charges --	\$ 2,185.00	KF0982148-Adj -DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 328.08	
Service Provider --	ADLER, LIORA C	Dates Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

90 80 H-REV Peer Reviewer deemed service not necessary

MODIFIER CODE	DESCRIPTION
60	Distinct Procedural Service

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Claim Number --	24123721148	Total Charges --	\$ 2,185.00	KF0982143-Adj-DR
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 328.08	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

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Explanation summary:

EXPLANATION	EXPLANATION FOR THE REIMBURSEMENT AMOUNT	REF DOC_ID	REF LINE NUMBER
FL_REGMCB	Per F.S.A. 627.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 65)	KF0982143	35
FL_REGMCB	Per F.S.A. 627.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 77)	KF0982143	47
FL_REGMCB	Per F.S.A. 627.738(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 89)	KF0982143	59
H-REV	Peer Reviewer deemed service not necessary (Line: 81)	KF0982143	31
H-REV	Peer Reviewer deemed service not necessary (Line: 82)	KF0982143	32
H-REV	Peer Reviewer deemed service not necessary (Line: 83)	KF0982143	33
H-REV	Peer Reviewer deemed service not necessary (Line: 84)	KF0982143	34
H-REV	Peer Reviewer deemed service not necessary (Line: 86)	KF0982143	36
H-REV	Peer Reviewer deemed service not necessary (Line: 87)	KF0982143	37
H-REV	Peer Reviewer deemed service not necessary (Line: 88)	KF0982143	38
H-REV	Peer Reviewer deemed service not necessary (Line: 89)	KF0982143	39
H-REV	Peer Reviewer deemed service not necessary (Line: 70)	KF0982143	40
H-REV	Peer Reviewer deemed service not necessary (Line: 71)	KF0982143	41
H-REV	Peer Reviewer deemed service not necessary (Line: 72)	KF0982143	42
H-REV	Peer Reviewer deemed service not necessary (Line: 73)	KF0982143	43
H-REV	Peer Reviewer deemed service not necessary (Line: 74)	KF0982143	44
H-REV	Peer Reviewer deemed service not necessary (Line: 75)	KF0982143	45
H-REV	Peer Reviewer deemed service not necessary (Line: 76)	KF0982143	46
H-REV	Peer Reviewer deemed service not necessary (Line: 78)	KF0982143	48
H-REV	Peer Reviewer deemed service not necessary (Line: 79)	KF0982143	49
H-REV	Peer Reviewer deemed service not necessary (Line: 80)	KF0982143	50
H-REV	Peer Reviewer deemed service not necessary (Line: 81)	KF0982143	51
H-REV	Peer Reviewer deemed service not necessary (Line: 82)	KF0982143	52
H-REV	Peer Reviewer deemed service not necessary (Line: 83)	KF0982143	53
H-REV	Peer Reviewer deemed service not necessary (Line: 84)	KF0982143	54
H-REV	Peer Reviewer deemed service not necessary (Line: 86)	KF0982143	56
H-REV	Peer Reviewer deemed service not necessary (Line: 88)	KF0982143	58
H-REV	Peer Reviewer deemed service not necessary (Line: 87)	KF0982143	57
H-REV	Peer Reviewer deemed service not necessary (Line: 86)	KF0982143	59
H-REV	Peer Reviewer deemed service not necessary (Line: 80)	KF0982143	60

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C O P Y

Claim Number	24123721146	Total Charges	\$ 2,185.00	KP0962143-Adj-DR
Billing Provider	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	\$ 328.08	
Service Provider	ADLER, LIORA C	Date Of Service	10/28/2024 - 11/01/2024	
Patient Name	PEREZ, YAMISLEYDYS			

Doc ID KP0962143 Claim ID 3451454 Kemper				Claim Type PIP (Personal Injury Protection)						
Line	Date	Mod	Proc	DESCRIPTION	Units	Charge	Schedule Reduction Amt	PPO Discount	Reimburse	Explanation
31	10/28/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
32	10/28/2024		87036	FL_CPT - App modity 1+ultrasound as 15	1	50.00	0.00	0.00	0.00	H-REV
33	10/28/2024		87032	FL_CPT - Appl modality 1+estim as 15	1	50.00	0.00	0.00	0.00	H-REV
34	10/28/2024		87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
35	10/28/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
36	10/28/2024		87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV
37	10/28/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
38	10/28/2024		87035	FL_CPT - App modity 1+ultrasound as 15	1	50.00	0.00	0.00	0.00	H-REV
39	10/28/2024		87032	FL_CPT - Appl modality 1+estim as 15	1	50.00	0.00	0.00	0.00	H-REV
40	10/28/2024		87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
41	10/28/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
42	10/28/2024		87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV
43	10/30/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV
44	10/30/2024		87035	FL_CPT - App modity 1+ultrasound as 15	1	50.00	0.00	0.00	0.00	H-REV
45	10/30/2024		87032	FL_CPT - Appl modality 1+estim as 15	1	50.00	0.00	0.00	0.00	H-REV
46	10/30/2024		87012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV
47	10/30/2024	59	87140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
48	10/30/2024		87112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV
49	10/31/2024		87010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV

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Claim Number	-	24123721148	Total Charges	--	\$ 2,185.00	KP0982143- Ad] -DR			
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	--	\$ 328.08				
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/28/2024 - 11/01/2024				
Patient Name	--	PEREZ, YAMISLEYDYS							
50	10/31/2024	97036	FL_CPT - Appl modality 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00 H-REV	
51	10/31/2024	97032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00 H-REV	
52	10/31/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00 H-REV	
53	10/31/2024	59	97140	FL_CPT - Manual therapy 1/2 regions	2	140.00	0.00	0.00	0.00 H-REV
54	10/31/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00 H-REV	
55	11/01/2024	97010	FL_CPT - Hot or cold pack therapy	1	12.00	0.00	0.00	0.00 H-REV	
56	11/01/2024	97036	FL_CPT - Appl modality 1+ultrasound ss 15	1	50.00	0.00	0.00	0.00 H-REV	
57	11/01/2024	97032	FL_CPT - Appl modality 1+estim ss 15	1	50.00	0.00	0.00	0.00 H-REV	
58	11/01/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00 H-REV	
59	11/01/2024	59	97140	FL_CPT - Manual therapy 1/2 regions	2	140.00	0.00	0.00	0.00 H-REV
60	11/01/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00 H-REV	

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Comments :

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Claim Number	-	24123721148	Total Charges	-	\$ 2,186.00	KP0002143-AJ-DR
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$ 928.08	
Service Provider	-	ADLER, LIORA C	Dates Of Service	-	10/28/2024 - 11/01/2024	
Patient Name	-	PEREZ, YAMISLEYDYS				

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

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ADJUSTMENT

KF0962143-Adj-DR

Draft

Florida

Receive Date : 11/16/2024
 Service Provider : ADLER, LIORA C
 85-3697693
 900 WEST 49 ST STE 510
 HIALEAH FL 33012

Claim Number : 24123721146 Adj# cprod1_29509 -
 Claim Type : PIP / FL
 Date Of Loss : 10/11/2024

Billing Provider : VILAFOURTUNY SALOU MEDICAL CTR
 85-3697693
 900 W 49TH ST STE 510
 HIALEAH FL 33012

Patient Account # : 21030469 2125
 Carrier : Kemper
 8360 LBJ FWY STE 400
 DALLAS TX 75243

Date Of Service : 10/28/2024 to 11/01/2024

LINE	DOB	PROC. CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PROVIDER REIMBURSE	EXPLANATION
91	10/28/24	97010		"RECON" Hot or cold pack therapy 81	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
92	10/28/24	97036		"RECON" App modity 1+ultrasound ea 15 82	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
93	10/28/24	97032		"RECON" Appl modality 1+estim ea 15 83	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
94	10/28/24	97012		"RECON" Mechanical traction therapy 84	1	36.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
95	10/28/24	97140	59	"RECON" Manual therapy 1/> regions 85	2	140.00	0.00	120.04	FL_REGMCA
ICD Ref	1,2,3,4,5								
96	10/28/24	97112		"RECON" Neuromuscular reeducation 86	2	150.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
97	10/28/24	97010		"RECON" Hot or cold pack therapy 87	1	12.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
98	10/29/24	97036		"RECON" App modity 1+ultrasound ea 15 88	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								
99	10/28/24	97032		"RECON" Appl modality 1+estim ea 15 89	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5								

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C O P Y

000053 13/23

Claim Number --	24123721148	Total Charges --	\$2,185.00	KF9982143- Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$380.12	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/26/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

100	10/29/24	87012	"RECON" 70	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
101	10/29/24	87140	59	"RECON" 71	Manual therapy 1/> regions	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
102	10/29/24	87112	"RECON" 72	Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
103	10/30/24	87010	"RECON" 73	Hot or cold packs therapy	1	12.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
104	10/30/24	87035	"RECON" 74	App modity 1+ultrasound es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
105	10/30/24	87032	"RECON" 75	App modality 1+estim es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
106	10/30/24	87012	"RECON" 76	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
107	10/30/24	87140	59	"RECON" 77	Manual therapy 1/> regions	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5									
108	10/30/24	87112	"RECON" 78	Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
109	10/31/24	87010	"RECON" 80	Hot or cold packs therapy	1	12.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
110	10/31/24	87035	"RECON" 81	App modity 1+ultrasound es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
111	10/31/24	87032	"RECON" 82	App modality 1+estim es 15	1	50.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
112	10/31/24	87012	"RECON" 83	Mechanical traction therapy	1	35.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
113	10/31/24	87140	59	"RECON" 85	Manual therapy 1/> regions	2	140.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5									
114	10/31/24	87112	"RECON" 86	Neuromuscular reeducation	2	150.00	0.00	0.00	H-REV	
ICD Ref	1,2,3,4,5									
115	11/01/24	87010	"RECON" 88	Hot or cold packs therapy	1	12.00	0.00	0.00	H-REV	

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721146	Total Charges --	\$2,185.00	KF9962143- Adj -OR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$380.12	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

ICD Ref	1,2,3,4,5							
116	11/01/24	97036	"RECON" 86 App modity 1+ultrasound ss 16	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
117	11/01/24	97032	"RECON" 87 Appl modality 1+estim ss 16	1	60.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
118	11/01/24	97012	"RECON" 88 Mechanical traction therapy	1	35.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
119	11/01/24	97140	68 "RECON" 89 Manual therapy 1/> regions	2	140.00	0.00	120.04	FL_REGMCB
ICD Ref	1,2,3,4,5							
120	11/01/24	97112	"RECON" 90 Neuromuscular reeducation	2	180.00	0.00	0.00	H-REV
ICD Ref	1,2,3,4,5							
Total Lines :	30			2186.00	0.00	380.12		

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0960.

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Claim Number	--	24123721146	Total Charges	--	\$2,165.00	KFBB2143- Adj -OR
Claim Type	--	PIP / FL				
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR			Total Reimbursement	-- \$360.12
Service Provider	--	ADLER, LIORA C			Date Of Service	-- 10/28/2024 -- 11/01/2024
Patient Name	--	PEREZ, YAMISLEYDYS				

Reimbursement Amount:	\$ 360.12
Less Previous Reimbursement:	\$ 328.08
Net Reimbursement Amount:	32.04
Apportionment %:	
Subtotal:	32.04
Limited Benefits/Copay:	8.40
Collateral Source/Healthcare Carrier Payment:	\$ 0.00
Plus Interest:	\$ 0.75
EOR Check Amount:	\$ 26.39
Allocated PIP Payment:	\$25.84
Allocated MedPay Payment:	\$0.00
Allocated to Other Coverage Payments:	\$0.00

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PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721148	Total Charges --	\$2,165.00	KF0962143- Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$360.12	
Service Provider --	ADLER, LIORA C	Date Of Service --	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

000053 15/23

Reconsideration

LINE NUMBER	ADJUSTS	EXPLANATION	DESCRIPTION
91	81	H-REV	Peer Reviewer deemed service not necessary
92	82	H-REV	Peer Reviewer deemed service not necessary
93	83	H-REV	Peer Reviewer deemed service not necessary
94	84	H-REV	Peer Reviewer deemed service not necessary
95	85	PL_REGMCB	Per F.B.A. 827.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
96	86	H-REV	Peer Reviewer deemed service not necessary
97	87	H-REV	Peer Reviewer deemed service not necessary
98	88	H-REV	Peer Reviewer deemed service not necessary
99	89	H-REV	Peer Reviewer deemed service not necessary
100	70	H-REV	Peer Reviewer deemed service not necessary
101	71	H-REV	Peer Reviewer deemed service not necessary
102	72	H-REV	Peer Reviewer deemed service not necessary
103	73	H-REV	Peer Reviewer deemed service not necessary
104	74	H-REV	Peer Reviewer deemed service not necessary
105	75	H-REV	Peer Reviewer deemed service not necessary
106	76	H-REV	Peer Reviewer deemed service not necessary
107	77	PL_REGMCB	Per F.B.A. 827.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
108	78	H-REV	Peer Reviewer deemed service not necessary
109	79	H-REV	Peer Reviewer deemed service not necessary
110	80	H-REV	Peer Reviewer deemed service not necessary
111	81	H-REV	Peer Reviewer deemed service not necessary
112	82	H-REV	Peer Reviewer deemed service not necessary
113	83	H-REV	Peer Reviewer deemed service not necessary
114	84	H-REV	Peer Reviewer deemed service not necessary
115	86	H-REV	Peer Reviewer deemed service not necessary
116	88	H-REV	Peer Reviewer deemed service not necessary

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Claim Number	-	24123721148	Total Charges	-	\$2,185.00	KF9982143- Adj -DR
Claim Type	-	PIP / FL				
Billing Provider	-	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement	-	\$380.12	
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/28/2024	- 11/01/2024
Patient Name	-	PEREZ, YAMISLEYDYS				

117	87	H-REV	Peer Reviewer deemed service not necessary
118	88	H-REV	Peer Reviewer deemed service not necessary
119	89	FL_REGMCB	Per F.B.A. 827.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule.
120	90	H-REV	Peer Reviewer deemed service not necessary

MODIFIER CODE	DESCRIPTION
59	Distinct Procedural Service

PBM

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Claim Number --	24123721148	Total Charges --	\$2,185.00	KF0982143-Adj-DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$360.12	
Service Provider --	ADLER, LIORA C	Dates Of Service ..	10/28/2024 - 11/01/2024	
Patient Name --	PEREZ, YAMISLEYDYS			

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Explanation summary

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC ID	REF LINE NUMBER
FL_REGMBC	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 95)	KF0982143	85
FL_REGMBC	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 107)	KF0982143	77
FL_REGMBC	Per F.S.A. 627.736(5)(a)1.f. services, supplies and care are reimbursed at 200% of the applicable Medicare Part B fee schedule. (Line: 119)	KF0982143	89
H-REV	Peer Reviewer deemed service not necessary (Line: 91)	KF0982143	81
H-REV	Peer Reviewer deemed service not necessary (Line: 92)	KF0982143	82
H-REV	Peer Reviewer deemed service not necessary (Line: 93)	KF0982143	83
H-REV	Peer Reviewer deemed service not necessary (Line: 94)	KF0982143	84
H-REV	Peer Reviewer deemed service not necessary (Line: 96)	KF0982143	86
H-REV	Peer Reviewer deemed service not necessary (Line: 97)	KF0982143	87
H-REV	Peer Reviewer deemed service not necessary (Line: 98)	KF0982143	88
H-REV	Peer Reviewer deemed service not necessary (Line: 99)	KF0982143	89
H-REV	Peer Reviewer deemed service not necessary (Line: 100)	KF0982143	70
H-REV	Peer Reviewer deemed service not necessary (Line: 101)	KF0982143	71
H-REV	Peer Reviewer deemed service not necessary (Line: 102)	KF0982143	72
H-REV	Peer Reviewer deemed service not necessary (Line: 103)	KF0982143	73
H-REV	Peer Reviewer deemed service not necessary (Line: 104)	KF0982143	74
H-REV	Peer Reviewer deemed service not necessary (Line: 105)	KF0982143	75
H-REV	Peer Reviewer deemed service not necessary (Line: 106)	KF0982143	76
H-REV	Peer Reviewer deemed service not necessary (Line: 108)	KF0982143	78
H-REV	Peer Reviewer deemed service not necessary (Line: 109)	KF0982143	79
H-REV	Peer Reviewer deemed service not necessary (Line: 110)	KF0982143	80

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Claim Number --	24123721148	Total Charges --	\$2,185.00	KF0862143-Adj-DR
Claim Type --	PIP / FL	Total Reimbursement --	\$360.12	
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Date Of Service --	10/28/2024 - 11/01/2024	
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS			

H-REV	Peer Reviewer deemed service not necessary (Line: 111)	KF0862143	81
H-REV	Peer Reviewer deemed service not necessary (Line: 112)	KF0862143	82
H-REV	Peer Reviewer deemed service not necessary (Line: 113)	KF0862143	83
H-REV	Peer Reviewer deemed service not necessary (Line: 114)	KF0862143	84
H-REV	Peer Reviewer deemed service not necessary (Line: 115)	KF0862143	85
H-REV	Peer Reviewer deemed service not necessary (Line: 116)	KF0862143	86
H-REV	Peer Reviewer deemed service not necessary (Line: 117)	KF0862143	87
H-REV	Peer Reviewer deemed service not necessary (Line: 118)	KF0862143	88
H-REV	Peer Reviewer deemed service not necessary (Line: 120)	KF0862143	90

If you have questions regarding payment, please contact your insurance carrier.
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Claim Number --	24123721148	Total Charges --	\$2,185.00	KF0962143- Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR		Total Reimbursement --	\$360.12
Service Provider --	ADLER, LIORA C		Date Of Service --	10/28/2024 - 11/01/2024
Patient Name --	PEREZ, YAMISLEYDYS			

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Doc ID		Claim ID		Claim Type	PIP (Personal Injury Protection)				
Kemper		3451454		Receive Date	11/21/24				
Line	Date	Mod	Proc	DESCRIPTION	Units	Charge	Schedule Reduction Amt	PPD Discount Reimburse	Explanation
51	10/28/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00 H-REV
52	10/28/2024		97095	FL_CPT - App modity 1+ultrasound ee 15	1	50.00	0.00	0.00	0.00 H-REV
53	10/28/2024		97032	FL_CPT - Appl modality 1+estim ee 15	1	50.00	0.00	0.00	0.00 H-REV
54	10/28/2024		97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	3.00	0.00 H-REV
55	10/28/2024	59	97140	FL_CPT - Manual therapy 1/P regions	2	140.00	0.00	0.00	109.36 FL_REGMCS
56	10/28/2024		97112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00	0.00	0.00 H-REV
57	10/29/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00 H-REV
58	10/28/2024		97095	FL_CPT - App modity 1+ultrasound ee 15	1	50.00	5.00	0.00	0.00 H-REV
59	10/28/2024		97082	FL_CPT - Appl modality 1+estim ee 15	1	50.00	0.00	0.00	0.00 H-REV
60	10/29/2024		97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00 H-REV
71	10/29/2024	59	97140	FL_CPT - Manual therapy 1/P regions	2	140.00	8.00	0.00	0.00 H-REV
72	10/29/2024		97112	FL_CPT - Neuromuscular reeducation	2	180.00	0.00	0.00	0.00 H-REV
73	10/30/2024		97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00 H-REV
74	10/30/2024		97095	FL_CPT - App modity 1+ultrasound ee 15	1	50.00	0.00	0.00	0.00 H-REV
75	10/30/2024		97032	FL_CPT - Appl modality 1+estim ee 15	1	50.00	0.00	0.00	0.00 H-REV
76	10/30/2024		97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00 H-REV
77	10/30/2024	59	97140	FL_CPT - Manual therapy 1/P regions	2	140.00	0.00	0.00	109.36 FL_REGMCS

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C O P Y

Claim Number	--	24123721146	Total Charges	--	\$2,185.00	KF0902143- Adj -DR				
Claim Type	--	PIP / FL	Total Reimbursement		\$360.12					
Billing Provider	--	VILAFOURTUNY SALOU MEDICAL CTR								
Service Provider	--	ADLER, LIORA C	Date Of Service	--	10/28/2024	11/01/2024				
Patient Name	--	PEREZ, YAMISLEYDYS								
78	10/30/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	
78	10/31/2024	97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV	
80	10/31/2024	97035	FL_CPT - Appl modality 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV	
81	10/31/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV	
82	10/31/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
83	10/31/2024	58	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	0.00	H-REV
84	10/31/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	
85	11/01/2024	97010	FL_CPT - Hot or cold packs therapy	1	12.00	0.00	0.00	0.00	H-REV	
86	11/01/2024	97035	FL_CPT - Appl modality 1+ultrasound ea 15	1	60.00	0.00	0.00	0.00	H-REV	
87	11/01/2024	97032	FL_CPT - Appl modality 1+estim ea 15	1	60.00	0.00	0.00	0.00	H-REV	
88	11/01/2024	97012	FL_CPT - Mechanical traction therapy	1	35.00	0.00	0.00	0.00	H-REV	
89	11/01/2024	58	97140	FL_CPT - Manual therapy 1/> regions	2	140.00	0.00	0.00	109.38	FL_REGMCB
90	11/01/2024	97112	FL_CPT - Neuromuscular reeducation	2	150.00	0.00	0.00	0.00	H-REV	

Comments :

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721148	Total Charge --	\$2,185.00	KP9862143-Adj -DR
Claim Type --	PIP / FL			
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR		Total Reimbursement --	\$380.12
Service Provider --	ADLER, LIORA C	Date Of Service --	10/28/2024	11/01/2024
Patient Name --	PEREZ, YAMISLEYDYS			

000053 18723

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."



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EXPLANATION OF REVIEW

KF0902143-EOBID-db

Archive

Florida

Receive Date: 11/15/2024

Service Provider: 85-3697893

ADLER, LIORA C

900 WEST 49 ST STE 510

HIALEAH FL 33012

Claim Number: 24123721146
Adjuster: ccprod1_28509 - Ashley Meyer
Date Of Loss: 10/12/2024
Patient Account #: 21030469 2125

Billing Provider: 85-3697893

VILAFOURTUNY SALOU MEDICAL CTR
900 W 49TH ST STE 510

HIALEAH FL 33012

Mail To Patient:
PEREZ, YAMIBLEYDYS
1031 E 18TH ST

HIALEAH FL 33013

Provider Title: MD

Provider Specialty:

Carrier:
Kemper
8380 LBJ FWY STE 400
DALLAS TX 75243

Dates Of Service: 10/28/2024 to 11/01/2024

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	S13.4XXA		ICD-0	Sprain of ligaments of cervical spine, initial encounter
2	S23.3XXA		ICD-0	Sprain of ligaments of thoracic spine, initial encounter
3	S33.5XXA		ICD-0	Sprain of ligaments of lumbar spine, initial encounter
4	S43.401A		ICD-0	Unspecified sprain of right shoulder joint, init encntr
5	S43.402A		ICD-0	Unspecified sprain of left shoulder joint, initial encounter

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	DEDUCTIBLE	PART	EXPLANATION
1	10/28/24	87010		Hot or cold pack therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								
2	10/28/24	87035		App mdy 1+ultrasound em 15	1	50.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5								

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PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721148	Total Charges --	\$ 2,185.00	KF0982143- EOBID -db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Archive		
Service Provider --	ADLER, LINDA C	Total Reimbursement -- \$ 0.00		
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	10/28/2024 - 11/01/2024	

000053 19/23

3	10/28/24	97032	Appl modality 1+estim ea 15	1	50.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
4	10/28/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
5	10/28/24	97140	69 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
6	10/28/24	97112	Neuromuscular reeducation	2	180.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
7	10/29/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
8	10/29/24	97035	App mdly 1+ultrasound ea 15	1	50.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
9	10/29/24	97032	Appl modality 1+estim ea 15	1	50.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
10	10/29/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
11	10/29/24	97140	69 Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
12	10/29/24	97112	Neuromuscular reeducation	2	180.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
13	10/30/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
14	10/30/24	97035	App mdly 1+ultrasound ea 15	1	50.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					

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21-Nov-2024 10:31 am

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Claim Number --	24123721148	Total Charges --	\$ 2,186.00	KPDB62143- EOBID -db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Archive		
Service Provider --	ADLER, LIORA C	Total Reimbursement --	\$ 0.00	
Patient Name --	PEREZ, YAMISLEYDYS	Dates Of Service --	10/28/2024 - 11/01/2024	

15	10/30/24	97032	Appl modality 1+estim as 15	1	50.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
16	10/30/24	97012	Mechanical traction therapy	1	36.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
17	10/30/24	97140	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
18	10/30/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
19	10/31/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
20	10/31/24	97035	App mdity 1+ultrasound as 15	1	50.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
21	10/31/24	97032	Appl modality 1+estim as 15	1	50.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
22	10/31/24	97012	Mechanical traction therapy	1	36.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
23	10/31/24	97140	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
24	10/31/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
25	11/01/24	97010	Hot or cold packs therapy	1	12.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							
26	11/01/24	97035	App mdity 1+ultrasound as 15	1	50.00	0.00	0.00	FL_PND_FRD
ICD Ref	1,2,3,4,5							

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Printed On -

21-Nov-2024 10:31 am

Page 3 of 8

Claim Number --	24123721146	Total Charges --	\$ 2,185.00	KP0962143- EOBID-db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Archive		
Service Provider --	ADLER, LORA C	Total Reimbursement -- \$ 0.00		
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	10/28/2024 - 11/01/2024	

27	11/01/24	97032	Appl modality 1+estim as 15	1	50.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
28	11/01/24	97012	Mechanical traction therapy	1	35.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
29	11/01/24	97140	Manual therapy 1/> regions	2	140.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
30	11/01/24	97112	Neuromuscular reeducation	2	150.00	0.00	0.00	FL_PND_FRD
		ICD Ref	1,2,3,4,5					
Total Lines :		30			2185.00	0.00	0.00	

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Printed On --

21-Nov-2024 10:31 am

Page 4 of 8

Claim Number --	24123721146	Total Charges --	\$ 2,185.00	KP0982143- EOBID -db Archive
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	10/28/2024 - 11/01/2024	

Reimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Limited Benefit/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EDR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00
Allocated to Other Coverage Payments :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FL_PND_FRD	Per F.S.A 627.736(4)(i) If an insurer has a reasonable belief that a fraudulent insurance act, for the purposes of s. 626.989 or s. 617.234, has been committed, the insurer shall notify the claimant, in writing, within 30 days after submission of the claim that the claim is being investigated for suspected fraud. This shall serve as notice that this claim is being investigated for suspected fraud.		
Modifier Code Summary			
MODIFIER CODE	Description		
##	Distinct Procedural Service		

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Claim Number --	24123721146	Total Charges --	\$ 2,185.00	KP0862143- EO8ID -db
Billing Provider --	VILAFOURTUNY SALOU MEDICAL CTR	Total Reimbursement --	\$ 0.00	Archive
Service Provider --	ADLER, LIORA C			
Patient Name --	PEREZ, YAMISLEYDYS	Date Of Service --	10/28/2024 - 11/01/2024	

000053 21/23

Comments :

The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with the regulatory requirements (statutes, regulations or administrative codes) of the State of Florida, specifically Fla. Stat. §§ 627.730 - 7405. Warning: Fla. Stat. Ann. § 817.234(1)(b) (West 2009) states: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

If you have questions regarding payment, please contact your insurance carrier.

If you have questions regarding this Explanation of Review, please contact our Customer Service Department at 888-501-0950.

PO Box 2843, Clinton, IA 52733
888-501-0950

Printed On --

21-Nov-2024 10:31 am

Page 6 of 6

C O P Y

DR CLAIM GROUP
PO BOX 941090
MIAMI, FLORIDA 33194
CLAUDIA TATAJE
claudia.t@drclaim.info
FACSIMILE: 786-329-6910

Date: 12/30/2024

Via Certified Mail -RRR 9589 0710 5270 1530 4722 41
INFINITY AUTO INSURANCE COMPANY
ATTN: MS. LAUREN GUROSKY

PO Box 9000
DAPHNE, ALABAMA 36526

DEMAND LETTER UNDER FL. STATUTE §627.736(10)

RE:	File No.:	28063
Provider:	VILA FORTUNY SALOU MEDICAL CENTER INC	
Patient:	PEREZ YAMISLEYDYS	
Insured:	CASTILLO JORGE	
Claim No.:	24123721146	
Policy No.:	10195963501	
Date of Loss:	10/11/2024	

Dear Mr./Ms: MS. LAUREN GUROSKY

Please be advised that we have been retained by the above-listed provider in their claim for overdue personal injury protection benefits. Please refrain from any further contact with our client.

Demand is hereby made for payment of medical services provided to the above-named patient for dates of service 10/28/2024 through 11/01/2024 with a total billed amount of \$2185.00. The amount paid for these dates of service was \$0.00, therefore the amount of \$1748.00 is now due. Any other payments to this provider and any applicable deductible not reflected here should be deducted from this total. Payment for these services is overdue as of the date of this letter.

**In accordance with the applicable provisions of the Florida Statutes, a bona fide attempt has been made to calculate the balance of benefits due based upon best information as to deductibles, etc. If you disagree with this amount, please respond immediately with your calculations and amount you claim to be due.*

Additionally, if the policy at issue contains Med-Pay Coverage then forward all monies available and the itemized statement of any payments made.

Enclosed please find the itemized statement or copies of the bills previously submitted and a copy of the Assignment of Benefits. Pursuant to Florida Statutes, any payment now made must include the applicable interest and ten percent (10%) penalty of the overdue amount paid, subject to maximum penalty of two hundred and fifty (\$250). Postage due is \$ A.01. Failure to pay or provide the requested documentation within 30 days will result in the institution of a civil suit for damages, attorney's fees and costs.

The undersigned also hereby demands:

- a) a written explanation of benefits specifying as to each item submitted and the reason said item was not paid in full as required by Florida Statute 627.736.
- b) a Personal Injury Protection payment log.
- c) a copy of the policy declarations page.
- d) a copy of the insurance policy, as mandated by Florida Statute 627.736.
- e) copies of all notices as well as proof of receipt by the patient, as required by Florida Statute 627.736, if you assert the patient failed to attend an Examination Under Oath (EUO) and/or an Independent Medical Examination (IME).
- f) a copy of the transcript if the patient attended an EUO.
- g) a copy of the IME report if the patient attended an IME.

If the amount requested by this letter is not paid by you within the required time, we hereby demand that a sum sufficient to pay our client's balance be held aside until the issue of the amount due is resolved.

To avoid requests for re-issuance of checks, kindly do the following:

Make all checks payable to Dr Claim Group, and the Penalty & Postage checks to Dr Claim Group operating account, and forward all checks to the company's mailing address:
PO BOX 941090 Miami, Florida 33194. Our Tax ID Number is 84-5157170.

Thank you.

Very truly yours,

DR CLAIM GROUP



Claudia Tataje

VILA FORTUNY SALOU MEDICAL CENTER INC
ASSIGNMENT OF INSURANCE BENEFITS, RELEASE, & DEMAND

I, YAMISLEYDYS PEREZ

the undersigned patient/insured knowingly, voluntarily and intentionally assign the rights and benefits of my automobile insurance, also known as Personal Injury Protection (hereinafter PIP), and Medical Payments policy of insurance to: VILA FORTUNY SALOU MEDICAL CENTER INC. I understand it is the intention of the provider to accept this assignment of benefits in lieu of demanding payment at the time services are rendered and that this document will allow the provider to file suit against an insurance company for payment of the insurance benefits. I understand the provider may file a lawsuit against my insurer for payment and if the provider's bills are paid or applied to a deductible I agree this will serve as a benefit to me and I authorize and request such litigation. This assignment of benefits includes the cost of transportation, medications, supplies, over due interest and any potential claim for common law or statutory bad faith/unfair claims handling. If the insurer disputes the validity of this assignment of benefits then the insurer is instructed to notify the provider in writing within five days of receipt of this document. Failure to inform the provider shall result in a waiver by the insurer to contest the validity of this document. The undersigned directs the insurer to pay the health care provider directly without reductions & without including the patient's name on the check. To the extent the PIP insurer contends there is a material misrepresentation on the application for insurance resulting in the policy of insurance is declared voided, rescinded, or canceled, I, as the named insured under said policy of insurance, hereby assign the right to receive the premiums paid for my PIP insurance to this provider and to file suit for recovery of the premiums. The insurer is directed to issue such a refund check payable to this provider only. Should the medical bills not exceed the premium refunded, then the provider is directed to mail the patient/named insured a check which represents the difference between the medical bills and the premiums paid.

The insurer is directed by the provider and the undersigned to not issue any checks or drafts in partial settlement of a claim that contain or are accompanied by language releasing the insurer or its insured/patient from liability unless there has been a prior written settlement agreed to by the health provider and the insurer as to the amount payable under the insurance policy. The insured and the provider hereby contests and objects to any reductions or partial payments. Any partial or reduced payment, regardless of the accompanying language, issued by the insurer and deposited by the provider shall be done so under protest, at the risk of the insurer, and the deposit shall not be deemed a waiver, accord, satisfaction, discharge, settlement or agreement by the provider to accept a reduced amount as payment in full. The insurer is hereby placed on notice that this provider reserves the right to seek the full amount of the bills submitted.

If the insurer schedules a defense examination or examination under oath (hereinafter "EUA") the insurer is hereby INSTRUCTED to send a copy of said notification to this provider. The provider or the provider's attorney is expressly authorized to appear at any EUA or IME set by the insurer. The health care provider is not the agent of the insurer or the patient for any purpose.

This assignment applies to both past and future medical expenses and is valid even if undated. A photocopy of this assignment is to be considered as valid as the original. I agree to pay any applicable deductible, co-payments, for services rendered after the policy of insurance exhausts and for any other services unrelated to the automobile accident. The health care provider is given the power of attorney to: endorse my name on any check for services rendered by the above provider; and to request and obtain a copy of any statements or examinations under oath given by patient.

Release of information: I hereby authorize this provider to: furnish an insurer, an insurer's intermediary, the patient's other medical providers, and the patient's attorney via mail, fax, or email, with any and all information that may be contained in the medical records; to obtain insurance coverage information (declaration sheet & policy of insurance) in writing and telephonically from the insurer; request from any insurer all explanation of benefits (EOBs) for all providers and non-redacted PIP payout sheets; obtain any written and verbal statements the patient or anyone else provided to the insurer; obtain copies of the entire claim file and all medical records, including but not limited to, documents, reports, scans, notes, bills, opinions, X-rays, IMEs, and MRIs, from any other medical provider or any insurer.

The provider is permitted to produce my medical records to its attorney in connection with any pending lawsuits. The insurer is directed to keep the patient's medical records from this provider private and confidential and the insurer is not authorized to provide these medical records to anyone without the patient's and the provider's prior express written permission.

Demand: Demand is hereby made for the insurer to pay all bills within 30 days without reductions and to mail the latest non-redacted PIP payout sheet and the insurance coverage declaration sheet to the above provider within 15 days. The insurer is directed to pay the bills in the order they are received. However, if a bill from this provider and a claim from anyone else is received by the insurer on the same day the insurer is directed to not apply this provider's bill to the deductible. If a bill from this provider and claim from anyone else is received by the insurer on the same day then the insurer is directed to pay this provider first before the policy is exhausted. In the event the provider's medical bills are disputed or reduced by the insurer for any reason, or amount, the insurer is to: set aside the entire amount disputed or reduced; escrow the full amount at issue; and not pay the disputed amount to anyone or any entity, including myself, until the dispute is resolved by a Court. Do not exhaust the policy. The insurer is instructed to inform, in writing, the provider of any dispute.

Certification: I certify that: I have read and agree to the above; I have not been solicited or promised anything in exchange for receiving health care; I have not received any promises or guarantees from anyone as to the results that may be obtained by any treatment or service; and I agree the provider's prices for medical services, treatment and supplies are reasonable, usual and customary.

Caution: Please read before signing. Please ask to view a copy of our charges. If you do not completely understand this document please ask the provider to explain it to you. If you sign below we will assume you understand and agree to the above.

YAMISLEYDYS PEREZ

Patient's Name (please print)

Chery

Patient's Signature or Legal Guardian

Date 10/14/2024

VILAFOURTUNY SALOU MEDICAL CTP
Patient Account Ledger

As of November 1, 2024

Show all data where the Chart Number is between 21030469, 21030469
and the Date From is between 10/28/2024, 11/1/2024

Entry	Date	POS	Description	Procedure	Document	Provider	Amount
21030469	YAMISLEYDYS PEREZ			(786)754-9946			
		Last Payment:	0.00	On:			
95094	10/28/2024	11		97010	2411040000	FL	12.00
95095	10/28/2024	11		97035	2411040000	FL	50.00
95096	10/28/2024	11		97032	2411040000	FL	50.00
95097	10/28/2024	11		97012	2411040000	FL	35.00
95098	10/28/2024	11		97140	2411040000	FL	140.00
95099	10/28/2024	11		97112	2411040000	FL	150.00
95100	10/29/2024	11		97010	2411040000	FL	12.00
95101	10/29/2024	11		97035	2411040000	FL	50.00
95102	10/29/2024	11		97032	2411040000	FL	50.00
95103	10/29/2024	11		97012	2411040000	FL	35.00
95104	10/29/2024	11		97140	2411040000	FL	140.00
95105	10/29/2024	11		97112	2411040000	FL	150.00
95106	10/30/2024	11		97010	2411040000	FL	12.00
95107	10/30/2024	11		97035	2411040000	FL	50.00
95108	10/30/2024	11		97032	2411040000	FL	50.00
95109	10/30/2024	11		97012	2411040000	FL	35.00
95110	10/30/2024	11		97140	2411040000	FL	140.00
95111	10/30/2024	11		97112	2411040000	FL	150.00
95112	10/31/2024	11		97010	2411040000	FL	12.00
95113	10/31/2024	11		97035	2411040000	FL	50.00
95114	10/31/2024	11		97032	2411040000	FL	50.00
95115	10/31/2024	11		97012	2411040000	FL	35.00
95116	10/31/2024	11		97140	2411040000	FL	140.00
95117	10/31/2024	11		97112	2411040000	FL	150.00
95118	11/01/2024	11		97010	2411040000	FL	12.00
95119	11/01/2024	11		97035	2411040000	FL	50.00
95120	11/01/2024	11		97032	2411040000	FL	50.00
95121	11/01/2024	11		97012	2411040000	FL	35.00
95122	11/01/2024	11		97140	2411040000	FL	140.00
95123	11/01/2024	11		97112	2411040000	FL	150.00

Patient Total: 2,185.00

Ledger Total: \$2,185.00



Kemper
P.O. Box 2843
Clinton, IA 52733

SP 02 000051 66647 H 2 BSNGLP
Dr Claim Group
PO Box 941090
Miami, FL 33194

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez
Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Policy Term: 08/21/2024-02/21/2025

000051 1/8

|||||

Dear Dr Claim Group:

Provider: Vila Fortuny Salou Medical Center, Inc

DSR: 11/27/2024-12/16/2024

PSD: 234739

File: 28063

This is an amended response to your demand for payment for medical services rendered to the patient as mentioned above.

Based on the findings Peer Review, medical benefits were suspended effective 11/14/2024. Bills after this date will remain non-compensable. Therefore, no payments are forthcoming in response to your demand.

Attached is a copy of the policy's declaration page, and the PIP payment log.

Please note that we contend that for an insured's pre-suit demand letter to comply with section 6627.736(10), it must provide the exact information listed in the statute.

Sincerely,

Shunte Jenkins
Claims Team
T 800-353-6737, ext.1351499
F 888-976-2123
shunte.jenkins@kemper.com

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KEMPER

Kemper
P.O. Box 2843
Clinton, IA 52733

Cavada Law
7925 NW 12th ST
STE 330
Doral, FL 33126

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez
Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 25, 2025

Dear YAMISLEYDYS Perez:

Please see the attached peer report for your records.

Sincerely,

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

CC: YAMISLEYDYS Perez 1031 E 19th St HIALEAH, FL 33013

CC: Vilafourtuny Salou Medical Ctr 900 W 49th St Ste 510 Hialeah, FL 33012

CC: River Medical Center 85 Grand Canal Dr Miami, FL 33144

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kevin White, MD
Board Certified PM&R
Florida License # ME 132827**

**508 W. Martin Luther King Jr. Blvd Suite A
Tampa, Florida 33603**

December 12, 2024

Claimant: Yamisleydy Perez

Claim #: 24123721146

File # 138633

DOI: October 11, 2024

DOE: December 12, 2024

This is a peer review.

INTRODUCTION

According to the records, the claimant is a 30-year-old female restrained driver of a vehicle involved in a motor vehicle collision on October 11, 2024. According to the records, no airbags deployed. According to the records, the claimant was seen for an initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024. According to the records, the claimant was not seen in the emergency room prior to this visit. According to the records, history and physical exam notes claimant complained of neck, back, right and left shoulder pain. According to the records, the claimant had no previous accidents. According to the records, the claimant had no significant past medical history.

PHYSICAL EXAMINATION

Reports tenderness in the cervical, thoracic and lumbar spine as well as the left and right shoulder. The examination appeared to be complete with a full neuromusculoskeletal examination. The claimant was prescribed a course of therapy as well as ibuprofen and methocarbamol.

REVIEW OF RECORDS

1. Identification including vehicle registration and driver's license.
2. Florida traffic crash report.
3. Initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024.
4. X-rays of the cervical, thoracic and lumbar spine as well as the left and right shoulder that were all unremarkable except for muscle spasm findings in the cervical spine.
5. Therapy visit notes from Vila Fortuny Salou Medical Center from October 17, 2024 through November 14, 2024.
6. Followup medical evaluation at River Medical Center with Blanca Bruzon, APRN, on November 18, 2024.

CONCLUSION

C O P Y

C O P Y

Yamisleydys Perez
December 12, 2024
Page 2

It is my opinion the initial medical evaluation and followup visits dated October 14, 2024 and November 18, 2024 were of medical necessity to evaluate with injury sustained and recommend treatment options. It is my opinion the initial evaluation was complete with a full neuromusculoskeletal examination. It is my opinion this initial evaluation should be billed at code 99203 rather than 99204. Also, the followup visit should be billed at code 99213 rather than 99214.

It is my opinion the x-rays of the cervical spine, thoracic spine and lumbar spine as well as the left and right shoulder were of medical necessity to evaluate with injury sustained.

It is my opinion that some of the treatment codes were of medical necessity. Some of the therapy services dated October 17, 2024 through November 14, 2024 were of medical necessity. However, based on my experience as a Board Certified Physical Medicine and Rehabilitation Specialist, applicable research and standards of care, it is my opinion that the number of modalities as well as the number of treatments will be considered excessive.

It is my opinion that the following treatments were of medical necessity to treat the injuries and complaints:

October 17, 2024, two units of manual therapy under code 97140.
October 21, 2024, two units of manual therapy under code 97140.
October 23, 2024, two units of manual therapy under code 97140.
October 25, 2024, two units of manual therapy under code 97140.
October 28, 2024, two units of manual therapy under code 97140.
October 30, 2024, two units of manual therapy under code 97140.
November 1, 2024, two units of manual therapy under code 97140.
November 4, 2024, two units of manual therapy under code 97140.
November 6, 2024, two units of manual therapy under code 97140.
November 8, 2024, two units of manual therapy under code 97140.
November 12, 2024, two units of manual therapy under code 97140.
November 14, 2024, two units of manual therapy under code 97140.

The following dates: October 18, 2024, October 22, 2024, October 24, 2024, October 29, 2024, October 31, 2024, November 5, 2024, November 7, 2024, and November 13, 2024 were excessive and not medically reasonable, related or necessary to the accident.

Any other physical therapy or treatment was not medically reasonable, related or necessary to the accident.

Based on published clinical practice guidelines for the treatment of strains/sprains, recommending at most four to six weeks of supervised therapy, on a maximum three day per week schedule, combined with a lack of objective findings documented in the treatment records, no further physical therapy treatment after November 14, 2024 would be reasonable, related or necessary.

I declare, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned as is true to the best of my knowledge and information. I certify that I meet the requirements of Section 627.736 (7) if Florida Statute which states that the physician preparing the report must be in active practice unless the physician is

Yamisleydys Perez
December 12, 2024
Page 3

00005148

physically disabled. Active practice means that during the three (3) years immediately preceding the date of the physical examination or review of the treatment records, the physician must have devoted professional time to the clinical practice of evaluation, diagnosis, or treatment of medical conditions or to the instruction of students in an accredited health professional school or accredited resident program or a clinical research program that is affiliated with an accredited health professional school or teaching hospital or accredited resident program.

I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

Sincerely,

Kevin White, M.D.

Kevin White, MD

Board Certified PM&R
Florida License # ME 132827

KW/us X1971451

C O P Y

C O P Y

**Infinity Value Added**3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 353-6737

PERSONAL AUTO DECLARATION**POLICY NUMBER: 10195963501****POLICY PERIOD: 08/21/2024 TO 02/21/2025**

JORGE LUIS CASTILLO CARDENAS
1031 E 19th St
HIALEAH, FL 33013

This policy inspects on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2013	MERCEDES-BENZ - S550	WDDNG7DB3DA519188	NA / NA	1	JORGE LUIS CASTILLO CARDENAS	Active	No
2	2008	MERCEDES-BENZ - C300	WDDGF54X7BF053312	NA / NA	2	YAMISLEYDYS Perez	Active	No
3	2020	NISSAN - ROGUE SPORT	JN18J1CWSLW641760	1000 / 1000				

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES					
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1 VEH 2 VEH 3					
Property Damage	\$10,000 each accident	165	142	179			
Comprehensive		No Cov	No Cov	238			
Collision		No Cov	No Cov	444			
Uninsured Motorist Bodily Injury	***REJECTED*** / ***REJECTED***	No Cov	No Cov	No Cov			
Personal Injury Protection	Refer to Schedule	570	454	1,046			
PREMIUM BY VEHICLE:		736	598	1,805			
		TOTAL VEHICLE PREMIUM					\$3,236.00
		POLICY FEES					\$10.00
		FIGA RECOUPMENT FEE					\$0.00
		TOTAL POLICY PREMIUM					\$3,246.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:
10950AE101; 10950AE901; 10950RB101; 10950RDR01;
10950AMDE01; 10950AE501; 10950UMC02; 10950PIP02;
109TNDE01; 10950PVA02; 10900AMDE01

By _____

Duly Authorized Representative

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Additional Information:

Agency Information:

**EVELYN STAR, INC. DBA Estrella Insurance #129
810 E 49TH ST
HIALEAH, FL 33013-1964**

Please mail all inquiries to:

**Kemper
PO Box 830189
Birmingham, AL 35283-0189**

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE.

LOSS PAYEE

LOSS STATE
Veh Addl Name
Int

ADDITIONAL INTEREST

**ADDITIONAL
Veh Add Name
Int #**

FOR COMPANY USE ONLY

Verbal Factors

STANDARD

**Standard
RSV6 Direct Beamir Discount**

**RSVP Direct Mail
Multiple Discount**

**PAY PLAN: 16.87% Down Pay - 5 Installments
RATE REVISION 1**

Driver Factors

Vehicle Factors

Air Bag Discount

Anti-Theft Device Discount

Anti-Lock Brakes Discount

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services (Medical Expense Limited to \$2500 for Non-Emergency)	\$10,000
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$1000, all expenses and losses are applicable to:	
<input type="checkbox"/> The Named Insured <input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only <input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys						
Coverage		Limit	Charges	Paid	Wages	Essential Services	Funeral	Other	Remaining
PIP		\$10,000.00		\$1,795.92	-	-	-	-	\$8,204.08
MedPay		-		-	-	-	-	-	-
Totals		\$10,000.00	\$19,522.00	\$1,795.92	-	-	-	-	\$8,204.08
Deductible		-		-	-	-	-	-	-
Copay		-		\$438.30					
Interest + Penalty				\$97.09					

Doc ID PSD232602 Check # PSD232602 Paid \$91.94 Processed On 02/27/2025 Payee VILA FORTUNY SALOU MEDICAL CENTER Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER	VILA FORTUNY SALOU MEDICAL CENTER	\$0.00
Interest + Penalty	PIP	\$49.22	\$42.72					

Doc ID KF0981980 Check # Paid \$0.00 Processed On 12/30/2024 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	VILA FORTUNY SALOU MEDICAL CTR	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0981980 R1 Check # Paid \$0.00 Processed On 02/25/2025 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	VILA FORTUNY SALOU MEDICAL CTR	\$0.00
Interest + Penalty		\$0.00						

Doc ID NX4331908 Check # Paid \$0.00 Processed On 12/16/2024 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	VILA FORTUNY SALOU MEDICAL CTR	\$0.00
Interest + Penalty		\$0.00						

Doc ID NX4331908 R1 Check # Paid \$0.00 Processed On 02/25/2025 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	VILA FORTUNY SALOU MEDICAL CTR	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0971389 Check # Paid \$0.00 Processed On 12/06/2024 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$0.00	\$400.00	\$0.00	\$0.00	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0971389 R1 Check # 615-2623805 Paid \$156.26 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$190.96	\$400.00	\$0.00	\$38.19	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty	PIP	\$3.49	\$152.77					

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Claim Number Date of Loss Patient name
 Kemper 24123721146 10/11/2024 Perez, Yamisleydys

Doc ID KF0964910 Check # Paid \$0.00 Processed On 11/25/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$0.00	\$3,496.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0964910 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$0.00	\$3,496.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0964910 R2 Check # 615-2623314 Paid \$448.91 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 11/04/2024 to 11/14/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/20/2024	Medical	\$546.80	\$3,496.00	\$0.00	\$109.36	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty PIP \$1147 \$437.44								

Doc ID KF0962143 Check # Paid \$0.00 Processed On 11/21/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,185.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0962143 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,185.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty \$0.00								

Doc ID KF0962143 R2 Check # 615-2623090 Paid \$269.68 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 10/28/2024 to 11/01/2024								
Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$328.08	\$2,185.00	\$0.00	\$65.62	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty PIP \$7.22 \$262.46								

Doc ID NX4309633 Check # Paid \$0.00 Processed On 11/21/2024 Payee River Medical Center Dates of Service 10/14/2024 to 10/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$0.00	\$2,680.00	\$0.00	\$0.00	River Medical Center	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty \$0.00								

Doc ID NX4309633 R1 Check # 615-2622988 Paid \$565.73 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 10/14/2024 to 10/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/15/2024	Medical	\$688.22	\$2,680.00	\$0.00	\$137.64	River Medical Center	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty PIP \$15.15 \$550.58								

Doc ID NX4300388 Check # Paid \$0.00 Processed On 11/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liors C	\$0.00
Interest + Penalty \$0.00								

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Claim Number Date of Loss Patient name
Kemper 24123721146 10/11/2024 Perez, Yamisleydys

00005188

Doc ID NX4300388 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty
\$0.00

Doc ID NX4300388 R2 Check # 615-2623316 Paid \$360.49 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$437.44	\$3,209.00	\$0.00	\$87.49	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00

Interest + Penalty PIP
\$10.54 \$349.95



Kemper
P.O. Box 2843
Clinton, IA 52733

SP 02 000050 66647 H 2 BSNGLP
DR CLAIM GROUP
PO BOX 941090
Miami, FL 33194

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 27, 2025

Policy Term: 08/21/2024-02/21/2025

Dear Dr Claim Group:

Provider: Vila Fortuny Salou Medical Center, Inc

DSR: 11/18/2024-11/26/2024

PSD: 233200

File: 28063

This is an amended response to your demand for payment for medical services rendered to the patient as mentioned above.

Based on the findings Peer Review, medical benefits were suspended effective 11/14/2024. Bills after this date will remain non-compensable. Therefore, no payments are forthcoming in response to your demand.

Attached is a copy of the policy's declaration page, and the PIP payment log.

Please note that we contend that for an insured's pre-suit demand letter to comply with section 6627.736(10), it must provide the exact information listed in the statute.

Sincerely,

Shunte Jenkins
Claims Team
T 800-353-6737, ext.1351499
F 888-976-2123
shunte.jenkins@kemper.com

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KEMPER

Kemper
P.O. Box 2843
Clinton, IA 52733

Cavada Law
7925 NW 12th ST
STE 330
Doral, FL 33126

Policy underwritten by
Infinity Auto Insurance Company

Named insured: JORGE LUIS CASTILLO
CARDENAS

Claimant: YAMISLEYDYS Perez

Claim number: 24123721146

Date of loss: October 11, 2024

Date of mailing: February 25, 2025

Dear YAMISLEYDYS Perez:

Please see the attached peer report for your records.

Sincerely,

Ashley Meyer
Claims Team
T 800-353-6737, ext.1351919
F 888-976-2123
ashley.meyer@kemper.com

CC: YAMISLEYDYS Perez 1031 E 19th St HIALEAH, FL 33013

CC: Vilafourtuny Salou Medical Ctr 900 W 49th St Ste 510 Hialeah, FL 33012

CC: River Medical Center 85 Grand Canal Dr Miami, FL 33144

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kevin White, MD
Board Certified PM&R
Florida License # ME 132827**

**508 W. Martin Luther King Jr. Blvd Suite A
Tampa, Florida 33603**

December 12, 2024

Claimant: Yamisleydys Perez
Claim #: 24123721146
File # 138633
DOI: October 11, 2024
DOE: December 12, 2024

This is a peer review.

INTRODUCTION

According to the records, the claimant is a 30-year-old female restrained driver of a vehicle involved in a motor vehicle collision on October 11, 2024. According to the records, no airbags deployed. According to the records, the claimant was seen for an initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024. According to the records, the claimant was not seen in the emergency room prior to this visit. According to the records, history and physical exam notes claimant complained of neck, back, right and left shoulder pain. According to the records, the claimant had no previous accidents. According to the records, the claimant had no significant past medical history.

PHYSICAL EXAMINATION

Reports tenderness in the cervical, thoracic and lumbar spine as well as the left and right shoulder. The examination appeared to be complete with a full neuromusculoskeletal examination. The claimant was prescribed a course of therapy as well as ibuprofen and methocarbamol.

REVIEW OF RECORDS

1. Identification including vehicle registration and driver's license.
2. Florida traffic crash report.
3. Initial medical evaluation at River Medical Center with Blanca Bruzon, APRN, on October 14, 2024.
4. X-rays of the cervical, thoracic and lumbar spine as well as the left and right shoulder that were all unremarkable except for muscle spasm findings in the cervical spine.
5. Therapy visit notes from Vila Fortuny Salou Medical Center from October 17, 2024 through November 14, 2024.
6. Followup medical evaluation at River Medical Center with Blanca Bruzon, APRN, on November 18, 2024.

CONCLUSION

C O P Y

C O P Y

Yamisleydys Perez
December 12, 2024
Page 2

It is my opinion the initial medical evaluation and followup visits dated October 14, 2024 and November 18, 2024 were of medical necessity to evaluate with injury sustained and recommend treatment options. It is my opinion the initial evaluation was complete with a full neuromusculoskeletal examination. It is my opinion this initial evaluation should be billed at code 99203 rather than 99204. Also, the followup visit should be billed at code 99213 rather than 99214.

It is my opinion the x-rays of the cervical spine, thoracic spine and lumbar spine as well as the left and right shoulder were of medical necessity to evaluate with injury sustained.

It is my opinion that some of the treatment codes were of medical necessity. Some of the therapy services dated October 17, 2024 through November 14, 2024 were of medical necessity. However, based on my experience as a Board Certified Physical Medicine and Rehabilitation Specialist, applicable research and standards of care, it is my opinion that the number of modalities as well as the number of treatments will be considered excessive.

It is my opinion that the following treatments were of medical necessity to treat the injuries and complaints:

October 17, 2024, two units of manual therapy under code 97140.
October 21, 2024, two units of manual therapy under code 97140.
October 23, 2024, two units of manual therapy under code 97140.
October 25, 2024, two units of manual therapy under code 97140.
October 28, 2024, two units of manual therapy under code 97140.
October 30, 2024, two units of manual therapy under code 97140.
November 1, 2024, two units of manual therapy under code 97140.
November 4, 2024, two units of manual therapy under code 97140.
November 6, 2024, two units of manual therapy under code 97140.
November 8, 2024, two units of manual therapy under code 97140.
November 12, 2024, two units of manual therapy under code 97140.
November 14, 2024, two units of manual therapy under code 97140.

The following dates: October 18, 2024, October 22, 2024, October 24, 2024, October 29, 2024, October 31, 2024, November 5, 2024, November 7, 2024, and November 13, 2024 were excessive and not medically reasonable, related or necessary to the accident.

Any other physical therapy or treatment was not medically reasonable, related or necessary to the accident.

Based on published clinical practice guidelines for the treatment of strains/sprains, recommending at most four to six weeks of supervised therapy, on a maximum three day per week schedule, combined with a lack of objective findings documented in the treatment records, no further physical therapy treatment after November 14, 2024 would be reasonable, related or necessary.

I declare, under the penalties of perjury, that the information contained within this document was prepared and is the work product of the undersigned as is true to the best of my knowledge and information. I certify that I meet the requirements of Section 627.736 (7) if Florida Statute which states that the physician preparing the report must be in active practice unless the physician is

Yamisleydys Perez
December 12, 2024
Page 3

000050 4/8

physically disabled. Active practice means that during the three (3) years immediately preceding the date of the physical examination or review of the treatment records, the physician must have devoted professional time to the clinical practice of evaluation, diagnosis, or treatment of medical conditions or to the instruction of students in an accredited health professional school or accredited resident program or a clinical research program that is affiliated with an accredited health professional school or teaching hospital or accredited resident program.

I attest to having the scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue in this case. I have current, relevant, knowledge and experience to render an opinion for this case, and my opinions and conclusions are based solely upon the review of the records submitted as well as the results of my examination, if applicable. There is no conflict of interest known to me regarding this specific case. I have received no financial incentive or compensation that is dependent in any way on the opinion I have rendered. No delegation of this examination and/or review was rendered.

Sincerely,

Kevin White, M.D.

Kevin White, MD

Board Certified PM&R
Florida License # ME 132827

KW/us X1971451

C O P Y

C O P Y

KEMPER**Infinity Value Added**3760 River Run Drive
Birmingham, AL 35243
Underwritten by: Infinity Auto Insurance Company

Customer Service: (800) 782-1020

Claims Service: (800) 353-6737

PERSONAL AUTO DECLARATION**POLICY NUMBER: 10196963501****POLICY PERIOD: 08/21/2024 TO 02/21/2025**

JORGE LUIS CASTILLO CARDENAS
1031 E 19th St
HIALEAH, FL 33013

This policy begins on the date and time that the application for insurance is executed and shall expire at 12:01 a.m. standard time on the last day of the policy period.

Coverages only apply where a premium is shown. Coverages are defined in the policy and are subject to the terms and conditions contained in the policy, including amendments and endorsements. No changes will be effective prior to the time changes are requested.

#	Yr	Make - Model	Serial Number	Comp/Coll	#	Driver Name	Status	Filing
1	2013	MERCEDES-BENZ - B650	WDDNG7DBSDA519188	NA / NA	1	JORGE LUIS CASTILLO CARDENAS	Active	No
2	2008	MERCEDES-BENZ - C300	WDDGF54X78F053312	NA / NA	2	YAMISLEYDVS Perez	Active	No
3	2020	NISSAN - ROGUE SPORT	JN1BJ1CW5LW541780	1000 / 1000				

COVERAGES - LIMITS OF LIABILITY		PREMIUMS FOR VEHICLES					
THE COVERAGE IS APPLICABLE ONLY IF A PREMIUM IS INDICATED		VEH 1 VEH 2 VEH 3					
Property Damage	\$10,000 each accident	185	142	179			
Comprehensive		No Cov	No Cov	288			
Collision		No Cov	No Cov	444			
Uninsured Motorist Bodily Injury	***REJECTED*** / ***REJECTED***	No Cov	No Cov	No Cov			
Personal Injury Protection	Refer to Schedule	570	454	1,046			
PREMIUM BY VEHICLE:		735	598	1,006			
		TOTAL VEHICLE PREMIUM					\$3,238.00
		POLICY FEES					\$10.00
		FIGA RECOUPMENT FEE					\$0.00
		TOTAL POLICY PREMIUM					\$3,246.00

SEE REVERSE FOR ADDITIONAL INFORMATION

ENDORSEMENTS MADE A PART OF THIS POLICY:
 10950AE101; 10950AE901; 10950RBI01; 10950RDR01;
 10950AMDE01; 10950AE501; 10950UMC02; 10950PIP02;
 109TNDE01; 10950PVA02; 10900AMDE01

By _____
Conj. Thru 11

Duly Authorized Representative

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

C O P Y

Additional Information:

Agency Information:
EVELYN STAR, INC. DBA Estrella Insurance #129
610 E 49TH ST
HIALEAH, FL 33013-1964

Please mail all inquiries to:

Kemper
PO Box 830189
Birmingham, AL 35283-0189

Please fax all inquiries to:
(800)782-2218

ANY LOSS UNDER PART D IS PAYABLE TO NAMED INSURED AND LOSS PAYEE:

LOSS PAYEE
Veh Addl Name
Int

ADDITIONAL INTEREST
Veh Addl Name
Int

FOR COMPANY USE ONLY

Version Factors
Standard
RSVP Direct Repair Discount
Muticar Discount

PAY PLAN: 16.67% Down Pay - 5 Installments
RATE REVISION 1

Driver Factors

Veh #	DRV #	DRV CLS	DRV AGE	DRV PTS	VEH TERR	VEH SYMB
1	0		40	0	61	19
2	0		51	0	61	19
3	0		51	0	61	10

Vehicle Factors
Air Bag Discount
Anti-Theft Device Discount
Anti-Lock Brakes Discount

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

SCHEDULE

Personal Injury Protection Benefits	Limit Per Person
Total Limit for All Medical Expenses, Work Loss and Replacement Services	\$10,000
(Medical Expense Limited to \$2500 for Non-Emergency)	
Accidental Death	\$5,000
Personal Injury Protection Benefits Coverage Deductible	
Subject to the deductible of \$1000, all expenses and losses are applicable to:	
<input type="checkbox"/> The Named Insured	
<input checked="" type="checkbox"/> The Named Insured and Dependent Resident Relatives	
Exclusion of Work Loss	
<input type="checkbox"/> Work Loss will not be provided for the named insured only	
<input type="checkbox"/> Work Loss will not be provided for the named insured and dependent resident relatives	

10950DEC04

AMEND DATE: 08/21/2024
ENDORSEMENT: 1.01

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys						
Coverage	Limit	Charges	Paid	Wages	Essential Services	Funeral	Other	Remaining	
PIP	\$10,000.00		\$1,795.92						\$8,204.08
MedPay	-		-	-					
Totals	\$10,000.00	\$19,522.00	\$1,795.92						\$8,204.08
Deductible	-		-						
Copay	-		\$438.30						
Interest + Penalty			\$97.09						

Doc ID PSD232602 Check# PSD232602 Paid \$91.94 Processed On 02/27/2025 Payee Dates of Service 11/04/2024 to 11/14/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$0.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CENTER		\$0.00
Interest + Penalty	PIP	\$49.22	\$42.72					

Doc ID KF0981980 Check# Paid \$0.00 Processed On 12/30/2024 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0981980 (R1) Check# Paid \$0.00 Processed On 02/25/2025 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/27/2024 to 12/16/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/23/2024	Medical	\$0.00	\$4,720.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID NX4331908 Check# Paid \$0.00 Processed On 12/16/2024 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID NX4331908 (R1) Check# Paid \$0.00 Processed On 02/25/2025 Payee VILA FORTUNY SALOU MEDICAL CTR Dates of Service 11/18/2024 to 11/26/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/11/2024	Medical	\$0.00	\$2,832.00	\$0.00	\$0.00	VILA FORTUNY SALOU MEDICAL CTR	Adler, Liora C	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0971389 Check# Paid \$0.00 Processed On 12/06/2024 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$0.00	\$400.00	\$0.00	\$0.00	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty		\$0.00						

Doc ID KF0971389 (R1) Check# 615-2623305 Paid \$156.26 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 11/18/2024 to 11/18/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
12/03/2024	Medical	\$190.96	\$400.00	\$0.00	\$38.19	RIVER MEDICAL CENTER	RIVER MEDICAL CENTER	\$0.00
Interest + Penalty	PIP	\$3.49	\$152.77					

Payment Log

This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Kemper	Claim Number 24123721146	Date of Loss 10/11/2024	Patient name Perez, Yamisleydys
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Doc ID KF0964910 Check # Paid \$0.00 Processed On 11/25/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date 11/20/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,496.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0964910 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date 11/20/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,496.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0964910 R2 Check # 615-2623314 Paid \$448.91 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 11/04/2024 to 11/14/2024

Received Date 11/20/2024	Expense Type Medical	Recommended \$546.80	Charges \$3,496.00	Deductible \$0.00	Copay \$109.36	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty PIP
\$11.47 \$437.44

Doc ID KF0962143 Check # Paid \$0.00 Processed On 11/21/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,185.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0962143 R1 Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,185.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID KF0962143 R2 Check # 615-2623090 Paid \$269.68 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/28/2024 to 11/01/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$328.08	Charges \$2,185.00	Deductible \$0.00	Copay \$65.62	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty PIP
\$7.12 \$262.46

Doc ID NX4309633 Check # Paid \$0.00 Processed On 11/21/2024 Payee River Medical Center Dates of Service 10/14/2024 to 10/14/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$0.00	Charges \$2,680.00	Deductible \$0.00	Copay \$0.00	Billing Provider River Medical Center	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Doc ID NX4309633 R1 Check # 615-2622988 Paid \$565.73 Processed On 02/26/2025 Payee RIVER MEDICAL CENTER Dates of Service 10/14/2024 to 10/14/2024

Received Date 11/15/2024	Expense Type Medical	Recommended \$488.22	Charges \$2,680.00	Deductible \$0.00	Copay \$137.64	Billing Provider River Medical Center	Service Provider RIVER MEDICAL CENTER	Collateral Source \$0.00
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Interest + Penalty PIP
\$15.15 \$550.58

Doc ID NX4300388 Check # Paid \$0.00 Processed On 11/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date 11/05/2024	Expense Type Medical	Recommended \$0.00	Charges \$3,209.00	Deductible \$0.00	Copay \$0.00	Billing Provider VILAFOURTUNY SALOU MEDICAL CTR	Service Provider Adler, Liora C	Collateral Source \$0.00
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Interest + Penalty
\$0.00

Payment Log

 ● This Policy Limit is a combination of PIP, Med Pay, and any other available policy coverages.

Carrier Claim Number Date of Loss Patient name
Kemper 24123721146 10/11/2024 Perez, Yamisleydys

00005088

Doc ID NX4300388 (1) Check # Paid \$0.00 Processed On 12/13/2024 Payee VILAFOURTUNY SALOU MEDICAL CTR Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$0.00	\$3,209.00	\$0.00	\$0.00	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Llora C	\$0.00

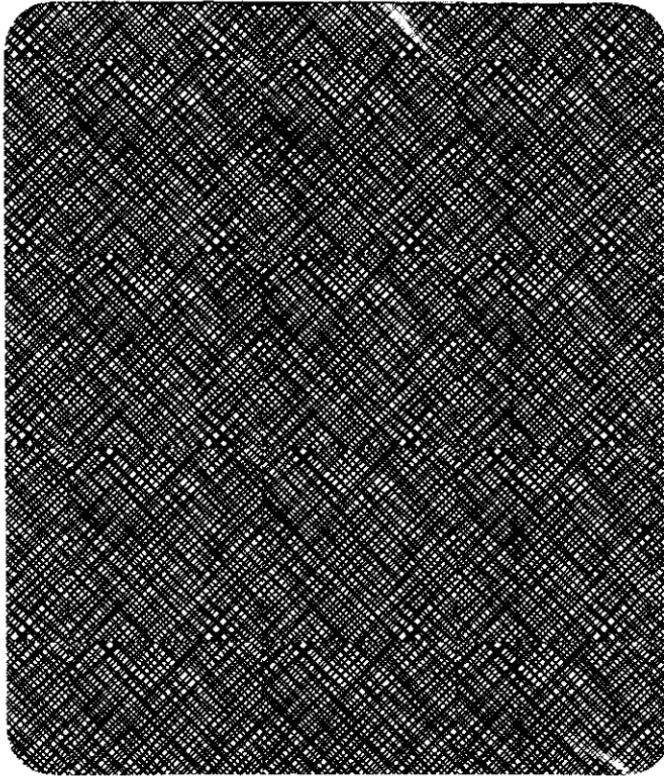
Interest + Penalty
\$0.00

Doc ID NX4300388 (2) Check # 615-2623316 Paid \$360.49 Processed On 02/26/2025 Payee VILAFOURTUNY SALOU MEDICAL CTR

Dates of Service 10/17/2024 to 10/25/2024

Received Date	Expense Type	Recommended	Charges	Deductible	Copay	Billing Provider	Service Provider	Collateral Source
11/05/2024	Medical	\$437.44	\$3,209.00	\$0.00	\$87.49	VILAFOURTUNY SALOU MEDICAL CTR	Adler, Llora C	\$0.00

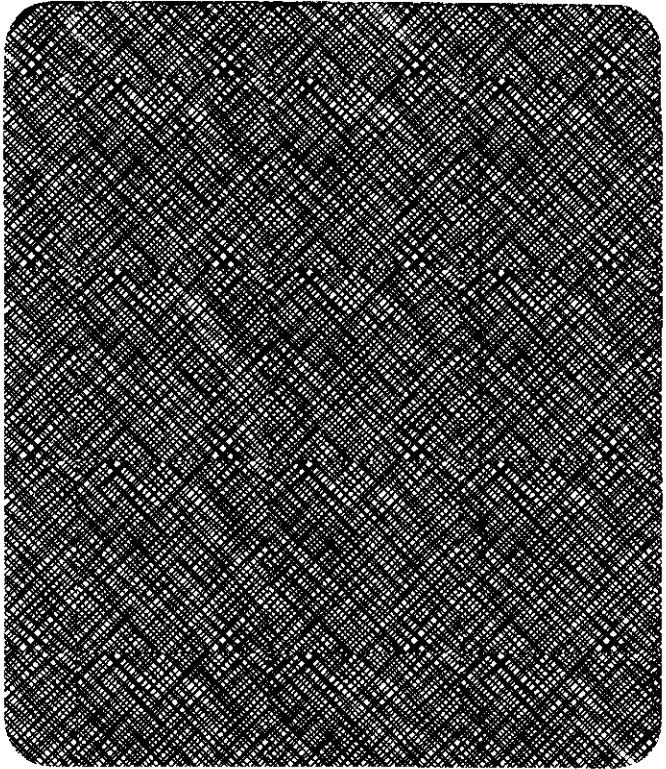
Interest + Penalty PIP
\$10.54 \$349.95



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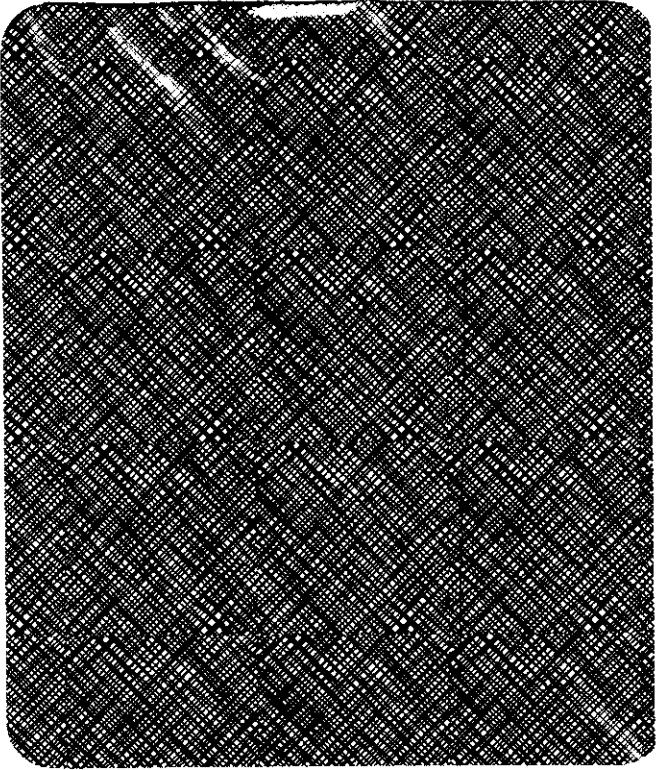




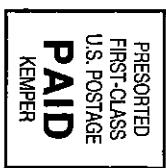
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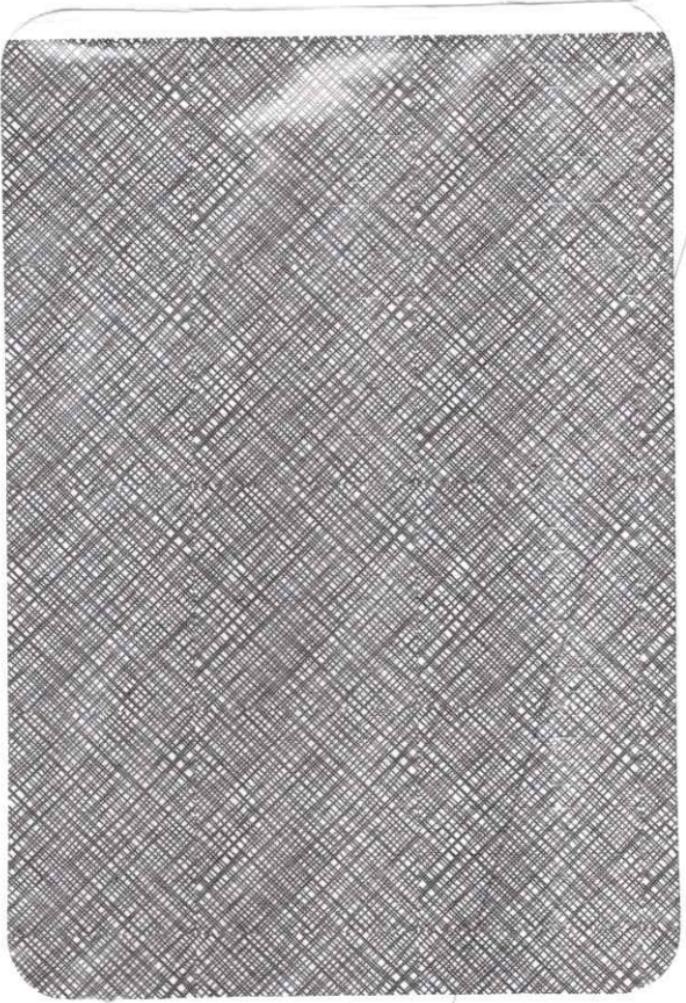
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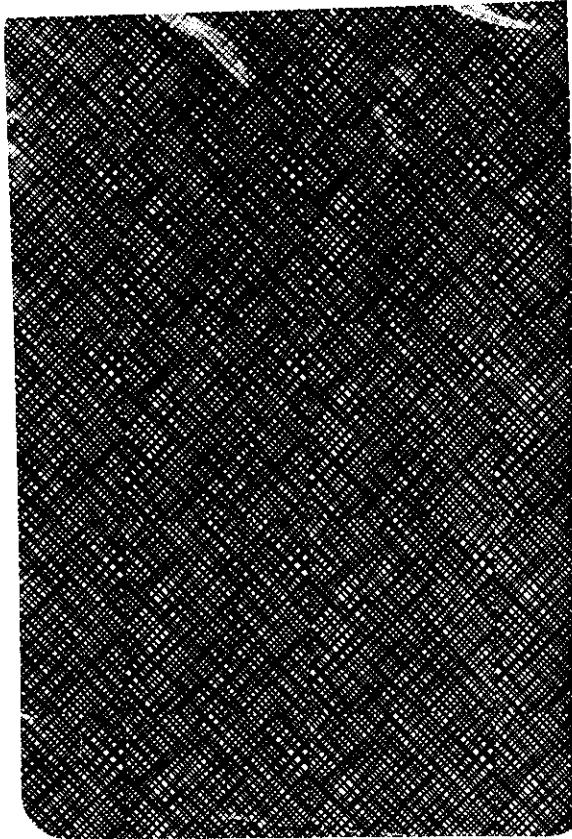
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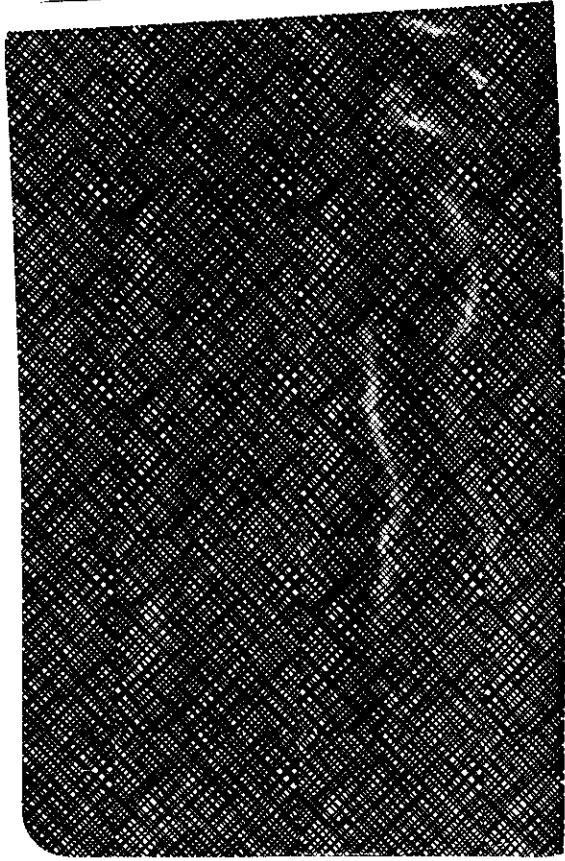


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