

United HealthCare Services, Inc.
RICHARDSON/SPRGFLD SRVC CNTR
PO BOX 30555
SALT LAKE CITY UT 84130-0555
PHONE: 1-877-842-3210



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



DATE: 03/22/24
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
TRACE NUMBER: TZ 75521417
PAYMENT: \$0.00
GROUP NUMBER: 710963
GROUP NAME: ORIX CORPORATION USA

PROVIDER REMITTANCE ADVICE

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STD - PRA



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PATIENT: JONATHAN HAN (SP)

SUBSCRIBER ID: A 948561839 **SUBSCRIBER NAME:** CHRISTOPHER KIRMALES **CLAIM NUMBER:** EJ99818705 0062247129
CLAIM DATE: 02/16/24-02/16/24 **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
014-HAN10535895					\$725.00				\$0.00	

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
102654661 9001	02/16/24 - 02/16/24		97813			1	1	\$225.00		\$225.00	OA	18	\$0.00	R5, N702
102654661 9002	02/16/24 - 02/16/24		97811			2	2	\$500.00		\$500.00	OA	18	\$0.00	R5, N702
CLAIM# EJ99818705 0062247129 SUBTOTAL								\$725.00		\$725.00			\$0.00	

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

TOTAL PAYABLE TO PROVIDER												\$0.00	
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NOTES

OA18 OTHER ADJUSTMENTS - EXACT DUPLICATE CLAIM/SERVICE.

R5 DUPLICATE OR REPLACEMENT CLAIM ALREADY IN PROCESS.

N702 DECISION BASED ON REVIEW OF PREVIOUSLY ADJUDICATED CLAIMS OR FOR CLAIMS IN PROCESS FOR THE SAME/SIMILAR TYPE OF SERVICES.

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.



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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

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