UnitedHealthcare Insurance Co of NY PO BOX 809025 DALLAS, TX 75380

Questions? Please contact Customer Service at (800) 767-0700

CHECK NO.	CHECK DATE	CHECK AMOUNT
2535281	10/30/24	\$70.00

CLAIM #: 24235641-01-03-007

POLICY #: 24-3797-41
APPEALS STATE: NY
ID NUMBER: 9133506
SCHOOL ID: 115695784
INSURED: OMKAR RAJWADE

PATIENT (SELF): OMKAR RAJWADE
PATIENT ACCT. #: 101217-101824B151
PAYEE: ADVANCED SPORTS PT PC

ADDRESS: 100 NORTH BELLE MEAD RD STE A EAST SETAUKET NY 11733-3530

BILLING NPI: 1952513384

PROVIDER: ADVANCED SPORTS PT PC

PROVIDER NPI: 1306827993 - - Preferred Provider Organization

OMKAR RAJWADE 700 HEALTH SCIENCES DR CHAPIN-G-1106D STONY BROOK NY 11790

EXPLANATION OF BENEFITS - This is NOT a Bill Submitted Claim

Re	Service	Dates of Service	Proc	Amount	Ineligible	Discount	Total	Co-Pay	Policy	Total	Patient	Remark
#		From To	Code	Claimed			Covered		Deductible	Benefits	Balance	Code
1	PHYSIOTHRPY	09/25/24-09/25/24	97140	115.00								
2	PHYSIOTHRPY	09/25/24-09/25/24	97110	360.00								891
			Totals:	475.00								

Payment

1 dymont												
Re	f Service	Dates of Service	Proc	Amount	Ineligible	Discount	Total	Co-Pay	Policy	Total	Patient	Remark
#		From To	Code	Claimed			Covered		Deductible	Benefits	Balance	Code
1	PHYSIOTHRPY	09/25/24-09/25/24	97140	115.00	0.00	45.00	70.00	0.00	0.00	70.00	0.00	
2	PHYSIOTHRPY	09/25/24-09/25/24	97110	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	891
2	PHYSIOTHRPY	09/25/24-09/25/24	97110	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	891
2	PHYSIOTHRPY	09/25/24-09/25/24	97110	120.00	0.00	120.00	0.00	0.00	0.00	0.00	0.00	891
			Totals:	475.00	0.00	405.00	70.00	0.00	0.00	70.00	0.00	

Remarks:

891 This service line submitted with multiple units will be recoded to multiple service lines to separate the units.

Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.

Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.

UnitedHealthcare StudentResources is going green. Simply go to uhcsr.com and log into my account or create an account to start receiving important correspondence electronically!

HELP FIGHT FRAUD!! Review Your Health Care Invoice against this EOB. Call the Anti-Fraud Hotline with Any Discrepancies. HOTLI NE # (866) 497-2445.

"This claim and all other claims shall remain subject to all Policy provisions and Exclusions/Limitations. We reserve the right to investigate for Pre-Existing Conditions and applicable Exclusions/Limitations."

Please see attached sheet for additional information/assistance you may request regarding your claim.

EOB-E (9/22)

Explanation of Benefits New York

You or your authorized representative, such as a family member or physician, may request an internal appeal of this determination. Please see your brochure/certificate for complete details. The request for an internal appeal must be made within 180 days from the date you receive this statement. Please call our Customer Service Department at 800-767-0700 if you have any questions regarding this determination or to begin the appeal process. Please send your written request for an internal appeal, along with any written comments, documents, records or other material relevant to the claim, to: UnitedHealthcare/StudentResources, PO Box 809025, Dallas TX 75380-9025.

You may also request copies, free of charge, of information relevant to your claim by contacting us at the address shown above.

If you need diagnosis and/or treatment code information related to this claim, please call the number shown on your ID card or the Customer Service Department at the number shown above.

You may request, free of charge, a copy of the internal rule, guideline or protocol, or an explanation of the scientific basis and/or clinical judgment we relied upon in making this decision regarding your claim.

You may have the right to have this decision reviewed by an external independent third party who has no association with us. This external review right is available after the internal appeal process is completed. In addition, and under limited circumstances, a request for an expedited external review may be requested at the same time you submit an internal appeal request. For details, contact the New York State Department of Financial Services at:

New York External Appeal New York State Department of Financial Services 99 Washington Avenue, Box 177 Albany, New York 12210 Fax: 1-800-332-2729

Email: external appeal questions@dfs.ny.gov

Website: www.dfs.ny.gov

There may be other resources available to help you understand the appeals process. For questions about your appeal rights or an adverse benefit determination, the state Independent Consumer Assistance Program may be able to assist you at:

Community Health Advocates 633 Third Avenue, 10th Floor New York, New York 10017 Or call toll free 1-888- 614-5400, or email cha@cssny.org

Website: www.communityhealthadvocates.org

Please note that failure to comply with the requirements for filing an appeal may lead to forfeiture of your rights to challenge this determination.

SPANISH (Español): Para obtener asistencia en Español, llame al 800-767-0700

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-767-0700.

CHINESE(中文): 如果需要中文的帮助, 请拨打这个号码 800-767-0700.

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne'800-767-0700.

If this service was performed by an out-of-network provider without your knowledge, this could be a surprise bill.

Claims for surprise bills and emergency services from out-of-network providers

You have a right to know and ask a health care provider if they are in your plan's network. When you receive non-emergency services, a participating (network) facility or a doctormust tell you if they involve any out-of-network providers in your care so you can avoid a surprise bill.

What is a surprise bill?

A surprise bill is a bill you receive forcovered services from an out-of-network provider in the following circumstances:

- 1) You receive services at a network hospital or ambulatory surgery center and:
 - A network doctor was not available at the time the service was performed
 - Or, the out-of-network provider performed the service without your knowledge.
- 2) A network provider does any of the following without your written consent:
 - Referyou to an out-of-network provider
 - Bring in an out-of-network provider to treat you during your office visit
 - Send your bloodwork to an out-of-network laboratory.
- 3) After an emergency room visit on or after January 1, 2020, you receive inpatient services at an out-of-network hospital or from an out-of-network doctor at a network hospital.

Before you get services from an out-of-network provider, they will need to get your written permission (consent). The consent form explains that if you choose to use an out-of-network provider, the claim will be treated as out-of-network. If you have out-of-network benefits, they will be used to pay the claim. If you do not have out-of-network benefits, the claim will be denied for no coverage and you will be responsible for the full cost. The form also gives you the choice to select a network provider and use your network benefits. If you signed the form before using the out-of-network provider, this is not a surprise bill. If you were not given the form before you received services or you selected a network provider on the form, this could be a surprise bill.

What will I owe for a surprise bill or emergency services?

You will only need to pay your in-network deductible, copay or coinsulance.

If you get a bill from an out-of-network provider and believe it is a surprise bill or a bill for emergency services, call the number on your health plan ID card. Do not pay the provider. We may negotiate with the provider or pay an additional amount to resolve the claim. We, or your provider, may also submit the claim for review through New York's independent dispute resolution process. If we pay additional amounts through these processes, your cost share may increase.

Formore information about emergency and surprise bills, visit uhcsr.com.

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

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

The provider may submit the dispute for review through New York's independent dispute resolution process. After the dispute is resolved, the member's cost share may increase if the health plan is told they must pay additional amounts. Please do not bill the memberforany amount above their 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 www.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 1-800-342-3736 or e-mail IDRquestions@dfs.ny.gov.

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.