

**Electronic Payment Clearinghouse**

Health Partners Plans  
901 Market Street, Suite 500  
Philadelphia, PA 19107

PNC Bank, N.A. 001  
Electronic Payment Clearinghouse  
Echo Health, Inc.

60-162  
433

DRAFT NO.  
DRAFT DATE

260266936  
06/17/2022



Health Partners Plans

AMOUNT
*****\$100.00

VOID AFTER 180 DAYS

PAYABLE  
THROUGH  
DRAFT

One Hundred & 00 / 100 DOLLARS

TO THE  
ORDER OF

DELAWARE DIAGNOSTIC LABS  
1 CENTURIAN DR STE 103

NEWARK DE 19713

VOID

**NON-NEGOTIABLE**

⑈ 260 266 936 ⑈

⑆043301627⑆ 1069954659⑈

Your name, DELAWARE DIAGNOSTIC LABS, and Tax ID have been verified by the IRS.

Questions? Please contact Provider Service at  
(215) 991-4350 or Toll free (888)991-9023.

Payor ID:80142

Tax ID: 814634900

EPC Draft #: 260266936

Payment Week: 24

Payment Date: 06/17/2022

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Service Dates From      To		Procedures (Modifier)	No. of Units	Amount Billed	Allowed	Payment	Patient Responsibili	Other Ins.Paid	Not Covered	Sequest -ration	Adjustment Reason
Patient: Tyrone Suber			Insured: 5268692 Tyrone Suber			Payer Claim #			2022060800096		
Pat. Acct #: 2200504570078			Provider: Delaware Diagnostic Labs, Llc			Group/Check Number			50/320010		
DRG Code:			DRG Qty:								
5/16/22	5/16/22	G2023	1	25.00	0.00	0.00	0.00	0.00	25.00	0.00	CO97 CO216 M15
5/16/22	5/16/22	U0004	1	80.00	75.00	75.00	0.00	0.00	5.00	0.00	CO279 CO45
5/16/22	5/16/22	U0005	1	26.00	25.00	25.00	0.00	0.00	1.00	0.00	CO279 CO45
Total for Claim				131.00	100.00	100.00	0.00	0.00	31.00	0.00	

Statement Summary	Amount Billed	Payment	Patient Responsibilit	Other Ins. Paid	Not Covered
	131.00	100.00	0.00	0.00	31.00

**Explanations**

Administered by	Code	Description
HealthPartnersPlans	CO216	Based on the findings of a review organization
	CO279	Services not provided by Preferred network providers. Usage: Use this code when there are member network limitations. For example, using contracted providers not in the member's 'narrow' network.
	CO45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
	CO97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
	M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

**Eliminate paper checks and EOP's while saving time and money. Sign up for our FREE electronic funds transfer and electronic remittance solution at**

**<https://enrollments.echohealthinc.com/efteradirect/HealthPartnersPlans>**

**What If I Don't Agree with This Decision?**

If you do not participate with Health Partners Medicare, you may request reconsideration of our denial determination. Requests for reconsideration must be submitted within 60 days of the date of this remittance advice. A signed waiver of liability (WOL) statement is required, and can be obtained by contacting Health Partners Plans.

**If I Am a Non-Contracted Provider, How Do I File an Appeal?**

Mail or deliver your written appeal to the address below:

Attn: Complaints, Grievances & Appeals Unit  
Health Partners Medicare  
901 Market Street, Suite 500  
Philadelphia, Pa 19107

Once we receive the signed Waiver of Liability, we must give you a decision no later than 60 calendar days after we receive your appeal request

**What Do I Include with My Appeal?**

Your written request should include your name and address, the member's name and ID number, your reasons for appealing and any evidence you wish to attach. You may send supporting medical records or other information that explains why we should pay for the service.

**What Happens Next?**

If you appeal, we will review our decision. After we review our decision, if any of the services you requested are still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of Health Partners Medicare. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

**If I Am a Participating Provider and Disagree with the Decision**

If you are contracted with Health Partners Plans, you must accept the contracted payment from the plan. If you have any questions about the decision, you can call us at 888-991-9023.

**Other Resources to Help You**

Medicare Rights Center:  
1-888-HMO-9050 Toll Free  
1-800-MEDICARE (1-800-633-4227) 24/7 TTY: 1-877-486-2048

The waiver of liability can be obtained by contacting Health Partners Medicare or at the following web address:

<https://www.healthpartnersplans.com/providers/eligibility-and-claims>

