

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  
353 LEXINGTON AVE RM 1004  
NEW YORK NY 10016

DATE: 08/25/23  
TIN: 825489897  
NPI: 1003306036  
PAYEE NAME: WELLNESS ACUPUNCTURE  
AND CHIRO  
TRACE NUMBER: TZ 57959836  
PAYMENT: \$0.00



PROVIDER REMITTANCE ADVICE

PROVIDER REMITTANCE AT A GLANCE

AMOUNT OF TOTAL BENEFITS AVAILABLE	\$0.00
LESS AMOUNT PREVIOUSLY OWED	
TOTAL PAID	\$0.00

UnitedHealthcare Service LLC  
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STD - PRA



The Empire  
Plan

## PROVIDER REMITTANCE ADVICE

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

DATE: 08/25/23  
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PAYEE NAME: WELLNESS ACUPUNCTURE  
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## PROVIDER REMITTANCE ADVICE

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

DATE: 08/25/23  
TIN: 825489897  
NPI: 1003306036  
PAYEE NAME: WELLNESS ACUPUNCTURE  
AND CHIRO  
TRACE NUMBER: TZ 57959836  
PAYMENT: \$0.00  
GROUP NUMBER: 030500  
GROUP NAME: STATE OF NEW YORK

### PATIENT: EDWARD MARTINEZ (EE)

**SUBSCRIBER ID:** A 890358634 **SUBSCRIBER NAME:** EDWARD MARTINEZ **CLAIM NUMBER:** EA02975592 0539594530  
**CLAIM DATE:** 07/28/23-07/28/23 **DATE RECEIVED:** 07/31/23 **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
082-MAR10146766					\$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
982020032 001	07/28/23 - 07/28/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
982020032 002	07/28/23 - 07/28/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
982020032 003	07/28/23 - 07/28/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA02975592 0539594530								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

#### NOTES

PR100 PATIENT RESPONSIBILITY - PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY.

PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .

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.

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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PAYMENT: \$0.00
GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

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.

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PAYEE NAME: WELLNESS ACUPUNCTURE  
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TRACE NUMBER: TZ 57959836  
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:** EA25182581 0539272785  
**CLAIM DATE:** 07/28/23-07/28/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
006-BAU10363028					\$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
983582741 001	07/28/23 - 07/28/23		97813			1	1	\$225.00	\$143.96	\$115.17	PR	100	\$0.00	ND
										\$81.04	PR	242		
										\$28.79	PR	2		
983582741 002	07/28/23 - 07/28/23		97814			2	2	\$400.00	\$235.07	\$47.01	PR	2	\$0.00	ND
										\$188.06	PR	100		
										\$164.93	PR	242		
983582741 003	07/28/23 - 07/28/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$68.05	PR	100		
										\$17.01	PR	2		
CLAIM# EA25182581 0539272785 SUBTOTAL								\$875.00	\$464.09	\$875.00			\$0.00	ND

**SUBSCRIBER ID:** A 890897468 **SUBSCRIBER NAME:** JAMES PHILLI V BAUTISTA **CLAIM NUMBER:** EA25182576 0539272786  
**CLAIM DATE:** 08/04/23-08/04/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
004-BAU10363028					\$875.00				\$0.00	\$875.00



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 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 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:** EA25182576 0539272786  
**CLAIM DATE:** 08/04/23-08/04/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
983582738 001	08/04/23 - 08/04/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$28.79	PR	2		
										\$115.17	PR	100		
983582738 002	08/04/23 - 08/04/23		97814			2	2	\$400.00	\$235.07	\$47.01	PR	2	\$0.00	ND
										\$188.06	PR	100		
										\$164.93	PR	242		
983582738 003	08/04/23 - 08/04/23		97140	GP		1	1	\$250.00	\$85.06	\$17.01	PR	2	\$0.00	ND
										\$164.94	PR	242		
										\$68.05	PR	100		
CLAIM# EA25182576 0539272786								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

**SUBSCRIBER ID:** A 890897468 **SUBSCRIBER NAME:** JAMES PHILLI V BAUTISTA **CLAIM NUMBER:** EA25182578 0539273583  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
005-BAU10363028					\$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
983582739 001	08/07/23 - 08/07/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$28.79	PR	2		
										\$115.17	PR	100		
983582739 002	08/07/23 - 08/07/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$188.06	PR	100		
										\$47.01	PR	2		



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 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 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:** EA25182578 0539273583  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
983582739 003	08/07/23 - 08/07/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$17.01	PR	2		
										\$68.05	PR	100		
CLAIM# EA25182578 0539273583								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

## PATIENT: LYDIA C BUTLER (RR)

**SUBSCRIBER ID:** A 890402144 **SUBSCRIBER NAME:** LYDIA C BUTLER **CLAIM NUMBER:** EA25182551 0539273558  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
011-BUT10346923					\$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
983564482 001	08/07/23 - 08/07/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
983564482 002	08/07/23 - 08/07/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
983564482 003	08/07/23 - 08/07/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA25182551 0539273558								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND



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 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: CHARLES A GIORDANO (RR)

**SUBSCRIBER ID:** A 890848798 **SUBSCRIBER NAME:** CHARLES A GIORDANO **CLAIM NUMBER:** EA11892405 0539124349  
**CLAIM DATE:** 07/26/23-07/26/23 **DATE RECEIVED:** 08/02/23 **PRODUCT:** OPT/PPO  
**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
057-GIO10146766					\$625.00				\$0.00	\$625.00

### 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
982672507 001	07/26/23 - 07/26/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
982672507 002	07/26/23 - 07/26/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
CLAIM# EA11892405 0539124349								SUBTOTAL	\$625.00	\$379.03			\$0.00	MA15

## PATIENT: JOSHUA MCINTOSH (EE)

**SUBSCRIBER ID:** A 890819849 **SUBSCRIBER NAME:** JOSHUA MCINTOSH **CLAIM NUMBER:** EA20056788 0539283790  
**CLAIM DATE:** 08/04/23-08/04/23 **DATE RECEIVED:** 08/05/23 **PRODUCT:** OPT/PPO  
**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-MCI10153735					\$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
983243761 001	08/04/23 - 08/04/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
983243761 002	08/04/23 - 08/04/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		





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 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: JOSHUA MCINTOSH (EE)

**SUBSCRIBER ID:** A 890819849 **SUBSCRIBER NAME:** JOSHUA MCINTOSH **CLAIM NUMBER:** EA20056788 0539283790  
**CLAIM DATE:** 08/04/23-08/04/23 **DATE RECEIVED:** 08/05/23 **PRODUCT:** OPT/PPO  
**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
983243761003	08/04/23 - 08/04/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA20056788 0539283790								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

**SUBSCRIBER ID:** A 890819849 **SUBSCRIBER NAME:** JOSHUA MCINTOSH **CLAIM NUMBER:** EA25182542 0539272767  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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-MCI10153735					\$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
983561124001	08/07/23 - 08/07/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
983561124002	08/07/23 - 08/07/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		
983561124003	08/07/23 - 08/07/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA25182542 0539272767								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND



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 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: ALISON PACTONG (EE)

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA14794639 0539109443  
**CLAIM DATE:** 07/13/23-07/13/23 **DATE RECEIVED:** 08/03/23 **PRODUCT:** OPT/PPO  
**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
051-PAC10254476					\$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
982929514 001	07/13/23 - 07/13/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
982929514 002	07/13/23 - 07/13/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		
982929514 003	07/13/23 - 07/13/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA14794639 0539109443								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA14794644 0539109462  
**CLAIM DATE:** 07/26/23-07/26/23 **DATE RECEIVED:** 08/03/23 **PRODUCT:** OPT/PPO  
**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
053-PAC10254476					\$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
982929516 001	07/26/23 - 07/26/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
982929516 002	07/26/23 - 07/26/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		



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DATE: 08/25/23  
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 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: ALISON PACTONG (EE)

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA14794644 0539109462  
**CLAIM DATE:** 07/26/23-07/26/23 **DATE RECEIVED:** 08/03/23 **PRODUCT:** OPT/PPO  
**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
982929516 003	07/26/23 - 07/26/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA14794644 0539109462								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA25182545 0539272776  
**CLAIM DATE:** 07/31/23-07/31/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
055-PAC10254476					\$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
983563790 001	07/31/23 - 07/31/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
983563790 002	07/31/23 - 07/31/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
983563790 003	07/31/23 - 07/31/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA25182545 0539272776								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND



# PROVIDER REMITTANCE ADVICE

DATE: 08/25/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: ALISON PACTONG (EE)

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA25182547 0539272775  
**CLAIM DATE:** 08/04/23-08/04/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
056-PAC10254476					\$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
983563791 001	08/04/23 - 08/04/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
983563791 002	08/04/23 - 08/04/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
983563791 003	08/04/23 - 08/04/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA25182547 0539272775								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA25182549 0539272774  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
057-PAC10254476					\$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
983563792 001	08/07/23 - 08/07/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
983563792 002	08/07/23 - 08/07/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		



# PROVIDER REMITTANCE ADVICE

DATE: 08/25/23  
 TIN: 825489897  
 NPI: 1003306036  
 PAYEE NAME: WELLNESS ACUPUNCTURE  
 AND CHIRO  
 TRACE NUMBER: TZ 57959836  
 PAYMENT: \$0.00  
 GROUP NUMBER: 030500  
 GROUP NAME: STATE OF NEW YORK

## PATIENT: ALISON PACTONG (EE)

**SUBSCRIBER ID:** A 890851964 **SUBSCRIBER NAME:** ALISON PACTONG **CLAIM NUMBER:** EA25182549 0539272774  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
983563792 003	08/07/23 - 08/07/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA25182549 0539272774								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND

## PATIENT: MICHELLE K TORRES DAVILA (EE)

**SUBSCRIBER ID:** A 890979403 **SUBSCRIBER NAME:** MICHELLE K TORRES DAVILA **CLAIM NUMBER:** EA25182540 0539273615  
**CLAIM DATE:** 08/07/23-08/07/23 **DATE RECEIVED:** 08/07/23 **PRODUCT:** OPT/PPO  
**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
016-TOR9765549					\$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
983561123 001	08/07/23 - 08/07/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
983561123 002	08/07/23 - 08/07/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
983561123 003	08/07/23 - 08/07/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA25182540 0539273615								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	ND
TOTAL PAYABLE TO PROVIDER													\$0.00	

## NOTES

PR100 PATIENT RESPONSIBILITY - PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY.



## PROVIDER REMITTANCE ADVICE

DATE: 08/25/23 TIN: 825489897 NPI: 1003306036 PAYEE NAME: WELLNESS ACUPUNCTURE AND CHIRO TRACE NUMBER: TZ 57959836 PAYMENT: \$0.00 GROUP NUMBER: 030500 GROUP NAME: STATE OF NEW YORK
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### NOTES

PR2 PATIENT RESPONSIBILITY - COINSURANCE AMOUNT

PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .

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.

MA15 YOUR CLAIM HAS BEEN SEPARATED TO EXPEDITE HANDLING. YOU WILL RECEIVE A SEPARATE NOTICE FOR THE OTHER SERVICES REPORTED.

### **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.

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](http://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.