

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



DPSS\$\$PKG
NEW YORK ACUPUNCTURE AND CHIRO
OKKYOUNG PARK KIM LAC
353 LEXINGTON AVE RM 1005
NEW YORK NY 10016-0941



DATE: 08/14/23
TIN: 465561424
NPI: 1043620594
PAYEE NAME: NEW YORK ACUPUNCTURE
AND CHIRO
TRACE NUMBER: TZ 57037509
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

NEW YORK ACUPUNCTURE AND CHIRO
OKKYOUNG PARK-KIM LAC
353 LEXINGTON AVE RM 1005
NEW YORK NY 10016

DATE: 08/14/23
TIN: 465561424
NPI: 1043620594
PAYEE NAME: NEW YORK ACUPUNCTURE
AND CHIRO
TRACE NUMBER: TZ 57037509
PAYMENT: \$0.00
GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

PATIENT: JAMES PHILLI V BAUTISTA (EE)

SUBSCRIBER ID: A 890897468 **SUBSCRIBER NAME:** JAMES PHILLI V BAUTISTA **CLAIM NUMBER:** DY60833499 0538583586
CLAIM DATE: 06/16/23-06/16/23 **DATE RECEIVED:** 07/17/23 **PRODUCT:** OPT/PPO
REND PROV ID: 1790057099 **REND PROV:** O. PARK-KIM LA

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
064-BAU9976626					\$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
979177651 001	06/16/23 - 06/16/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$40.00	PR	2		
										\$160.00	PR	100		
979177651 002	06/16/23 - 06/16/23		97814			2	2	\$400.00	\$348.00	\$52.00	PR	45	\$0.00	29
										\$278.40	PR	100		
										\$69.60	PR	2		
979177651 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# DY60833499 0538583586								SUBTOTAL	\$875.00	\$708.00	\$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

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.

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?



PROVIDER REMITTANCE ADVICE

DATE: 08/14/23
TIN: 465561424
NPI: 1043620594
PAYEE NAME: NEW YORK ACUPUNCTURE AND CHIRO
TRACE NUMBER: TZ 57037509
PAYMENT: \$0.00
GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

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 or by mail at the address on the members ID card.

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 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.

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.

THIS PAGE LEFT BLANK INTENTIONALLY