

UnitedHealthcare Service LLC  
THE EMPIRE PLAN  
P.O. BOX 1600  
KINGSTON NY 12402-1600  
PHONE: 1-877-769-7447



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



DATE: 08/21/23  
TIN: 825489897  
NPI: 1003306036  
PAYEE NAME: WELLNESS ACUPUNCTURE  
AND CHIRO  
TRACE NUMBER: TZ 57544256  
PAYMENT: \$0.00  
GROUP NUMBER: 030500  
GROUP NAME: STATE OF NEW YORK

## PROVIDER REMITTANCE ADVICE

UnitedHealthcare Service LLC  
THE EMPIRE PLAN  
P.O. BOX 1600  
KINGSTON NY 12402-1600  
PHONE: 1-877-769-7447

STD - PRA



The Empire  
Plan

## PROVIDER REMITTANCE ADVICE

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

DATE: 08/21/23  
TIN: 825489897  
NPI: 1003306036  
PAYEE NAME: WELLNESS ACUPUNCTURE  
AND CHIRO  
TRACE NUMBER: TZ 57544256  
PAYMENT: \$0.00  
GROUP NUMBER: 030500  
GROUP NAME: STATE OF NEW YORK

### PATIENT: LIDA ATTENBOROUGH (EE)

**SUBSCRIBER ID:** A 891117216 **SUBSCRIBER NAME:** LIDA ATTENBOROUGH **CLAIM NUMBER:** DY77262047 0539132840  
**CLAIM DATE:** 07/11/23-07/11/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-ATT10349937					\$875.00				\$0.00	\$875.00

#### 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
980371515 001	07/11/23 - 07/11/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
980371515 002	07/11/23 - 07/11/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		
980371515 003	07/11/23 - 07/11/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# DY77262047 0539132840								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

**SUBSCRIBER ID:** A 891117216 **SUBSCRIBER NAME:** LIDA ATTENBOROUGH **CLAIM NUMBER:** DY77262050 0539135969  
**CLAIM DATE:** 07/15/23-07/15/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-ATT10349937					\$875.00				\$0.00	\$875.00

#### 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
980371518 001	07/15/23 - 07/15/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
980371518 002	07/15/23 - 07/15/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		



STD - PRA

# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: LIDA ATTENBOROUGH (EE)

**SUBSCRIBER ID:** A 891117216 **SUBSCRIBER NAME:** LIDA ATTENBOROUGH **CLAIM NUMBER:** DY77262050 0539135969  
**CLAIM DATE:** 07/15/23-07/15/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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
980371518 003	07/15/23 - 07/15/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# DY77262050 0539135969								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

**SUBSCRIBER ID:** A 891117216 **SUBSCRIBER NAME:** LIDA ATTENBOROUGH **CLAIM NUMBER:** DY77262048 0539132265  
**CLAIM DATE:** 07/20/23-07/20/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-ATT10349937					\$875.00				\$0.00	\$875.00

## 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
980371516 001	07/20/23 - 07/20/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
980371516 002	07/20/23 - 07/20/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		
980371516 003	07/20/23 - 07/20/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# DY77262048 0539132265								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	



# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: LIDA ATTENBOROUGH (EE)

**SUBSCRIBER ID:** A 891117216 **SUBSCRIBER NAME:** LIDA ATTENBOROUGH **CLAIM NUMBER:** DY77262049 0539136033  
**CLAIM DATE:** 07/22/23-07/22/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-ATT10349937					\$875.00				\$0.00	\$875.00

### 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
980371517 001	07/22/23 - 07/22/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
980371517 002	07/22/23 - 07/22/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		
980371517 003	07/22/23 - 07/22/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# DY77262049 0539136033								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274918 0539135007  
**CLAIM DATE:** 06/01/23-06/01/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383115 001	06/01/23 - 06/01/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$160.00	PR	100		
										\$40.00	PR	2		



STD - PRA

# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274918 0539135007  
**CLAIM DATE:** 06/01/23-06/01/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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
980383115 002	06/01/23 - 06/01/23		97814			2	2	\$400.00	\$348.00	\$69.60	PR	2	\$0.00	29
										\$52.00	PR	45		
										\$278.40	PR	100		
980383115 003	06/01/23 - 06/01/23		97140	GP		1	1	\$250.00	\$160.00	\$90.00	PR	45	\$0.00	29
										\$32.00	PR	2		
										\$128.00	PR	100		
CLAIM# DY80274918 0539135007								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274919 0539132675  
**CLAIM DATE:** 06/02/23-06/02/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

## 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
980383116 001	06/02/23 - 06/02/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$160.00	PR	100		
										\$40.00	PR	2		
980383116 002	06/02/23 - 06/02/23		97814			2	2	\$400.00	\$348.00	\$69.60	PR	2	\$0.00	29
										\$278.40	PR	100		
										\$52.00	PR	45		
980383116 003	06/02/23 - 06/02/23		97140	GP		1	1	\$250.00	\$160.00	\$90.00	PR	45	\$0.00	29
										\$128.00	PR	100		
										\$32.00	PR	2		
CLAIM# DY80274919 0539132675								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	



# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274920 0539134948  
**CLAIM DATE:** 06/06/23-06/06/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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
003-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383117 001	06/06/23 - 06/06/23		97813			1	1	\$225.00	\$200.00	\$25.00 \$160.00 \$40.00	PR PR PR	45 100 2	\$0.00	29
980383117 002	06/06/23 - 06/06/23		97814			2	2	\$400.00	\$348.00	\$52.00 \$278.40 \$69.60	PR PR PR	45 100 2	\$0.00	29
980383117 003	06/06/23 - 06/06/23		97140	GP		1	1	\$250.00	\$160.00	\$32.00 \$128.00 \$90.00	PR PR PR	2 100 45	\$0.00	29
CLAIM# DY80274920 0539134948								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274664 0539134306  
**CLAIM DATE:** 06/07/23-06/07/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383122 001	06/07/23 - 06/07/23		97813			1	1	\$225.00	\$200.00	\$160.00 \$25.00 \$40.00	PR PR PR	100 45 2	\$0.00	29



STD - PRA

# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274664 0539134306  
**CLAIM DATE:** 06/07/23-06/07/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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
980383122 002	06/07/23 - 06/07/23		97814			2	2	\$400.00	\$348.00	\$278.40	PR	100	\$0.00	29
										\$52.00	PR	45		
										\$69.60	PR	2		
980383122 003	06/07/23 - 06/07/23		97140	GP		1	1	\$250.00	\$160.00	\$90.00	PR	45	\$0.00	29
										\$32.00	PR	2		
										\$128.00	PR	100		
CLAIM# DY80274664 0539134306								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274665 0539135038  
**CLAIM DATE:** 06/12/23-06/12/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

## 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
980383123 001	06/12/23 - 06/12/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$40.00	PR	2		
										\$160.00	PR	100		
980383123 002	06/12/23 - 06/12/23		97814			2	2	\$400.00	\$348.00	\$69.60	PR	2	\$0.00	29
										\$278.40	PR	100		
										\$52.00	PR	45		
980383123 003	06/12/23 - 06/12/23		97140	GP		1	1	\$250.00	\$160.00	\$128.00	PR	100	\$0.00	29
										\$90.00	PR	45		
										\$32.00	PR	2		
CLAIM# DY80274665 0539135038								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	



# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274922 0539134752  
**CLAIM DATE:** 06/14/23-06/14/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383119 001	06/14/23 - 06/14/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$40.00	PR	2		
										\$160.00	PR	100		
980383119 002	06/14/23 - 06/14/23		97814			2	2	\$400.00	\$348.00	\$52.00	PR	45	\$0.00	29
										\$69.60	PR	2		
										\$278.40	PR	100		
980383119 003	06/14/23 - 06/14/23		97140	GP		1	1	\$250.00	\$160.00	\$90.00	PR	45	\$0.00	29
										\$32.00	PR	2		
										\$128.00	PR	100		
CLAIM# DY80274922 0539134752 SUBTOTAL								\$875.00	\$708.00	\$875.00			\$0.00	

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274921 0539117949  
**CLAIM DATE:** 06/16/23-06/16/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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
004-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383118 001	06/16/23 - 06/16/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$160.00	PR	100		
										\$40.00	PR	2		





STD - PRA

# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274921 0539117949  
**CLAIM DATE:** 06/16/23-06/16/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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
980383118 002	06/16/23 - 06/16/23		97814			2	2	\$400.00	\$348.00	\$52.00	PR	45	\$0.00	29
										\$69.60	PR	2		
										\$278.40	PR	100		
980383118 003	06/16/23 - 06/16/23		97140	GP		1	1	\$250.00	\$160.00	\$90.00	PR	45	\$0.00	29
										\$128.00	PR	100		
										\$32.00	PR	2		
CLAIM# DY80274921 0539117949								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274923 0539134435  
**CLAIM DATE:** 07/03/23-07/03/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

## 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
980383120 001	07/03/23 - 07/03/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$28.79	PR	2		
										\$115.17	PR	100		
980383120 002	07/03/23 - 07/03/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$188.06	PR	100		
										\$47.01	PR	2		
980383120 003	07/03/23 - 07/03/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$68.05	PR	100		
										\$17.01	PR	2		
CLAIM# DY80274923 0539134435								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	



# PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: KEVIN C BARRETT (EE)

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274663 0539135027  
**CLAIM DATE:** 07/20/23-07/20/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383121001	07/20/23 - 07/20/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$115.17	PR	100		
										\$28.79	PR	2		
980383121002	07/20/23 - 07/20/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$47.01	PR	2		
										\$188.06	PR	100		
980383121003	07/20/23 - 07/20/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$17.01	PR	2		
										\$68.05	PR	100		
CLAIM# DY80274663 0539135027 SUBTOTAL								\$875.00	\$464.09	\$875.00			\$0.00	

**SUBSCRIBER ID:** A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** DY80274662 0539132821  
**CLAIM DATE:** 07/21/23-07/21/23 **DATE RECEIVED:** 07/24/23 **PRODUCT:** OPT/PPO  
**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-BA10371522					\$875.00				\$0.00	\$875.00

### 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
980383124001	07/21/23 - 07/21/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$28.79	PR	2		
										\$115.17	PR	100		



## PROVIDER REMITTANCE ADVICE

DATE: 08/21/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57544256  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

### PATIENT: KEVIN C BARRETT (EE)

<b>SUBSCRIBER ID:</b>	A 890894185	<b>SUBSCRIBER NAME:</b>	KEVIN C BARRETT	<b>CLAIM NUMBER:</b>	DY80274662 0539132821
<b>CLAIM DATE:</b>	07/21/23-07/21/23	<b>DATE RECEIVED:</b>	07/24/23	<b>PRODUCT:</b>	OPT/PPO
<b>REND PROV ID:</b>	1538411616	<b>REND PROV:</b>	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
980383124 002	07/21/23 - 07/21/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$188.06	PR	100		
										\$47.01	PR	2		
980383124 003	07/21/23 - 07/21/23		97140	GP		1	1	\$250.00	\$85.06	\$17.01	PR	2	\$0.00	ND
										\$68.05	PR	100		
										\$164.94	PR	242		
CLAIM# DY80274662 0539132821								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	
TOTAL PAYABLE TO PROVIDER													\$0.00	

## NOTES

- PR100 PATIENT RESPONSIBILITY - PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY.
- PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT
- PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .
- PR45 PATIENT RESPONSIBILITY - CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
- 29 YOUR PLAN COVERS THE ELIGIBLE EXPENSE AMOUNT REIMBURSABLE UNDER YOUR PLAN FOR COVERED OUT-OF-NETWORK HEALTH SERVICES. THE ELIGIBLE AMOUNT IS BASED ON A DATABASE OF COMPETITIVE FEES FOR SIMILAR SERVICES OR SUPPLIES IN YOUR AREA. BENEFITS ARE NOT AVAILABLE FOR THAT PORTION OF THE CHARGE THAT EXCEEDS THE ELIGIBLE AMOUNT DETERMINED FOR THIS SERVICE.
- ND THIS OUT-OF-NETWORK SERVICE WAS PROCESSED BASED ON MEDICARE ALLOWED AMOUNTS OR OTHER SOURCES IF NO MEDICARE AMOUNT IS AVAILABLE. THESE AMOUNTS ARE USED EVEN IF THE PATIENT DOESN'T HAVE MEDICARE.

### New York Out of Network (OON) Provider Rights of Review for Emergency Room (ER) Services and Surprise Bills for Services Provided to Fully Insured Commercial Members in New York

#### What if a provider disagrees with the amount allowed on a claim?

If you are an out-of-network provider and provided emergency services to a covered member, or provided non-emergency services to a covered member at a facility that is in network, then your claim may be subject to the New York Surprise Bill Law. If you disagree with what was paid for that emergency service, you have the right to request negotiation. Please submit your request online at [www.uhcprovider.com](http://www.uhcprovider.com) or by mail at the address on the members ID card.



## PROVIDER REMITTANCE ADVICE

DATE: 08/21/23
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO
TRACE NUMBER: TZ 57544256
PAYMENT: \$0.00
GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

In any event, please do not bill the member for any amount above their in-network cost share (copay, coinsurance and deductible).

### How does the independent dispute resolution process work?

A health care provider or the health plan may dispute a payment or charge for emergency services, including inpatient physician and hospital services after an emergency room visit, or for a surprise bill. Applicants must: (1) visit the Department of Financial Services (DFS) website at [dfs.ny.gov](https://dfs.ny.gov) to get a file number; (2) complete the application; and (3) send the application and the requested information to the assigned independent dispute resolution entity (IDRE). For help call 800-342-3736 or e-mail [IDRquestions@dfs.ny.gov](mailto:IDRquestions@dfs.ny.gov).

The New York Department of Financial Services will select an independent dispute resolution entity (IDRE) to review the disputed claims. The IDRE will request information about the services received and determine the reasonable fee for the services. The IDRE will either request the parties to negotiate or issue a decision accepting either the health plan's payment amount or the provider's billed charge.