

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: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43



PROVIDER REMITTANCE ADVICE

PROVIDER REMITTANCE AT A GLANCE

AMOUNT OF TOTAL BENEFITS AVAILABLE	\$8,565.43
LESS AMOUNT PREVIOUSLY OWED	
TOTAL PAID	\$8,565.43

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: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43

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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: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43
GROUP NUMBER: 702551
GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID: A 926658184 **SUBSCRIBER NAME:** KINDA K ROMERO **CLAIM NUMBER:** EJ26321074 0100705265
CLAIM DATE: 02/20/24-02/20/24 **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
015-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
1026561831001	02/20/24 - 02/20/24		97813			1	1	\$225.00	\$190.00	\$76.00	PR	2	\$114.00	29
										\$35.00	PR	45		
1026561831002	02/20/24 - 02/20/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EJ26321074 0100705265								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:** EJ26321792 0100705267
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
016-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
1026561832001	02/22/24 - 02/22/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29
										\$76.00	PR	2		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: KINDA K ROMERO (EE)

SUBSCRIBER ID:	A 926658184	SUBSCRIBER NAME:	KINDA K ROMERO	CLAIM NUMBER:	EJ26321792 0100705267
CLAIM DATE:	02/22/24-02/22/24	DATE RECEIVED:	02/26/24	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
102656183 2002	02/22/24 - 02/22/24		97811			2	2	\$400.00	\$300.00	\$120.00	PR	2	\$180.00	29
										\$100.00	PR	45		
CLAIM# EJ26321792 0100705267								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:	EJ26321793 0100705270
CLAIM DATE:	02/26/24-02/26/24	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
017-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
102656183 3001	02/26/24 - 02/26/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29
										\$76.00	PR	2		
102656183 3002	02/26/24 - 02/26/24		97811			2	2	\$400.00	\$300.00	\$100.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EJ26321793 0100705270								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.



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24 TIN: 825489897 NPI: 1003306036 PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO PAYMENT NUMBER: TZ 75645438 PAYMENT AMOUNT: \$8,565.43 GROUP NUMBER: 702551 GROUP NAME: IPG
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NOTES

- 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.

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.

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

United HealthCare Services, Inc.
 RICHARDSON/SPRGFLD SRVC CNTR
 PO BOX 30555
 SALT LAKE CITY UT 84130-0555
 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: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 710963
 GROUP NAME: ORIX CORPORATION USA

PATIENT: JONATHAN HAN (SP)

SUBSCRIBER ID: A 948561839 **SUBSCRIBER NAME:** CHRISTOPHER KIRMALES **CLAIM NUMBER:** EJ99662206 0062247095
CLAIM DATE: 01/22/24-01/22/24 **DATE RECEIVED:** 03/15/24 **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-HAN10535895					\$725.00				\$245.00	\$480.00

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
102096216 5001	01/22/24 - 01/22/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$95.00	29
										\$95.00	PR	2		
102096216 5002	01/22/24 - 01/22/24		97811			2	2	\$500.00	\$300.00	\$200.00	PR	45	\$150.00	29
										\$150.00	PR	2		
CLAIM# EJ99662206 0062247095								SUBTOTAL	\$725.00	\$490.00			\$245.00	JP

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

SUBSCRIBER ID: A 948561839 **SUBSCRIBER NAME:** CHRISTOPHER KIRMALES **CLAIM NUMBER:** EJ97181842 0062244281
CLAIM DATE: 01/24/24-01/24/24 **DATE RECEIVED:** 03/15/24 **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-HAN10535895					\$725.00				\$245.00	\$480.00

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
102096216 6001	01/24/24 - 01/24/24		97813			1	1	\$225.00	\$190.00	\$95.00	PR	2	\$95.00	29
										\$35.00	PR	45		
102096216 6002	01/24/24 - 01/24/24		97811			2	2	\$500.00	\$300.00	\$200.00	PR	45	\$150.00	29
										\$150.00	PR	2		
CLAIM# EJ97181842 0062244281								SUBTOTAL	\$725.00	\$490.00			\$245.00	HR

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 710963
 GROUP NAME: ORIX CORPORATION USA

PATIENT: JONATHAN HAN (SP)

CONTINUED

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

PATIENT: JONATHAN HAN (SP)

SUBSCRIBER ID: A 948561839 **SUBSCRIBER NAME:** CHRISTOPHER KIRMALES **CLAIM NUMBER:** EJ99818881 0062247134
CLAIM DATE: 01/29/24-01/29/24 **DATE RECEIVED:** 03/15/24 **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-HAN10535895					\$725.00				\$245.00	\$480.00

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
102096216 7001	01/29/24 - 01/29/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$95.00	29
										\$95.00	PR	2		
102096216 7002	01/29/24 - 01/29/24		97811			2	2	\$500.00	\$300.00	\$150.00	PR	2	\$150.00	29
										\$200.00	PR	45		
CLAIM# EJ99818881 0062247134 SUBTOTAL								\$725.00	\$490.00	\$480.00			\$245.00	HR

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

SUBSCRIBER ID: A 948561839 **SUBSCRIBER NAME:** CHRISTOPHER KIRMALES **CLAIM NUMBER:** EJ99484819 0062246831
CLAIM DATE: 01/31/24-01/31/24 **DATE RECEIVED:** 03/15/24 **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-HAN10535895					\$725.00				\$245.00	\$480.00

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
102096216 8001	01/31/24 - 01/31/24		97813			1	1	\$225.00	\$190.00	\$95.00	PR	2	\$95.00	29
										\$35.00	PR	45		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 710963
 GROUP NAME: ORIX CORPORATION USA

PATIENT: JONATHAN HAN (SP)

SUBSCRIBER ID: A 948561839	SUBSCRIBER NAME: CHRISTOPHER KIRMALES	CLAIM NUMBER: EJ99484819 0062246831
CLAIM DATE: 01/31/24-01/31/24	DATE RECEIVED: 03/15/24	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
102096216 8002	01/31/24 - 01/31/24		97811			2	2	\$500.00	\$300.00	\$150.00	PR	2	\$150.00	29
										\$200.00	PR	45		
CLAIM# EJ99484819 0062246831								SUBTOTAL	\$725.00	\$490.00			\$245.00	

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

SUBSCRIBER ID: A 948561839	SUBSCRIBER NAME: CHRISTOPHER KIRMALES	CLAIM NUMBER: EK12304115 0062264766
CLAIM DATE: 02/20/24-02/20/24	DATE RECEIVED: 03/20/24	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
015-HAN10535895					\$725.00				\$245.00	\$480.00

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
102654662 0001	02/20/24 - 02/20/24		97813			1	1	\$225.00	\$190.00	\$95.00	PR	2	\$95.00	29
										\$35.00	PR	45		
102654662 0002	02/20/24 - 02/20/24		97811			2	2	\$500.00	\$300.00	\$200.00	PR	45	\$150.00	29
										\$150.00	PR	2		
CLAIM# EK12304115 0062264766								SUBTOTAL	\$725.00	\$490.00			\$245.00	HR

We have received additional information for claim number EJ26321063 0062183069 and have processed the services on the above claim.

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: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 710963

GROUP NAME: ORIX CORPORATION USA

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.
- HR WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.
- JP BENEFITS FOR THIS SERVICE HAVE BEEN APPLIED BASED ON THE MEMBER'S PLAN. WE HAVE ASKED THE MEMBER TO PROVIDE INFORMATION ABOUT ANY OTHER COVERAGE THEY OR THEIR COVERED FAMILY MEMBERS MAY HAVE. THIS INFORMATION WILL HELP US PROCESS THEIR CLAIMS QUICKLY AND ACCURATELY.

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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- Go to Claims & Payments > Look up a Claim and enter the claim information, then click Act on a Claim
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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: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43
GROUP NUMBER: 904498
GROUP NAME: INTERCEPT
PHARMACEUTICALS INC.

PATIENT: STEPHEN COHEN (SP)

SUBSCRIBER ID: A 957359891 **SUBSCRIBER NAME:** BARBARA HSWE **CLAIM NUMBER:** EH87833748 0212152983
CLAIM DATE: 02/13/24-02/13/24 **DATE RECEIVED:** 02/13/24 **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
080-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
1023945265001	02/13/24 - 02/13/24		97810	GP		1	1	\$225.00	\$184.00	\$55.20	PR	2	\$128.80	29
										\$41.00	PR	45		
1023945265002	02/13/24 - 02/13/24		97811	GP		2	2	\$400.00	\$300.00	\$100.00	PR	45	\$210.00	29
										\$90.00	PR	2		
CLAIM# EH87833748 0212152983								SUBTOTAL	\$625.00	\$484.00	\$286.20		\$338.80	

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:** EJ99828224 0212058648
CLAIM DATE: 02/06/24-02/06/24 **DATE RECEIVED:** 03/15/24 **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
086-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
1023409943001	02/06/24 - 02/06/24		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$133.00	29
										\$57.00	PR	2		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 904498
 GROUP NAME: INTERCEPT
 PHARMACEUTICALS INC.

PATIENT: BARBARA HSWE (EE)

SUBSCRIBER ID:	A 957359891	SUBSCRIBER NAME:	BARBARA HSWE	CLAIM NUMBER:	EJ99828224 0212058648
CLAIM DATE:	02/06/24-02/06/24	DATE RECEIVED:	03/15/24	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
102340994 3002	02/06/24 - 02/06/24		97811			2	2	\$500.00	\$300.00	\$90.00	PR	2	\$210.00	29
										\$200.00	PR	45		
CLAIM# EJ99828224 0212058648								SUBTOTAL	\$725.00	\$490.00	\$382.00		\$343.00	HR

We have received additional information for claim number EH81744285 0210891558 and have processed the services on the above claim.

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.

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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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 904498

GROUP NAME: INTERCEPT

PHARMACEUTICALS INC.

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- 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

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
YEBO FU CA
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43
GROUP NUMBER: 702551
GROUP NAME: IPG

PATIENT: NATSUKO BOSAKA (EE)

SUBSCRIBER ID: A 915646922 **SUBSCRIBER NAME:** NATSUKO BOSAKA **CLAIM NUMBER:** EJ77851558 0100763428
CLAIM DATE: 02/01/24-02/01/24 **DATE RECEIVED:** 03/11/24 **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
033-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
103057261 5001	02/01/24 - 02/01/24		97810			1	1	\$225.00	\$159.67	\$63.87	PR	2	\$95.80	IX
										\$65.33	PI	131		
103057261 5002	02/01/24 - 02/01/24		97811			2	2	\$400.00	\$260.33	\$104.13	PR	2	\$156.20	IX
										\$139.67	PI	131		
CLAIM# EJ77851558 0100763428								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.

SUBSCRIBER ID: A 915646922 **SUBSCRIBER NAME:** NATSUKO BOSAKA **CLAIM NUMBER:** EJ77965255 0100763431
CLAIM DATE: 02/03/24-02/03/24 **DATE RECEIVED:** 03/11/24 **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
032-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
103057261 4001	02/03/24 - 02/03/24		97810			1	1	\$225.00	\$159.67	\$63.87	PR	2	\$95.80	IX
										\$65.33	PI	131		
103057261 4002	02/03/24 - 02/03/24		97811			2	2	\$400.00	\$260.33	\$139.67	PI	131	\$156.20	IX
										\$104.13	PR	2		
CLAIM# EJ77965255 0100763431								SUBTOTAL	\$625.00	\$420.00	\$373.00		\$252.00	

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 702551

GROUP NAME: IPG

PATIENT: NATSUKO BOSAKA (EE)

CONTINUED

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

PATIENT: NATSUKO BOSAKA (EE)

SUBSCRIBER ID: A 915646922

SUBSCRIBER NAME: NATSUKO BOSAKA

CLAIM NUMBER: EJ76350960 0100763422

CLAIM DATE: 02/08/24-02/08/24

DATE RECEIVED: 03/11/24

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
034-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
103057261 6001	02/08/24 - 02/08/24		97810			1	1	\$225.00	\$159.67	\$65.33	PI	131	\$95.80	IX
										\$63.87	PR	2		
103057261 6002	02/08/24 - 02/08/24		97811			2	2	\$400.00	\$260.33	\$139.67	PI	131	\$156.20	IX
										\$104.13	PR	2		
CLAIM# EJ76350960 0100763422								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.

SUBSCRIBER ID: A 915646922

SUBSCRIBER NAME: NATSUKO BOSAKA

CLAIM NUMBER: EJ77851573 0100763429

CLAIM DATE: 02/10/24-02/10/24

DATE RECEIVED: 03/11/24

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
035-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
103057261 7001	02/10/24 - 02/10/24		97810			1	1	\$225.00	\$159.67	\$65.33	PI	131	\$95.80	IX
										\$63.87	PR	2		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 702551

GROUP NAME: IPG

PATIENT: NATSUKO BOSAKA (EE)

SUBSCRIBER ID: A 915646922

SUBSCRIBER NAME: NATSUKO BOSAKA

CLAIM NUMBER: EJ77851573 0100763429

CLAIM DATE: 02/10/24-02/10/24

DATE RECEIVED: 03/11/24

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
103057261 7002	02/10/24 - 02/10/24		97811			2	2	\$400.00	\$260.33	\$104.13	PR	2	\$156.20	IX
										\$139.67	PI	131		
CLAIM# EJ77851573 0100763429								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.

SUBSCRIBER ID: A 915646922

SUBSCRIBER NAME: NATSUKO BOSAKA

CLAIM NUMBER: EJ77851578 0100763430

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

DATE RECEIVED: 03/11/24

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
036-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
103057261 8001	02/15/24 - 02/15/24		97810			1	1	\$225.00	\$159.67	\$63.87	PR	2	\$95.80	IX
										\$65.33	PI	131		
103057261 8002	02/15/24 - 02/15/24		97811			2	2	\$400.00	\$260.33	\$139.67	PI	131	\$156.20	IX
										\$104.13	PR	2		
CLAIM# EJ77851578 0100763430								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.

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: NATSUKO BOSAKA (EE)

SUBSCRIBER ID: A 915646922 **SUBSCRIBER NAME:** NATSUKO BOSAKA **CLAIM NUMBER:** EJ77851554 0100763426
CLAIM DATE: 02/17/24-02/17/24 **DATE RECEIVED:** 03/11/24 **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
037-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
103057261 9001	02/17/24 - 02/17/24		97810			1	1	\$225.00	\$159.67	\$63.87	PR	2	\$95.80	IX
										\$65.33	PI	131		
103057261 9002	02/17/24 - 02/17/24		97811			2	2	\$400.00	\$260.33	\$139.67	PI	131	\$156.20	IX
										\$104.13	PR	2		
CLAIM# EJ77851554 0100763426 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.

SUBSCRIBER ID: A 915646922 **SUBSCRIBER NAME:** NATSUKO BOSAKA **CLAIM NUMBER:** EJ77851376 0100763424
CLAIM DATE: 02/24/24-02/24/24 **DATE RECEIVED:** 03/11/24 **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
038-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
103057262 0001	02/24/24 - 02/24/24		97810			1	1	\$225.00	\$159.67	\$65.33	PI	131	\$95.80	IX
										\$63.87	PR	2		
103057262 0002	02/24/24 - 02/24/24		97811			2	2	\$400.00	\$260.33	\$104.13	PR	2	\$156.20	IX
										\$139.67	PI	131		
CLAIM# EJ77851376 0100763424 SUBTOTAL								\$625.00	\$420.00	\$373.00			\$252.00	



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: NATSUKO BOSAKA (EE)

CONTINUED

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

PATIENT: NATSUKO BOSAKA (EE)

SUBSCRIBER ID: A 915646922 **SUBSCRIBER NAME:** NATSUKO BOSAKA **CLAIM NUMBER:** EJ77851380 0100763425
CLAIM DATE: 02/29/24-02/29/24 **DATE RECEIVED:** 03/11/24 **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
039-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
103057262 1001	02/29/24 - 02/29/24		97810			1	1	\$225.00	\$159.67	\$65.33	PI	131	\$95.80	IX
										\$63.87	PR	2		
103057262 1002	02/29/24 - 02/29/24		97811			2	2	\$400.00	\$260.33	\$104.13	PR	2	\$156.20	IX
										\$139.67	PI	131		
CLAIM# EJ77851380 0100763425 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.

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.

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 702551

GROUP NAME: IPG

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- 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

United HealthCare Services, Inc.
 RICHARDSON/SPRGFLD SRVC CNTR
 PO BOX 30555
 SALT LAKE CITY UT 84130-0555
 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: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 202970
 GROUP NAME: YMCA EMPLOYEE BENEFITS

PATIENT: LORNA B BLANCAFLOR (EE)

SUBSCRIBER ID: A 920213501 **SUBSCRIBER NAME:** LORNA B BLANCAFLOR **CLAIM NUMBER:** EJ94547152 0029594273
CLAIM DATE: 02/05/24-02/05/24 **DATE RECEIVED:** 03/14/24 **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
094-BLA10174708					\$625.00				\$99.43	\$525.57

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
103213376 2001	02/05/24 - 02/05/24		97813			1	1	\$225.00	\$55.46	\$169.54	PR	242	\$44.37	V6
										\$11.09	PR	2		
103213376 2002	02/05/24 - 02/05/24		97811			2	2	\$400.00	\$68.82	\$331.18	PR	242	\$55.06	V6
										\$13.76	PR	2		
CLAIM# EJ94547152 0029594273								SUBTOTAL	\$625.00	\$124.28			\$99.43	V6

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

SUBSCRIBER ID: A 920213501 **SUBSCRIBER NAME:** LORNA B BLANCAFLOR **CLAIM NUMBER:** EJ94547154 0029594260
CLAIM DATE: 02/08/24-02/08/24 **DATE RECEIVED:** 03/14/24 **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
095-BLA10174708					\$625.00				\$99.43	\$525.57

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
103213376 3001	02/08/24 - 02/08/24		97813			1	1	\$225.00	\$55.46	\$169.54	PR	242	\$44.37	V6
										\$11.09	PR	2		
103213376 3002	02/08/24 - 02/08/24		97811			2	2	\$400.00	\$68.82	\$13.76	PR	2	\$55.06	V6
										\$331.18	PR	242		
CLAIM# EJ94547154 0029594260								SUBTOTAL	\$625.00	\$124.28			\$99.43	V6

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 202970
 GROUP NAME: YMCA EMPLOYEE BENEFITS

PATIENT: LORNA B BLANCAFLOR (EE)

CONTINUED

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

PATIENT: LORNA B BLANCAFLOR (EE)

SUBSCRIBER ID: A 920213501 **SUBSCRIBER NAME:** LORNA B BLANCAFLOR **CLAIM NUMBER:** EJ94547156 0029594262
CLAIM DATE: 02/12/24-02/12/24 **DATE RECEIVED:** 03/14/24 **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
096-BLA10174708					\$625.00				\$99.43	\$525.57

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
103213376 4001	02/12/24 - 02/12/24		97813			1	1	\$225.00	\$55.46	\$169.54	PR	242	\$44.37	V6
										\$11.09	PR	2		
103213376 4002	02/12/24 - 02/12/24		97811			2	2	\$400.00	\$68.82	\$13.76	PR	2	\$55.06	V6
										\$331.18	PR	242		
CLAIM# EJ94547156 0029594262 SUBTOTAL								\$625.00	\$124.28	\$525.57			\$99.43	V6

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

SUBSCRIBER ID: A 920213501 **SUBSCRIBER NAME:** LORNA B BLANCAFLOR **CLAIM NUMBER:** EJ94547568 0029594275
CLAIM DATE: 02/15/24-02/15/24 **DATE RECEIVED:** 03/14/24 **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
097-BLA10174708					\$625.00				\$99.43	\$525.57

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
103213376 5001	02/15/24 - 02/15/24		97813			1	1	\$225.00	\$55.46	\$169.54	PR	242	\$44.37	V6
										\$11.09	PR	2		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 202970
 GROUP NAME: YMCA EMPLOYEE BENEFITS

PATIENT: LORNA B BLANCAFLOR (EE)

SUBSCRIBER ID:	A 920213501	SUBSCRIBER NAME:	LORNA B BLANCAFLOR	CLAIM NUMBER:	EJ94547568 0029594275
CLAIM DATE:	02/15/24-02/15/24	DATE RECEIVED:	03/14/24	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
103213376 5002	02/15/24 - 02/15/24		97811			2	2	\$400.00	\$68.82	\$331.18	PR	242	\$55.06	V6
										\$13.76	PR	2		
CLAIM# EJ94547568 0029594275								SUBTOTAL	\$625.00	\$124.28	\$525.57		\$99.43	V6

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

SUBSCRIBER ID:	A 920213501	SUBSCRIBER NAME:	LORNA B BLANCAFLOR	CLAIM NUMBER:	EJ94547571 0029594261
CLAIM DATE:	02/19/24-02/19/24	DATE RECEIVED:	03/14/24	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
098-BLA10174708					\$625.00				\$99.43	\$525.57

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
103213376 6001	02/19/24 - 02/19/24		97813			1	1	\$225.00	\$55.46	\$11.09	PR	2	\$44.37	V6
										\$169.54	PR	242		
103213376 6002	02/19/24 - 02/19/24		97811			2	2	\$400.00	\$68.82	\$331.18	PR	242	\$55.06	V6
										\$13.76	PR	2		
CLAIM# EJ94547571 0029594261								SUBTOTAL	\$625.00	\$124.28	\$525.57		\$99.43	V6

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

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 202970
 GROUP NAME: YMCA EMPLOYEE BENEFITS

PATIENT: LORNA B BLANCAFLOR (EE)

SUBSCRIBER ID:	A 920213501	SUBSCRIBER NAME:	LORNA B BLANCAFLOR	CLAIM NUMBER:	EJ94547574 0029598097
CLAIM DATE:	02/22/24-02/22/24	DATE RECEIVED:	03/14/24	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
099-BLA10174708					\$625.00				\$99.43	\$525.57

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
103213376 7001	02/22/24 - 02/22/24		97813			1	1	\$225.00	\$55.46	\$169.54	PR	242	\$44.37	V6
										\$11.09	PR	2		
103213376 7002	02/22/24 - 02/22/24		97811			2	2	\$400.00	\$68.82	\$13.76	PR	2	\$55.06	V6
										\$331.18	PR	242		
CLAIM# EJ94547574 0029598097 SUBTOTAL								\$625.00	\$124.28	\$525.57			\$99.43	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

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.

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



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 202970

GROUP NAME: YMCA EMPLOYEE BENEFITS

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.

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

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
YINPING HUANG CA
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43
GROUP NUMBER: 702551
GROUP NAME: IPG

PATIENT: YOUNG CHO BATTISTA (SP)

SUBSCRIBER ID: A 836201522 **SUBSCRIBER NAME:** CARMINE C BATTISTA **CLAIM NUMBER:** EK19373457 0100820886
CLAIM DATE: 10/02/23-10/02/23 **DATE RECEIVED:** 03/21/24 **PRODUCT:** CHOYC+
REND PROV ID: 1881370880 **REND PROV:** Y. HUANG 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
009-CHO10540427					\$725.00				\$369.75	\$320.75

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
1022187457001	10/02/23 - 10/02/23		97813			1	1	\$225.00	\$191.25	\$76.50	PR	2	\$114.75	IX
										\$33.75	PI	131		
1022187457002	10/02/23 - 10/02/23		97811			2	2	\$500.00	\$425.00	\$74.25	PR	119	\$255.00	IX
										\$0.75	PI	131		
										\$170.00	PR	2		
CLAIM# EK19373457 0100820886 SUBTOTAL								\$725.00	\$616.25	\$355.25			\$369.75	HR

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

SUBSCRIBER ID: A 836201522 **SUBSCRIBER NAME:** CARMINE C BATTISTA **CLAIM NUMBER:** EK19374010 0100820911
CLAIM DATE: 10/06/23-10/06/23 **DATE RECEIVED:** 03/21/24 **PRODUCT:** CHOYC+
REND PROV ID: 1881370880 **REND PROV:** Y. HUANG 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
002-CHO10540427					\$725.00				\$369.75	\$246.50

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
1022187450001	10/06/23 - 10/06/23		97813			1	1	\$225.00	\$191.25	\$76.50	PR	2	\$114.75	IX
										\$33.75	PI	131		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: YOUNG CHO BATTISTA (SP)

SUBSCRIBER ID: A 836201522 **SUBSCRIBER NAME:** CARMINE C BATTISTA **CLAIM NUMBER:** EK19374010 0100820911
CLAIM DATE: 10/06/23-10/06/23 **DATE RECEIVED:** 03/21/24 **PRODUCT:** CHOYC+
REND PROV ID: 1881370880 **REND PROV:** Y. HUANG 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
102218745 0002	10/06/23 - 10/06/23		97811			2	2	\$500.00	\$425.00	\$75.00	PI	131	\$255.00	IX
										\$170.00	PR	2		
CLAIM# EK19374010 0100820911								SUBTOTAL	\$725.00	\$616.25	\$355.25		\$369.75	HR

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

SUBSCRIBER ID: A 836201522 **SUBSCRIBER NAME:** CARMINE C BATTISTA **CLAIM NUMBER:** EK19373486 0100820879
CLAIM DATE: 10/13/23-10/13/23 **DATE RECEIVED:** 03/21/24 **PRODUCT:** CHOYC+
REND PROV ID: 1881370880 **REND PROV:** Y. HUANG 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
004-CHO10540427					\$725.00				\$369.75	\$246.50

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
102218745 2001	10/13/23 - 10/13/23		97813			1	1	\$225.00	\$191.25	\$33.75	PI	131	\$114.75	IX
										\$76.50	PR	2		
102218745 2002	10/13/23 - 10/13/23		97811			2	2	\$500.00	\$425.00	\$75.00	PI	131	\$255.00	IX
										\$170.00	PR	2		
CLAIM# EK19373486 0100820879								SUBTOTAL	\$725.00	\$616.25	\$355.25		\$369.75	HR

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



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 702551
 GROUP NAME: IPG

PATIENT: YOUNG CHO BATTISTA (SP)

SUBSCRIBER ID:	A 836201522	SUBSCRIBER NAME:	CARMINE C BATTISTA	CLAIM NUMBER:	EK00484710 0100711401
CLAIM DATE:	10/18/23-10/18/23	DATE RECEIVED:	03/16/24	PRODUCT:	CHOYC+
REND PROV ID:	1881370880	REND PROV:	Y. HUANG 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
006-CHO1054042 7					\$725.00				\$294.00	\$431.00

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
102218745 4001	10/18/23 - 10/18/23		97813			1	1	\$225.00	\$190.00	\$35.00	PR	45	\$114.00	29
										\$76.00	PR	2		
102218745 4002	10/18/23 - 10/18/23		97811			2	2	\$500.00	\$300.00	\$200.00	PR	45	\$180.00	29
										\$120.00	PR	2		
CLAIM# EK00484710 0100711401								SUBTOTAL	\$725.00	\$490.00			\$294.00	

We have received additional information for claim number EH64484837 0100256069 and have processed the services on the above claim.

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.
- PR119 PATIENT RESPONSIBILITY - BENEFIT MAXIMUM FOR THIS TIME PERIOD OR OCCURRENCE HAS BEEN REACHED.
- 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.
- HR WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.
- 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.



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 702551

GROUP NAME: IPG

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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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

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
YINPING HUANG CA
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43
GROUP NUMBER: 701444
GROUP NAME: ERNST & YOUNG LLP

PATIENT: XUEHAN ZHOU (EE)

SUBSCRIBER ID: A 988952929 **SUBSCRIBER NAME:** XUEHAN ZHOU **CLAIM NUMBER:** EK07184510 0105582871
CLAIM DATE: 11/04/23-11/04/23 **DATE RECEIVED:** 03/19/24 **PRODUCT:** CHOYC+
REND PROV ID: 1881370880 **REND PROV:** Y. HUANG 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
001-ZHO10537913					\$725.00				\$200.01	\$524.99

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
102158250 5001	11/04/23 - 11/04/23		97813			1	1	\$225.00	\$176.01	\$88.00	PR	2	\$88.01	IX
										\$48.99	PR	242		
102158250 5002	11/04/23 - 11/04/23		97811			2	2	\$500.00	\$223.99	\$111.99	PR	2	\$112.00	IX
										\$276.01	PR	242		
CLAIM# EK07184510 0105582871								SUBTOTAL	\$725.00	\$400.00			\$200.01	HR

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

SUBSCRIBER ID: A 988952929 **SUBSCRIBER NAME:** XUEHAN ZHOU **CLAIM NUMBER:** EJ53740129 0105579859
CLAIM DATE: 11/06/23-11/06/23 **DATE RECEIVED:** 03/02/24 **PRODUCT:** CHOYC+
REND PROV ID: 1881370880 **REND PROV:** Y. HUANG 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
003-ZHO10537913					\$725.00				\$192.51	\$192.49

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
102158250 7001	11/06/23 - 11/06/23		97813			1	1	\$225.00	\$169.41	\$55.59	PI	131	\$84.71	IX
										\$84.70	PR	2		
102158250 7002	11/06/23 - 11/06/23		97811			2	2	\$500.00	\$215.59	\$284.41	PI	131	\$107.80	IX
										\$107.79	PR	2		
CLAIM# EJ53740129 0105579859								SUBTOTAL	\$725.00	\$385.00			\$192.51	

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 701444

GROUP NAME: ERNST & YOUNG LLP

PATIENT: XUEHAN ZHOU (EE)

CONTINUED

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

PATIENT: XUEHAN ZHOU (EE)

SUBSCRIBER ID: A 988952929

SUBSCRIBER NAME: XUEHAN ZHOU

CLAIM NUMBER: EJ48463994 0105552234

CLAIM DATE: 11/08/23-11/08/23

DATE RECEIVED: 03/01/24

PRODUCT: CHOYC+

REND PROV ID: 1881370880

REND PROV: Y. HUANG 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
004-ZHO10537913					\$725.00				\$187.38	\$537.62

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
102158250 8001	11/08/23 - 11/08/23		97813			1	1	\$225.00	\$164.90	\$82.45	PR	2	\$82.45	ND
										\$60.10	PR	242		
102158250 8002	11/08/23 - 11/08/23		97811			2	2	\$500.00	\$209.85	\$290.15	PR	242	\$104.93	ND
										\$104.92	PR	2		
CLAIM# EJ48463994 0105552234 SUBTOTAL								\$725.00	\$374.75	\$537.62			\$187.38	HR

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

SUBSCRIBER ID: A 988952929

SUBSCRIBER NAME: XUEHAN ZHOU

CLAIM NUMBER: EK06556471 0105579528

CLAIM DATE: 11/10/23-11/10/23

DATE RECEIVED: 03/18/24

PRODUCT: CHOYC+

REND PROV ID: 1881370880

REND PROV: Y. HUANG 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
005-ZHO10537913					\$725.00				\$187.38	\$537.62

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
102158250 9001	11/10/23 - 11/10/23		97813			1	1	\$225.00	\$164.90	\$60.10	PR	242	\$82.45	ND
										\$82.45	PR	2		

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 701444
 GROUP NAME: ERNST & YOUNG LLP

PATIENT: XUEHAN ZHOU (EE)

SUBSCRIBER ID:	A 988952929	SUBSCRIBER NAME:	XUEHAN ZHOU	CLAIM NUMBER:	EK06556471 0105579528
CLAIM DATE:	11/10/23-11/10/23	DATE RECEIVED:	03/18/24	PRODUCT:	CHOYC+
REND PROV ID:	1881370880	REND PROV:	Y. HUANG 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
102158250 9002	11/10/23 - 11/10/23		97811			2	2	\$500.00	\$209.85	\$104.92	PR	2	\$104.93	ND
										\$290.15	PR	242		
CLAIM# EK06556471 0105579528								SUBTOTAL	\$725.00	\$374.75			\$187.38	HR

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

SUBSCRIBER ID:	A 988952929	SUBSCRIBER NAME:	XUEHAN ZHOU	CLAIM NUMBER:	EJ49161289 0105579517
CLAIM DATE:	11/13/23-11/13/23	DATE RECEIVED:	03/01/24	PRODUCT:	CHOYC+
REND PROV ID:	1881370880	REND PROV:	Y. HUANG 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
006-ZHO10537913					\$725.00				\$187.38	\$537.62

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
102158251 0001	11/13/23 - 11/13/23		97813			1	1	\$225.00	\$164.90	\$82.45	PR	2	\$82.45	ND
										\$60.10	PR	242		
102158251 0002	11/13/23 - 11/13/23		97811			2	2	\$500.00	\$209.85	\$104.92	PR	2	\$104.93	ND
										\$290.15	PR	242		
CLAIM# EJ49161289 0105579517								SUBTOTAL	\$725.00	\$374.75			\$187.38	ND

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

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24
 TIN: 825489897
 NPI: 1003306036
 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 PAYMENT NUMBER: TZ 75645438
 PAYMENT AMOUNT: \$8,565.43
 GROUP NUMBER: 701444
 GROUP NAME: ERNST & YOUNG LLP

PATIENT: XUEHAN ZHOU (EE)

SUBSCRIBER ID:	A 988952929	SUBSCRIBER NAME:	XUEHAN ZHOU	CLAIM NUMBER:	EK02070366 0105563404
CLAIM DATE:	11/15/23-11/15/23	DATE RECEIVED:	03/17/24	PRODUCT:	CHOYC+
REND PROV ID:	1881370880	REND PROV:	Y. HUANG 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
007-ZHO10537913					\$725.00				\$187.38	\$537.62

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
102158251 1001	11/15/23 - 11/15/23		97813			1	1	\$225.00	\$164.90	\$60.10	PR	242	\$82.45	ND
										\$82.45	PR	2		
102158251 1002	11/15/23 - 11/15/23		97811			2	2	\$500.00	\$209.85	\$104.92	PR	2	\$104.93	ND
										\$290.15	PR	242		
CLAIM# EK02070366 0105563404								SUBTOTAL	\$725.00	\$374.75			\$537.62	HR

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

SUBSCRIBER ID:	A 988952929	SUBSCRIBER NAME:	XUEHAN ZHOU	CLAIM NUMBER:	EK06555756 0105579465
CLAIM DATE:	11/17/23-11/17/23	DATE RECEIVED:	03/18/24	PRODUCT:	CHOYC+
REND PROV ID:	1881370880	REND PROV:	Y. HUANG 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
008-ZHO10537913					\$725.00				\$187.38	\$537.62

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
102158251 2001	11/17/23 - 11/17/23		97813			1	1	\$225.00	\$164.90	\$60.10	PR	242	\$82.45	ND
										\$82.45	PR	2		
102158251 2002	11/17/23 - 11/17/23		97811			2	2	\$500.00	\$209.85	\$104.92	PR	2	\$104.93	ND
										\$290.15	PR	242		
CLAIM# EK06555756 0105579465								SUBTOTAL	\$725.00	\$374.75			\$537.62	HR



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 03/22/24 TIN: 825489897 NPI: 1003306036 PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO PAYMENT NUMBER: TZ 75645438 PAYMENT AMOUNT: \$8,565.43 GROUP NUMBER: 701444 GROUP NAME: ERNST & YOUNG LLP
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PATIENT: XUEHAN ZHOU (EE)

CONTINUED

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
PR242	PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .
HR	WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.
IX	AS AN OUT-OF-NETWORK HEALTH CARE PROFESSIONAL YOU HAVE ACCEPTED A DISCOUNT BASED ON A FEE NEGOTIATED WITH MULTIPLAN/VIA. 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.
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.

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.

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.

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

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
MITRA BOURBOURI LAC
353 LEXINGTON AVE RM 1004
NEW YORK NY 10016

PAYMENT DATE: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
PAYMENT NUMBER: TZ 75645438
PAYMENT AMOUNT: \$8,565.43
GROUP NUMBER: 904498
GROUP NAME: INTERCEPT
PHARMACEUTICALS INC.

PATIENT: BARBARA HSWE (EE)

SUBSCRIBER ID: A 957359891 **SUBSCRIBER NAME:** BARBARA HSWE **CLAIM NUMBER:** EK11296841 0212193016
CLAIM DATE: 02/19/24-02/19/24 **DATE RECEIVED:** 03/19/24 **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
092-HSW9812960					\$725.00				\$431.38	\$184.87

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
102497396 6001	02/19/24 - 02/19/24		97813			1	1	\$225.00	\$191.25	\$57.37	PR	2	\$133.88	IX
										\$33.75	PI	131		
102497396 6002	02/19/24 - 02/19/24		97811			2	2	\$500.00	\$425.00	\$127.50	PR	2	\$297.50	IX
										\$75.00	PI	131		
CLAIM# EK11296841 0212193016 SUBTOTAL								\$725.00	\$616.25	\$293.62			\$431.38	HR

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

TOTAL PAYABLE TO PROVIDER												\$8,565.43
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NOTES

- PI131 PAYER INITIATED REDUCTIONS - CLAIM SPECIFIC NEGOTIATED DISCOUNT.
- PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT
- HR WE HAVE RECEIVED ADDITIONAL INFORMATION AND HAVE REPROCESSED THIS CLAIM.
- 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: 03/22/24

TIN: 825489897

NPI: 1003306036

PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO

PAYMENT NUMBER: TZ 75645438

PAYMENT AMOUNT: \$8,565.43

GROUP NUMBER: 904498

GROUP NAME: INTERCEPT

PHARMACEUTICALS INC.

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- 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