

FAX**Date:** 10/16/2024**Pages including cover sheet:** 3

To:	7349368571@rcfax.com
Phone	
Fax Phone	(734) 936-8571

From:	Sylvia Barnett
Phone	(941) 208-3999 * 2331
Fax Phone	19412083999

NOTE:

Thank you.

Sylvia Barnett

Sr Claims Adjuster

CA License # 2M24113

CA QM: Brian Schneider (# 2796594)

O: 877-306-6398

ext. 2119

|
D: 913-951-8457<tel:913-951-8457>

|
F: 941-444-6200

SBarnett@nextleveladmin.com<mailto:SBarnett@nextleveladmin.com>

PO BOX 1061, BRADENTON, FL 34206 |

WWW.NEXTLEVELADMIN.COM<http://www.nextleveladmin.com/>

Current Medical Provider Invoicing Information:

CompIQ / Next Level Admin, P. O. Box 3055, Milwaukee, WI 53201

Phone: 833-827-3449 / Fax: 505-212-6901



P.O. Box 1061
Bradenton, FL 34206
T: 941.306.2393
F: 941.444.6200

October 16, 2024

University of Michigan Medical Center
1500 E Medical Dr.
Ann Arbor, MI 48109

RE: Employee: Aracely Bastida
DOB: 07/04/1975
Employer: Coastal Employment Services
Carrier: Sunz Insurance Company
Policy Holder: INVO PEO Inc. III
Claim#: SZ2400050200
DOI: 9/10/2024
DOS: Hospitalized from 9/10/24 or 9/11/24 through 9/17/24

Dear Medical Provider:

We are the carrier/serving agent for the above referenced workers' compensation claim. The above referenced employee has submitted a claim for workers' compensation benefits relating to an alleged injury on 9/10/2024. We are in the process of evaluating and processing this claim.

Therefore, please forward all records you have on file **from DOS 9/10/2024 through present date** to the fax number or address below.

Next Level Administrators, LLC
PO Box 1061
Bradenton FL 34206
FAX: 941-444-6200

Please submit all medical bills with corresponding records to the below for processing:

Next Level Administrators
PO Box 3055
Milwaukee, WI 53201

Workers' Compensation Records Requests Are Exempt From HIPAA. Pursuant to 45 Federal Regulation Code, Sect. 164.512 (1), a covered entity may, without penalty under HIPAA, disclose protected health information to the extent necessary to comply with the law relating to workers' compensation.

Should you require further information, please do not hesitate to contact me.

Sincerely,

Sylvia Barnett
Claim Adjuster



P.O. Box 1061
Bradenton, FL 34206
T: 941.306.2393
F: 941.444.6200

Empleado (a):	Aracely Bastida
Portador:	Sunz Insurance Company
Tenedor de la póliza:	INVO-PEO Inc III
Empleador:	Coastal Employment Services LLC
Número de reclamación#:	SZ2400050200
Día de Accidente:	09/10/2024

REGISTROS / AUTORIZACIÓN DE INFORMACIÓN SALARIAL

Autorizo a cualquier médico, médico, hospital, clínica u otro centro de salud o empleador a divulgar cualquier información médica y no médica en su poder sobre mí a Next Level Administrators, LLC y su representante legal. Información médica significa toda la información en posesión de o derivada de proveedores de atención médica con respecto a la historia médica, condición mental o física, o el tratamiento de mí.

Sé que puedo solicitar y recibir una copia de esta autorización.

Estoy de acuerdo en que una fotocopia de esta autorización será tan válida como el original.

Acepto que esta autorización será válida por dos años y medio a partir de la fecha que se indica a continuación.

Firma:

A handwritten signature in dark ink, appearing to read "Aracely Bastida", written over a horizontal line.

Fecha:

A handwritten signature in dark ink, appearing to read "Aracely Bastida", written over a horizontal line.