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1506055

Patient First[®] WORKERS' COMPENSATION - CLAIMS OUTSTANDING



This is NOT a bill!
Please do NOT submit this document to your insurance carrier!

HITEC POWER PROTECTIONS INC
ATTN: Workers' Compensation Coordinator
502 SHAW RD
STERLING VA 20166

per conversation with
John Lutterman since the
original claim has already been
settled and the amount is min.
we will go ahead and pay this
bill to Patient First.
K. Lee

07/27/20

Dear Client:

Put to 4198
per John Lutterman

This report lists employees of your company with unpaid balances for visits and services provided by Patient First for work-related injuries. The claim form(s) and Medical Record copy(ies) for the visits and services in question have been sent previously to you as the employer of record, or has filed with your Workers' Compensation Insurance Carrier.

Please use this report to confirm that the claim(s) either have been paid by your company, or have been filed with and processed for payment by your company's Workers' Compensation Insurance Carrier.

If you have questions concerning any balance shown on this report, please call our Occupational Health Department at (804) 968-4257 or (866) 253-9139.

Payment options:

1. By credit card - Please call Patient First's Occupational Health Department at (804) 968-4257 or (866) 253-9139.
2. By check - Mailing address: Patient First, P.O. Box 759041, Baltimore, MD 21275-9041.
To pay for charges for one employee only: Write on check employee's name, date(s) of service for charge(s), and Patient First Account #.
To pay for charges for more than one employee: Send a copy of this report with check noting amount to be applied to each date of service listed, for each employee.

Date of Service	Employee	Soc. Sec. Number	Patient First Reference	Service or Credit Date	Description	Amount
03/30/18	TURNER, CURTIS	XXXXX5135	30*84086*1	03-30-18	Office Visit - N3	213.00
				03-30-18	Urgent Care	99.00
				04-07-18	Claim Sent	0.00
				04-07-18	Medical Record Sent	0.00
				06-07-18	Insurance has not respond	0.00
				09-25-18	Claim Sent	0.00
				09-25-18	Filed charge to ins.	0.00
				09-25-18	Medical Record Sent	0.00
				11-25-18	Claim Sent	0.00
				11-25-18	Medical Record Sent	0.00
				01-25-19	Claim Sent	0.00

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ATTN: Workers' Compensation Coordinator
502 SHAW RD
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07/27/20

Date of Service	Employee	Soc. Sec. Number	Patient First Reference	Service or Credit Date	Description	Amount
				01-25-19	Medical Record Sent	0.00
				03-27-19	Claim Sent	0.00
				03-27-19	Medical Record Sent	0.00
					Balance	312.00



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

HITEC POWER PROTECTIONS INC-WC
ATTN: WORKERS' COMP COORDINATOR
502 SHAW RD
STERLING, VA 20166

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		PICA <input type="checkbox"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) TURNER-WC CURTIS L		3. PATIENT'S BIRTH DATE MM DD YY 05 01 1979 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
5. PATIENT'S ADDRESS (No., Street) 502 RED RASBERRY TER		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY LEESBURG STATE VA		8. RESERVED FOR NUCC USE	
ZIP CODE 20175 TELEPHONE (Include Area Code) (281) 734.0498		CITY SE100 73 STATE SW	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE SIGNED _____ DATE 03.30.2018		11. INSURED'S POLICY GROUP OR FECA NUMBER XXXXXX5135 4. INSURED'S NAME (Last Name, First Name, Middle Initial) HITEC POWER PROTECTIONS I c. INSURANCE PLAN NAME OR PROGRAM NAME HITEC POWER PROTECTIONS I d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 03 27 2018 QUAL 431		15. OTHER DATE QUAL 439 MM DD YY 03 27 2018	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. ZZ 207000000X	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		17b. NPI	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
A. S13.4XXA B. C. D. E. F. G. H. I. J. K. L.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPST Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
1 03 30 18 03 30 18 11 99203 A 213.00 1 NPI 1194137158		22. RESUBMISSION CODE ORIGINAL REF. NO.	
2 Urgent Care 03 30 18 03 30 18 11 99058 A 99.00 1 NPI 1194137158		23. PRIOR AUTHORIZATION NUMBER	
3			
4			
5			
6			
25. FEDERAL TAX I.D. NUMBER SSN EIN 54-1677022 <input checked="" type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. 30*84086*1*1	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Curtis Read, DO SIGNED 03 27 2019		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
32. SERVICE FACILITY LOCATION INFORMATION PATIENT FIRST LEESBURG 601 POTOMAC STATION DRI LEESBURG VA 201761816		28. TOTAL CHARGE \$ 312.00 29. AMOUNT PAID \$ 0.00 30. Rsvd for NUCC Use	
33. BILLING PROVIDER INFO & PH # (800) 447-8588		PATIENT FIRST LEESBURG P.O. Box 758952 Baltimore, MD 21275-8952	
a. 1689603748 b. G2 150026200			

PATIENT FIRST - LEESBURG

601 POTOMAC STATION DRIVE - LEESBURG VA 201761816 - 703/840-1396
Medical Record for CURTIS L TURNER-WC

MEDICAL RECORD

PATIENT NAME	BIRTHDATE	VISIT DATE	AGE	GENDER	COMPLAINT
CURTIS L TURNER-WC	05/01/1979	03/30/18	38	M	MVA
MED. REC. #	FAMILY MD	IN BY	HST BY	PRINTED DATE-TIME	1st CONSULT
84086*1*1	None	Self	Self	03/27/19 - 04:07	

E&M CODE - New

ALLERGIES- Aspirin, g6pd deficiency so can't take, Unknown, year unknown

LAST TETANUS->5

BP-114/74 ReM P-88 R-16 T-98.1 09:10 alb30

HEIGHT-71 WEIGHT-231 BMI-32.2

SPO2-99% P-88 O2-N 09:10 alb

OCCUPATION-Services Tech

REMARKS- Employment Verified by Karl Denkker/Manager/713.775.6216/vs Fax#281-239-6117.

HISTORY

HPI w/CC- Here for evaluation following a MVA. Was in the passenger seat of a work vehicle in Atlanta. Was stopped in traffic on the freeway, when he was rear-ended by a car behind him. His car then struck the car in front of him. Airbags did not deploy. He was restrained at the time. Is unsure how fast the car behind him was going. He did not hit the head on the dashboard or the seat behind him. However, was advised to seek a medical evaluation, given that he was in an MVA while in a work vehicle. Denies neck pain, headache, pain in the upper extremities since the accident, head trauma, loss of consciousness, and paresthesias. Denies nausea, vomiting, and neck stiffness. Overall, feels in the Nml state of health. No other concerns. (-KAH) (ctcr)

PHYSICAL- Vitals noted. No apparent distress. C-spine ROM Nml in flexion, extension, side bending, and rotation. No tenderness over the sternocleidomastoid or trapezius muscles. Has Nml strength in the upper extremities. Has Nml light touch sensation. Has Nml vibratory sensation in the upper extremities bilaterally. (-KAH)

INSTRUCTIONS- Neck Pain BMI-High RS 03.30.18 10:02

PROV COMMENTS- MVA. The patient appears to have sustained no injuries in the accident. I recommended FU only prn. He understands and is agreeable to plan. No other questions at this time. (-KAH)

COMMENTS- 03.30.18 10:05 TC to Karl Denkker/Manager/713.775.6216 re: WC Visit Summary. Pt's ID verified. Summary includes no disability. Full duty release date: 03.31.18. No meds that may affect work. F/u at PF on 04.02.18 for sprain of ligaments of cervical spine. Understanding was voiced. (dl30) 03.30.18 10:17 WC Visit Summary faxed to employer at fax # 713.775.6216 (dl30) 03.31.18 08:50 WC visit summary faxed with attn to Karl Denkker/Manager/281.239.6117, fax confirmation received. (hlk30) 04.03.18 10:17 TC to pt. UTR. Letter sent to pt. Advised pt. to RTC ASAP for Follow up care for cervical sprain due to Motor Vehicle Accident. (arw30) 09.26.18 14:37 ps 09-26-18 TC from Ashley at Via Satellite, they are handling w/c claims. She advised that previous fax didn't come through completely & requested it be sent again. Faxed to her again at 540.636.3817. (arw30)

DIAGNOSIS S13.4XXA Sprain of ligaments of cervical spine, initial encounter
Accident 03.27.18 16:30 Indust

REFERRAL- PF Sprain of ligaments of cervical spine, initial encounter on 04.02.18

TIME IN - 08:42 Signed by- Curtis Read, D.O. NURSE- ndc30 COA- Alert/Amb

PATIENT FIRST - LEESBURG

601 POTOMAC STATION DRIVE - LEESBURG VA 201761816 - 703/840-1396
Medical Record for CURTIS L TURNER-WC

TIME OUT- 10:02

Cosigner-

R&D- ves30-SYS

WC - Dx WC: Y

Disability: N

Date of Injury: 03/27/18

Full Duty Release Date: 03.31.18

Medications affect work: N

Medications affect work: N

W-C

Kathy Lee

From: Karl DenDekker
Sent: Tuesday, September 8, 2020 4:03 PM
To: Kathy Lee
Subject: RE: Patient First Paperwork
Attachments: Ins Claim Paperwork.pdf; Medical Record Pg 1.pdf; Medical Record Pg 2.pdf

Hi Kathy,

This was back in 2018 when there was an accident in Atlanta GA where Curtis and I believe Charles got rear ended in their rental car.

He was asked to seek medical attention when he got back home. This was the result of the exam.

See attached

Very Respectfully,

Karl DenDekker | East Coast Service Manager America's



All our sales and services are performed on the basis of an agreement concluded with Hitec Power Protection B.V. having its registered office in Almelo with chamber of commerce no. 06078910. The Orgalime general and supplementary conditions apply to these agreements, unless otherwise agreed upon. These conditions can be found on our website www.hitec-ups.com/terms-and-conditions and contain a limitation of liability and a choice of dispute resolution. Upon request we will send you a copy free of charge.

From: Kathy Lee <kathy.lee@hitec-ups.com>
Sent: Tuesday, September 8, 2020 4:24 PM
To: Karl DenDekker <Karl.DenDekker@hitec-ups.com>
Subject: RE: Patient First Paperwork

Karl,

I do not have a record in Curtis file that he was hurt on the job. Do you have any incident reports for this? The date on this bill is from 2018? If you do not can you get with Curtis to see what this is for and provide me with paperwork to back it up.

Best Regards,

Kathy Lee | Financial Manager

Hitec Power Protection Inc. | 25707 Southwest Freeway | Rosenberg Texas 77471
Phone. +1 (346) 309-0048 | Mobile. +1 (281) 813-7755
hitec-ups.com



**CONTINUOUS POWER
IN YOUR CONTROL**

From: Karl DenDekker <Karl.DenDekker@hitec-ups.com>
Sent: Tuesday, September 8, 2020 2:45 PM
To: Kathy Lee <kathy.lee@hitec-ups.com>
Cc: Michelle Harr <michelle.harr@hitec-ups.com>
Subject: Patient First Paperwork

Hi Kathy,

I received the attached paperwork in the mail today and didn't know what to do with it.

Is this something you take care of?

Thanks for any and all help you can provide,

Karl

Very Respectfully,

Karl DenDekker | East Coast Service Manager America's

502 Shaw Rd. Suite 106 | Sterling | VA | 20166
Cell: 713-775-6216
Hitec-ups.com



**CONTINUOUS POWER
IN YOUR CONTROL**

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