

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 10016-0941



DATE: 09/18/23
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
TRACE NUMBER: TZ 59542126
PAYMENT: \$0.00
GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

PROVIDER REMITTANCE ADVICE

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PATIENT: LIDA ATTENBOROUGH (EE)

SUBSCRIBER ID: A 891117216 **SUBSCRIBER NAME:** LIDA ATTENBOROUGH **CLAIM NUMBER:** EA63659157 0541318296
CLAIM DATE: 08/19/23-08/19/23 **DATE RECEIVED:** 08/19/23 **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
018-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
986340790 001	08/19/23 - 08/19/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
986340790 002	08/19/23 - 08/19/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
986340790 003	08/19/23 - 08/19/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA63659157 0541318296								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

PATIENT: ALEXANDRA FISHER (EE)

SUBSCRIBER ID: A 891103619 **SUBSCRIBER NAME:** ALEXANDRA FISHER **CLAIM NUMBER:** EA67770036 0541454920
CLAIM DATE: 08/17/23-08/17/23 **DATE RECEIVED:** 08/21/23 **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-FIS10395862					\$875.00				\$0.00	\$875.00



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 PAYMENT: \$0.00
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 GROUP NAME: STATE OF NEW YORK

PATIENT: ALEXANDRA FISHER (EE)

SUBSCRIBER ID: A 891103619 **SUBSCRIBER NAME:** ALEXANDRA FISHER **CLAIM NUMBER:** EA67770036 0541454920
CLAIM DATE: 08/17/23-08/17/23 **DATE RECEIVED:** 08/21/23 **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
986580269 001	08/17/23 - 08/17/23		97813			1	1	\$225.00	\$143.96	\$115.17	PR	100	\$0.00	ND
										\$81.04	PR	242		
										\$28.79	PR	2		
986580269 002	08/17/23 - 08/17/23		97814			2	2	\$400.00	\$235.07	\$47.01	PR	2	\$0.00	ND
										\$188.06	PR	100		
										\$164.93	PR	242		
986580269 003	08/17/23 - 08/17/23		97140	GP		1	1	\$250.00	\$85.06	\$68.05	PR	100	\$0.00	ND
										\$164.94	PR	242		
										\$17.01	PR	2		
CLAIM# EA67770036 0541454920								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 .

ND THIS OUT-OF-NETWORK SERVICE WAS PAID BASED ON MEDICARE ALLOWED AMOUNTS OR OTHER SOURCES IF NO MEDICARE AMOUNT IS AVAILABLE. THESE AMOUNTS ARE USED EVEN IF THE PATIENT IS NOT ENROLLED IN 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 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



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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.