

United HealthCare Services, Inc.
P O BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210



DPSS\$\$PKG
WELLNESS ACUPUNCTURE AND CHIRO
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016-0941

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93



PROVIDER REMITTANCE ADVICE

PROVIDER REMITTANCE AT A GLANCE

AMOUNT OF TOTAL BENEFITS AVAILABLE	\$5,013.93
LESS AMOUNT PREVIOUSLY OWED	
TOTAL PAID	\$5,013.93

United HealthCare Services, Inc.
P O BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

WELLNESS ACUPUNCTURE AND CHIRO
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93

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UnitedHealthcare Service LLC
GREENSBORO SERVICE CENTER
PO BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

WELLNESS ACUPUNCTURE AND CHIRO
LIHUA CHEN LAC
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93
GROUP NUMBER: 702551
GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184 **SUBSCRIBER NAME:** KINDA K ROMERO **CLAIM NUMBER:** EH86020823 0100605474
CLAIM DATE: 01/09/24-01/09/24 **DATE RECEIVED:** 02/13/24 **PRODUCT:** CHOYC+
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
001-ROM10545583					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1023634908001	01/09/24 - 01/09/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
1023634908002	01/09/24 - 01/09/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH86020823 0100605474 SUBTOTAL								\$625.00	\$490.00	\$331.00			\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184 **SUBSCRIBER NAME:** KINDA K ROMERO **CLAIM NUMBER:** EH86020824 0100605477
CLAIM DATE: 01/11/24-01/11/24 **DATE RECEIVED:** 02/13/24 **PRODUCT:** CHOYC+
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
002-ROM10545583					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1023634909001	01/11/24 - 01/11/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 74876942
 PAYMENT AMOUNT: \$5,013.93
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184	SUBSCRIBER NAME: KINDA K ROMERO	CLAIM NUMBER: EH86020824 0100605477
CLAIM DATE: 01/11/24-01/11/24	DATE RECEIVED: 02/13/24	PRODUCT: CHOYC+
REND PROV ID: 1538411616	REND PROV: L. CHEN LAC	

CONTINUED

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1023634909002	01/11/24 - 01/11/24		97811			2	2	\$400.00	\$300.00	\$120.00	PR	2	\$180.00	29
										\$100.00	PR	45		
CLAIM# EH86020824 0100605477								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184	SUBSCRIBER NAME: KINDA K ROMERO	CLAIM NUMBER: EH86020819 0100605470
CLAIM DATE: 01/18/24-01/18/24	DATE RECEIVED: 02/13/24	PRODUCT: CHOYC+
REND PROV ID: 1538411616	REND PROV: L. CHEN LAC	

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
005-ROM10545583					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1023634912001	01/18/24 - 01/18/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
1023634912002	01/18/24 - 01/18/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH86020819 0100605470								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 74876942
 PAYMENT AMOUNT: \$5,013.93
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184 **SUBSCRIBER NAME:** KINDA K ROMERO **CLAIM NUMBER:** EH86020844 0100605493
CLAIM DATE: 01/23/24-01/23/24 **DATE RECEIVED:** 02/13/24 **PRODUCT:** CHOYC+
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
006-ROM10545583					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1023634913001	01/23/24 - 01/23/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
1023634913002	01/23/24 - 01/23/24		97811			2	2	\$400.00	\$300.00	\$120.00	PR	2	\$180.00	29
										\$100.00	PR	45		
CLAIM# EH86020844 0100605493								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184 **SUBSCRIBER NAME:** KINDA K ROMERO **CLAIM NUMBER:** EH86020845 0100605495
CLAIM DATE: 01/26/24-01/26/24 **DATE RECEIVED:** 02/13/24 **PRODUCT:** CHOYC+
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
007-ROM10545583					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1023634914001	01/26/24 - 01/26/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29
										\$76.00	PR	2		
1023634914002	01/26/24 - 01/26/24		97811			2	2	\$400.00	\$300.00	\$120.00	PR	2	\$180.00	29
										\$100.00	PR	45		
CLAIM# EH86020845 0100605495								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 702551

GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

CONTINUED

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER: EH86020826 0100605486

CLAIM DATE: 01/29/24-01/29/24

DATE RECEIVED: 02/13/24

PRODUCT: CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
008-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102363491 5001	01/29/24 - 01/29/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
102363491 5002	01/29/24 - 01/29/24		97811			2	2	\$400.00	\$300.00	\$120.00	PR	2	\$180.00	29
										\$100.00	PR	45		
CLAIM# EH86020826 0100605486								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER: EH86020923 0100605500

CLAIM DATE: 02/02/24-02/02/24

DATE RECEIVED: 02/13/24

PRODUCT: CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
009-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102363491 6001	02/02/24 - 02/02/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 702551

GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER:

EH86020923 0100605500

CLAIM DATE: 02/02/24-02/02/24

DATE RECEIVED: 02/13/24

PRODUCT:

CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

CONTINUED

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
										\$76.00	PR	2		
102363491 6002	02/02/24 - 02/02/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH86020923 0100605500								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER:

EH86020924 0100605504

CLAIM DATE: 02/05/24-02/05/24

DATE RECEIVED: 02/13/24

PRODUCT:

CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
010-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102363491 7001	02/05/24 - 02/05/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29
										\$76.00	PR	2		
102363491 7002	02/05/24 - 02/05/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH86020924 0100605504								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 702551

GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER: EH86020827 0100605491

CLAIM DATE: 02/09/24-02/09/24

DATE RECEIVED: 02/13/24

PRODUCT: CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
011-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102363491 8001	02/09/24 - 02/09/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
102363491 8002	02/09/24 - 02/09/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH86020827 0100605491								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER: EH86020825 0100605482

CLAIM DATE: 02/12/24-02/12/24

DATE RECEIVED: 02/13/24

PRODUCT: CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
012-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102363491 9001	02/12/24 - 02/12/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29
										\$76.00	PR	2		
102363491 9002	02/12/24 - 02/12/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH86020825 0100605482								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 702551

GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

CONTINUED

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER: EH98911553 0100605589

CLAIM DATE: 02/15/24-02/15/24

DATE RECEIVED: 02/16/24

PRODUCT: CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
013-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102460465 9001	02/15/24 - 02/15/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
102460465 9002	02/15/24 - 02/15/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EH98911553 0100605589								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 926658184

SUBSCRIBER NAME: KINDA K ROMERO

CLAIM NUMBER: EJ04825047 0100605597

CLAIM DATE: 02/16/24-02/16/24

DATE RECEIVED: 02/19/24

PRODUCT: CHOYC+

REND PROV ID: 1538411616

REND PROV: L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
014-ROM1054558 3					\$625.00				\$294.00	\$331.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102497258 9001	02/16/24 - 02/16/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 74876942
 PAYMENT AMOUNT: \$5,013.93
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID:	A 926658184	SUBSCRIBER NAME:	KINDA K ROMERO	CLAIM NUMBER:	EJ04825047 0100605597
CLAIM DATE:	02/16/24-02/16/24	DATE RECEIVED:	02/19/24	PRODUCT:	CHOYC+
REND PROV ID:	1538411616	REND PROV:	L. CHEN LAC		

CONTINUED

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
										\$76.00	PR	2		
102497258 9002	02/16/24 - 02/16/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EJ04825047 0100605597								SUBTOTAL	\$625.00	\$490.00	\$331.00		\$294.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

NOTES

PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT

PR45 PATIENT RESPONSIBILITY - CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

29 THE ELIGIBLE AMOUNT FOR THIS OUT-OF-NETWORK SERVICE IS BASED ON A DATABASE OF COMPETITIVE FEES FOR SIMILAR SERVICES OR SUPPLIES IN YOUR AREA. BENEFITS ARE NOT AVAILABLE FOR THE PORTION OF THE CHARGE THAT EXCEEDS THE ELIGIBLE AMOUNT DETERMINED FOR THIS SERVICE.

If you disagree with a claim reimbursement decision

The member, health care professional or an authorized representative may contest the claim payment decision by submitting comments, documents or other information that shows why they believe the decision should be changed.

Network health care professionals: There is a 2-step reconsideration and appeal process. This process allows for a total of 12 months for timely submission for Step 1: Reconsideration and Step 2: Appeal. Claim reconsideration does not apply in some states based on applicable state law. The timetable may be different if required by law or by your participation agreement (contract). For more information and submission instructions, refer to Chapter 10 (Our claim process) of the Network Administrative Guide available at UHCprovider.com/guides. To appeal a clinical or prior authorization determination, follow the instructions in Chapter 7 (Medical management) of the guide.

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 702551

GROUP NAME: IPG

to get started.

- Go to Claims & Payments > Look up a Claim and enter the claim information, then click Act on a Claim
 - **Out-of-network health care professionals:** For appeal requests, you must include the member's signed authorization.
- For assistance, go to UHCprovider.com/contact-us

United HealthCare Services, Inc.
GREENSBORO SERVICE CENTER
P.O. BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

WELLNESS ACUPUNCTURE AND CHIRO
LIHUA CHEN LAC
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93
GROUP NUMBER: 902494
GROUP NAME: SYNCHRONY FINANCIAL

PATIENT: TAARIQ CAYNE (EE)

SUBSCRIBER ID: A 911527590 **SUBSCRIBER NAME:** TAARIQ CAYNE **CLAIM NUMBER:** EJ26319838 0089045205
CLAIM DATE: 02/22/24-02/22/24 **DATE RECEIVED:** 02/26/24 **PRODUCT:** CHOYC+
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
035-CAY10484633					\$625.00				\$74.57	\$550.43

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102654661 2001	02/22/24 - 02/22/24		97813			1	1	\$225.00	\$55.46	\$22.18	PR	2	\$33.28	V6
										\$169.54	PR	242		
102654661 2002	02/22/24 - 02/22/24		97811			2	2	\$400.00	\$68.82	\$331.18	PR	242	\$41.29	V6
										\$27.53	PR	2		
CLAIM# EJ26319838 0089045205 SUBTOTAL								\$625.00	\$124.28	\$550.43			\$74.57	V6

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

NOTES

PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT

PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .

V6 AS A HEALTH CARE PROFESSIONAL OR FACILITY THAT IS NOT CONTRACTED FOR THE SERVICES PROVIDED, PLEASE DO NOT BILL THE PATIENT MORE THAN THE AMOUNT OF THE DEDUCTIBLE, COPAY, OR COINSURANCE APPLIED TO THIS SERVICE. CALL PROVIDER SERVICES AT THE NUMBER ON THE TOP OF THIS STATEMENT IF YOU HAVE QUESTIONS ABOUT THE REIMBURSEMENT.

If you disagree with a claim reimbursement decision

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 902494

GROUP NAME: SYNCHRONY FINANCIAL

Out-of-network health care professionals: As an out-of-network health care professional or facility, you can submit a request for an administrative review/reconsideration if permitted by state law. If you don't agree with the outcome of the review, you may submit an appeal on the member's behalf. You are required to provide written authorization from the member in order to appeal. Requests for reviews and appeals must be submitted through the UnitedHealthcare Provider Portal within the time frame discussed in the member's benefit plan.

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UnitedHealthcare Service LLC
GREENSBORO SERVICE CENTER
P.O. BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

WELLNESS ACUPUNCTURE AND CHIRO
YEBO FU CA
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93
GROUP NUMBER: 904498
GROUP NAME: INTERCEPT
PHARMACEUTICALS INC.

PATIENT: STEPHEN COHEN (SP)

SUBSCRIBER ID: A 957359891 **SUBSCRIBER NAME:** BARBARA HSWE **CLAIM NUMBER:** EJ04826178 0211872525
CLAIM DATE: 02/15/24-02/15/24 **DATE RECEIVED:** 02/19/24 **PRODUCT:** CHOYC+
REND PROV ID: 1285751172 **REND PROV:** Y. FU CA

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
081-COH10153847					\$625.00				\$338.80	\$286.20

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1024972591001	02/15/24 - 02/15/24		97810	GP		1	1	\$225.00	\$184.00	\$41.00	PR	45	\$128.80	29
										\$55.20	PR	2		
1024972591002	02/15/24 - 02/15/24		97811	GP		2	2	\$400.00	\$300.00	\$90.00	PR	2	\$210.00	29
										\$100.00	PR	45		
CLAIM# EJ04826178 0211872525 SUBTOTAL								\$625.00	\$484.00	\$286.20			\$338.80	HI

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 957359891 **SUBSCRIBER NAME:** BARBARA HSWE **CLAIM NUMBER:** EJ04825892 0211871845
CLAIM DATE: 02/19/24-02/19/24 **DATE RECEIVED:** 02/19/24 **PRODUCT:** CHOYC+
REND PROV ID: 1285751172 **REND PROV:** Y. FU CA

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
082-COH10153847					\$625.00				\$338.80	\$286.20

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1024973967001	02/19/24 - 02/19/24		97810	GP		1	1	\$225.00	\$184.00	\$55.20	PR	2	\$128.80	29
										\$41.00	PR	45		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 74876942
 PAYMENT AMOUNT: \$5,013.93
 GROUP NUMBER: 904498
 GROUP NAME: INTERCEPT
 PHARMACEUTICALS INC.

PATIENT: STEPHEN COHEN (SP)

SUBSCRIBER ID: A 957359891 **SUBSCRIBER NAME:** BARBARA HSWE **CLAIM NUMBER:** EJ04825892 0211871845
CLAIM DATE: 02/19/24-02/19/24 **DATE RECEIVED:** 02/19/24 **PRODUCT:** CHOYC+
REND PROV ID: 1285751172 **REND PROV:** Y. FU CA

CONTINUED

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1024973967002	02/19/24 - 02/19/24		97811	GP		2	2	\$400.00	\$300.00	\$90.00	PR	2	\$210.00	29
										\$100.00	PR	45		
CLAIM# EJ04825892 0211871845								SUBTOTAL	\$625.00	\$484.00	\$286.20		\$338.80	HI

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

PATIENT: BARBARA HSWE (EE)

SUBSCRIBER ID: A 957359891 **SUBSCRIBER NAME:** BARBARA HSWE **CLAIM NUMBER:** EJ86477216 0211908905
CLAIM DATE: 01/27/24-01/27/24 **DATE RECEIVED:** 03/12/24 **PRODUCT:** CHOYC+
REND PROV ID: 1285751172 **REND PROV:** Y. FU CA

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
083-HSW9812960					\$725.00				\$343.00	\$382.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
1021739900001	01/27/24 - 01/27/24		97813			1	1	\$225.00	\$190.00	\$57.00	PR	2	\$133.00	29
										\$35.00	PR	45		
1021739900002	01/27/24 - 01/27/24		97811			2	2	\$500.00	\$300.00	\$200.00	PR	45	\$210.00	29
										\$90.00	PR	2		
CLAIM# EJ86477216 0211908905								SUBTOTAL	\$725.00	\$490.00	\$382.00		\$343.00	HR

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

NOTES

PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 904498

GROUP NAME: INTERCEPT

PHARMACEUTICALS INC.

NOTES

- PR45 PATIENT RESPONSIBILITY - CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
- 29 THE ELIGIBLE AMOUNT FOR THIS OUT-OF-NETWORK SERVICE IS BASED ON A DATABASE OF COMPETITIVE FEES FOR SIMILAR SERVICES OR SUPPLIES IN YOUR AREA. BENEFITS ARE NOT AVAILABLE FOR THE PORTION OF THE CHARGE THAT EXCEEDS THE ELIGIBLE AMOUNT DETERMINED FOR THIS SERVICE.
- HI WE RETAIN THE SERVICES OF OPTUM TO REVIEW CLAIMS WHEN THERE IS AN INDICATION THAT OTHER INSURANCE COVERAGE MAY BE AVAILABLE. THIS CLAIM HAS BEEN PROCESSED BASED ON INFORMATION RECEIVED FROM OPTUM.
- HR WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.

If you disagree with a claim reimbursement decision

The member, health care professional or an authorized representative may contest the claim payment decision by submitting comments, documents or other information that shows why they believe the decision should be changed.

Network health care professionals: There is a 2-step reconsideration and appeal process. This process allows for a total of 12 months for timely submission for Step 1: Reconsideration and Step 2: Appeal. Claim reconsideration does not apply in some states based on applicable state law. The timetable may be different if required by law or by your participation agreement (contract). For more information and submission instructions, refer to Chapter 10 (Our claim process) of the Network Administrative Guide available at UHCprovider.com/guides. To appeal a clinical or prior authorization determination, follow the instructions in Chapter 7 (Medical management) of the guide.

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UnitedHealthcare Service LLC
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STD - PRA



PROVIDER REMITTANCE ADVICE

WELLNESS ACUPUNCTURE AND CHIRO
YEBO FU CA
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93
GROUP NUMBER: 702551
GROUP NAME: IPG

PATIENT: NATSUKO BOSAKA (EE)

SUBSCRIBER ID: A 915646922 **SUBSCRIBER NAME:** NATSUKO BOSAKA **CLAIM NUMBER:** EJ26319837 0100683432
CLAIM DATE: 01/27/24-01/27/24 **DATE RECEIVED:** 02/26/24 **PRODUCT:** CHOYC+
REND PROV ID: 1285751172 **REND PROV:** Y. FU CA

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
031-BOS10435104					\$625.00				\$252.00	\$168.00

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102654661 1001	01/27/24 - 01/27/24		97810			1	1	\$225.00	\$159.67	\$65.33	PI	131	\$95.80	IX
										\$63.87	PR	2		
102654661 1002	01/27/24 - 01/27/24		97811			2	2	\$400.00	\$260.33	\$104.13	PR	2	\$156.20	IX
										\$139.67	PI	131		
CLAIM# EJ26319837 0100683432								SUBTOTAL	\$625.00	\$420.00	\$373.00		\$252.00	

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

NOTES

PI131 PAYER INITIATED REDUCTIONS - CLAIM SPECIFIC NEGOTIATED DISCOUNT.

PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT

IX AS AN OUT-OF-NETWORK HEALTH CARE PROFESSIONAL YOU HAVE ACCEPTED A DISCOUNT BASED ON A FEE NEGOTIATED WITH MULTIPLAN/VIANT. THE MEMBER IS ONLY RESPONSIBLE FOR THEIR COST SHARE (DEDUCTIBLE, COPAY AND COINSURANCE) AND ANY NON-COVERED AMOUNT AFTER THE BENEFIT LIMIT FOR A COVERED SERVICE HAS BEEN REACHED.

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 74876942

PAYMENT AMOUNT: \$5,013.93

GROUP NUMBER: 702551

GROUP NAME: IPG

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United HealthCare Services, Inc.
GREENSBORO SERVICE CENTER
PO BOX 740809
ATLANTA GA 30374-0809
PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

WELLNESS ACUPUNCTURE AND CHIRO
MITRA BOURBOURI LAC
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/15/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 74876942
PAYMENT AMOUNT: \$5,013.93
GROUP NUMBER: 186359
GROUP NAME: US BANK

PATIENT: CAITLIN E RYAN (EE)

SUBSCRIBER ID: A 000587251 **SUBSCRIBER NAME:** CAITLIN E RYAN **CLAIM NUMBER:** EJ26321983 0022727973
CLAIM DATE: 02/20/24-02/20/24 **DATE RECEIVED:** 02/26/24 **PRODUCT:** CHOYC+
REND PROV ID: 1083255525 **REND PROV:** M. BOURBOURI LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
021-RYA10022803					\$625.00				\$69.38	\$555.62

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102655849 9001	02/20/24 - 02/20/24		97810			1	1	\$225.00	\$46.82	\$18.73	PR	2	\$28.09	V6
										\$178.18	PR	242		
102655849 9002	02/20/24 - 02/20/24		97811			2	2	\$400.00	\$68.82	\$331.18	PR	242	\$41.29	V6
										\$27.53	PR	2		
CLAIM# EJ26321983 0022727973 SUBTOTAL								\$625.00	\$115.64	\$555.62			\$69.38	V6

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 000587251 **SUBSCRIBER NAME:** CAITLIN E RYAN **CLAIM NUMBER:** EJ26321776 0022727975
CLAIM DATE: 02/26/24-02/26/24 **DATE RECEIVED:** 02/26/24 **PRODUCT:** CHOYC+
REND PROV ID: 1083255525 **REND PROV:** M. BOURBOURI LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
023-RYA10022803					\$625.00				\$69.38	\$555.62

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102655850 1001	02/26/24 - 02/26/24		97810			1	1	\$225.00	\$46.82	\$178.18	PR	242	\$28.09	V6
										\$18.73	PR	2		
102655850 1002	02/26/24 - 02/26/24		97811			2	2	\$400.00	\$68.82	\$27.53	PR	2	\$41.29	V6
										\$331.18	PR	242		
CLAIM# EJ26321776 0022727975 SUBTOTAL								\$625.00	\$115.64	\$555.62			\$69.38	V6



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/15/24 TIN: 825489897 NPI: 1003306036 PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO PAYMENT NUMBER: TZ 74876942 PAYMENT AMOUNT: \$5,013.93 GROUP NUMBER: 186359 GROUP NAME: US BANK
--

PATIENT: CAITLIN E RYAN (EE)

CONTINUED

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

TOTAL PAYABLE TO PROVIDER		\$5,013.93
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NOTES

- PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT
- PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .
- V6 AS A HEALTH CARE PROFESSIONAL OR FACILITY THAT IS NOT CONTRACTED FOR THE SERVICES PROVIDED, PLEASE DO NOT BILL THE PATIENT MORE THAN THE AMOUNT OF THE DEDUCTIBLE, COPAY, OR COINSURANCE APPLIED TO THIS SERVICE. CALL PROVIDER SERVICES AT THE NUMBER ON THE TOP OF THIS STATEMENT IF YOU HAVE QUESTIONS ABOUT THE REIMBURSEMENT.

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All health care professionals: To initiate additional review of the claim, as outlined above, please follow these steps:

- Go to UHCprovider.com
- Sign in to the portal using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access to get started.
- Go to Claims & Payments > Look up a Claim and enter the claim information, then click Act on a Claim
 - Out-of-network health care professionals:** For appeal requests, you must include the member's signed authorization.
- For assistance, go to UHCprovider.com/contact-us