

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



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



DATE: 09/20/23
TIN: 825489897
NPI: 1003306036
PAYEE NAME: WELLNESS ACUPUNCTURE
AND CHIRO
TRACE NUMBER: TZ 59747405
PAYMENT: \$0.00
GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

PROVIDER REMITTANCE ADVICE

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STD - PRA



The Empire
Plan

PROVIDER REMITTANCE ADVICE

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GROUP NUMBER: 030500
GROUP NAME: STATE OF NEW YORK

PATIENT: KEVIN C BARRETT (EE)

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA74865385 0541587548
CLAIM DATE: 06/22/23-06/22/23 **DATE RECEIVED:** 08/23/23 **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
012-BA10371522					\$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
986997832 001	06/22/23 - 06/22/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$200.00	PR	100		
986997832 002	06/22/23 - 06/22/23		97814			2	2	\$400.00	\$348.00	\$52.00	PR	45	\$0.00	29
										\$348.00	PR	100		
986997832 003	06/22/23 - 06/22/23		97140	GP		1	1	\$250.00	\$160.00	\$90.00	PR	45	\$0.00	29
										\$160.00	PR	100		
CLAIM# EA74865385 0541587548								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007083 0541575648
CLAIM DATE: 06/30/23-06/30/23 **DATE RECEIVED:** 08/23/23 **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
015-BA10371522					\$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
987001551 001	06/30/23 - 06/30/23		97813			1	1	\$225.00	\$200.00	\$25.00	PR	45	\$0.00	29
										\$200.00	PR	100		
987001551 002	06/30/23 - 06/30/23		97814			2	2	\$400.00	\$348.00	\$348.00	PR	100	\$0.00	29
										\$52.00	PR	45		



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 AND CHIRO
 TRACE NUMBER: TZ 59747405
 PAYMENT: \$0.00
 GROUP NUMBER: 030500
 GROUP NAME: STATE OF NEW YORK

PATIENT: KEVIN C BARRETT (EE)

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007083 0541575648
CLAIM DATE: 06/30/23-06/30/23 **DATE RECEIVED:** 08/23/23 **PRODUCT:** OPT/PPO
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

CONTINUED

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
987001551003	06/30/23 - 06/30/23		97140	GP		1	1	\$250.00	\$160.00	\$160.00	PR	100	\$0.00	29
										\$90.00	PR	45		
CLAIM# EA75007083 0541575648								SUBTOTAL	\$875.00	\$708.00	\$875.00		\$0.00	

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007084 0541587523
CLAIM DATE: 07/05/23-07/05/23 **DATE RECEIVED:** 08/23/23 **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
016-BA10371522					\$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
987001748001	07/05/23 - 07/05/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
987001748002	07/05/23 - 07/05/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
987001748003	07/05/23 - 07/05/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA75007084 0541587523								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	



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 AND CHIRO
 TRACE NUMBER: TZ 59747405
 PAYMENT: \$0.00
 GROUP NUMBER: 030500
 GROUP NAME: STATE OF NEW YORK

PATIENT: KEVIN C BARRETT (EE)

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007086 0541590178
CLAIM DATE: 07/11/23-07/11/23 **DATE RECEIVED:** 08/23/23 **PRODUCT:** OPT/PPO
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

PATIENT CONTROL NUMBER	PATIENT ID	AUTH/REF NUMBER	DRG	DRG WEIGHT	CLAIM CHARGE AMOUNT	CLM ADJ AMT	GRP CD	CLM ADJ RSN CD	CLAIM PAYMENT AMOUNT	PATIENT RESPONSIBILITY
018-BA10371522					\$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
987001750 001	07/11/23 - 07/11/23		97813			1	1	\$225.00	\$143.96	\$81.04	PR	242	\$0.00	ND
										\$143.96	PR	100		
987001750 002	07/11/23 - 07/11/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
987001750 003	07/11/23 - 07/11/23		97140	GP		1	1	\$250.00	\$85.06	\$85.06	PR	100	\$0.00	ND
										\$164.94	PR	242		
CLAIM# EA75007086 0541590178								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007090 0541590190
CLAIM DATE: 08/04/23-08/04/23 **DATE RECEIVED:** 08/23/23 **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
022-BA10371522					\$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
987002088 001	08/04/23 - 08/04/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
987002088 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		



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 PAYEE NAME: WELLNESS ACUPUNCTURE
 AND CHIRO
 TRACE NUMBER: TZ 59747405
 PAYMENT: \$0.00
 GROUP NUMBER: 030500
 GROUP NAME: STATE OF NEW YORK

PATIENT: KEVIN C BARRETT (EE)

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007090 0541590190
CLAIM DATE: 08/04/23-08/04/23 **DATE RECEIVED:** 08/23/23 **PRODUCT:** OPT/PPO
REND PROV ID: 1538411616 **REND PROV:** L. CHEN LAC

CONTINUED

SERVICE LINE DETAIL(S)

LINE CTRL#	DATES OF SERVICE	SUB PROD/ SVC/ MOD	ADJ PROD/ SVC	MOD	REV	UNITS	SUB UNITS	CHARGE	AMOUNT ALLOWED	ADJ AMOUNT	GRP CD	CLM ADJ RSN CD	PAYMENT AMOUNT	REMARK/ NOTES
987002088 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# EA75007090 0541590190								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	

SUBSCRIBER ID: A 890894185 **SUBSCRIBER NAME:** KEVIN C BARRETT **CLAIM NUMBER:** EA75007093 0541590164
CLAIM DATE: 08/14/23-08/14/23 **DATE RECEIVED:** 08/23/23 **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
025-BA10371522					\$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
987002091 001	08/14/23 - 08/14/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
987002091 002	08/14/23 - 08/14/23		97814			2	2	\$400.00	\$235.07	\$235.07	PR	100	\$0.00	ND
										\$164.93	PR	242		
987002091 003	08/14/23 - 08/14/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA75007093 0541590164								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	



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 TRACE NUMBER: TZ 59747405
 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:** EA75007229 0541584920
CLAIM DATE: 08/22/23-08/22/23 **DATE RECEIVED:** 08/23/23 **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
088-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
987002262 001	08/22/23 - 08/22/23		97813			1	1	\$225.00	\$143.96	\$143.96	PR	100	\$0.00	ND
										\$81.04	PR	242		
987002262 002	08/22/23 - 08/22/23		97814			2	2	\$400.00	\$235.07	\$164.93	PR	242	\$0.00	ND
										\$235.07	PR	100		
987002262 003	08/22/23 - 08/22/23		97140	GP		1	1	\$250.00	\$85.06	\$164.94	PR	242	\$0.00	ND
										\$85.06	PR	100		
CLAIM# EA75007229 0541584920								SUBTOTAL	\$875.00	\$464.09	\$875.00		\$0.00	
TOTAL PAYABLE TO PROVIDER													\$0.00	

NOTES

- PR100 PATIENT RESPONSIBILITY - PAYMENT MADE TO PATIENT/INSURED/RESPONSIBLE PARTY.
- PR242 PATIENT RESPONSIBILITY - SERVICES NOT PROVIDED BY NETWORK/PRIMARY CARE PROVIDERS .
- 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.
- ND THIS OUT-OF-NETWORK SERVICE WAS PAID BASED ON MEDICARE ALLOWED AMOUNTS OR OTHER SOURCES IF NO MEDICARE AMOUNT IS AVAILABLE. THESE AMOUNTS ARE USED EVEN IF THE PATIENT IS NOT ENROLLED IN MEDICARE.

New York Out of Network (OON) Provider Rights of Review for Emergency Room (ER) Services and Surprise Bills for Services Provided to Fully Insured Commercial Members in New York

What if a provider disagrees with the amount allowed on a claim?



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GROUP NAME: STATE OF NEW YORK

If you are an out-of-network provider and provided emergency services to a covered member, or provided non-emergency services to a covered member at a facility that is in network, then your claim may be subject to the New York Surprise Bill Law. If you disagree with what was paid for that emergency service, you have the right to request negotiation. Please submit your request online at www.uhcprovider.com or by mail at the address on the members ID card.

In any event, please do not bill the member for any amount above their in-network cost share (copay, coinsurance and deductible).

How does the independent dispute resolution process work?

A health care provider or the health plan may dispute a payment or charge for emergency services, including inpatient physician and hospital services after an emergency room visit, or for a surprise bill. Applicants must: (1) visit the Department of Financial Services (DFS) website at dfs.ny.gov to get a file number; (2) complete the application; and (3) send the application and the requested information to the assigned independent dispute resolution entity (IDRE). For help call 800-342-3736 or e-mail IDRquestions@dfs.ny.gov.

The New York Department of Financial Services will select an independent dispute resolution entity (IDRE) to review the disputed claims. The IDRE will request information about the services received and determine the reasonable fee for the services. The IDRE will either request the parties to negotiate or issue a decision accepting either the health plan's payment amount or the provider's billed charge.

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