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Fax Services

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PAGES
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STATUS
Received

07-13-2022 2:39 PM

Fax Services

→ ASHLEY

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FAX

Optum

To: ASHLEY F
Company: MORGAN & MORGAN
Fax: 8502012759

From: Team 1
Fax Number: (877) 200-0207
Phone Number: (888) 870-8842
Reference #: 99734572
Email #: team1@optum.com

Notes:

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Number of pages including this cover sheet: 3



PO Box 32100
Louisville, KY 40233
(800) 200-0207

07-13-2022

ASHLEY F
MORGAN & MORGAN
313 NORTH MONROE STREET SUITE 401
Tallahassee FL 32301

Optum Event Number: [REDACTED]
Legacy Case Number:
Patient: [REDACTED]
Health Plan: UnitedHealthCare - AARP Division
Coverage Type: Commercial Insured
Date of Loss: 07-29-2021

Dear ASHLEY F:

Per your request, the current lien amount is \$254.29. We will consider this a final lien amount for the next 30 days. After 30 days from the date of this letter, you must request an updated lien amount.

Upon resolution of this matter, payment should be forwarded to the undersigned's attention, and checks made payable to "Optum," Federal Tax Identification number 27-0083277. Please send checks to the following address:

Optum
PO Box 182643
Columbus, OH 43218

Please send correspondence to the return address provided above.

Please contact me with any questions.

Sincerely,

Team 1

Team 1, Negotiations Analyst
888-870-8842
team1@optum.com

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SP - 99734572/Final 30 Days

MEDICAL PAYMENT SUMMARY FOR AARP**TOTAL: \$254.29****CLAIMANT:****DOA:**

7/29/2021

LAST UPDATE:

07/13/22

OUR FILE NO:

	CLAIM NUMBER	DATE COMPTD	PLAN	TOS	PROV	SERVICE DATES	# OF SERV	COVERED EXPENSE	AARP BENEFIT	DX CODING
1	17852967269-1	101221	F	B3	TALLAHASSEE PRIMARY CARE ASSOC	80921	000	\$129.70	\$25.94	V89.2XXA M54.2
2	18411967650-1	120721	F	B3	TALLAHASSEE PRIMARY CARE ASSOC	91621	000	\$129.70	\$25.94	M25.50 M54.9
3	25851967785-1	32622	F	B3	TALLAHASSEE PRIMARY CARE ASSOC	101921	000	\$110.25	\$22.05	M25.559
4	18431967041-1	120921	F	B3	TALLAHASSEE PRIMARY CARE ASSOC	102721	000	\$45.37	\$9.07	M25.552 V89.2XXA
5	18440967119-1	121021	F	B3	TALLAHASSEE ORTHO CLNC	110821	000	\$231.95	\$46.39	M50.023 M53.3
6	18510967222-1	121821	F	B3	TALLAHASSEE ORTHO CLNC	111221	000	\$176.14	\$35.23	M46.1
7	25050967203-1	10522	F	B3	TALLAHASSEE ORTHO CLNC	112921	000	\$171.09	\$34.22	M46.1
8	25410967402-1	21022	F	B3	TALLAHASSEE ORTHO CLNC	11322	000	\$168.49	\$33.70	M53.3
9	25970967521-1	40722	F	B3	TALLAHASSEE ORTHO CLNC	32122	000	\$108.77	\$21.75	M54.17

TOTAL CLAIMS PAID**\$254.29**