OMB Control No. 1210-0169

Expiration Date: 11/30/2025

Information on the Parties and Item(s) and/or Service(s)

Spine Medical Services, PLLC/ {{Name of DOCTOR 1}} is initiating an open negotiation period with {{Insurance}} for the out-of-network rate of the following item(s) and/or service(s). To negotiate, please contact me (Kerry Pagnotta) at the e-mail address or telephone number below:

ltem(s) and/or service(s) [insert additional rows as appropriate]

	Description of item(s) and/or service(s)	Claim Number	Name of provider, facility, or provider of air ambulance services, and National Provider Identifier (NPI)	Date provided	Service code	Initial payment (if no initial payment amount, write N/A)	Offer for total out-of- network rate (including any cost sharing)
1.	{{Descripti on 1}}	{{Claim No 1}}	{{Provider Name 1}} {{Name of DOCTOR 1}}	{{All DOS 1}}	{{CPT CODE 1}}	{{1 initial payment}}	{{CPT CODE 1 VALUE}}
2.	{{Descripti on 2}}	{{Claim No 2}}	{{Provider Name 2}} {{Name of DOCTOR 2}}	{{All DOS 2}}	{{CPT CODE 2}}	{{2 initial payment}}	{{CPT CODE 2 VALUE}}
3.	{{Descripti on 3}}	{{Claim No 3}}	{{Provider Name 3}} {{Name of DOCTOR 3}}	{{All DOS 3}}	{{CPT CODE 3}}	{{3 initial payment}}	{{CPT CODE 3 VALUE}}
4.	{{Descripti on 4}}	{{Claim No 4}}	{{Provider Name 4}} {{Name of DOCTOR 4}}	{{All DOS 4}}	{{CPT CODE 4}}	{{4 initial payment}}	{{CPT CODE 4 VALUE}}
5.	{{Descripti on 5}}	{{Claim No 5}}	{{Provider Name 5}} {{Name of DOCTOR 5}}	{{All DOS 5}}	{{CPT CODE 5}}	{{5 initial payment}}	{{CPT CODE 5 VALUE}}
6.	{{Descripti on 6}}	{{Claim No 6}}	{{Provider Name 6}} {{Name of DOCTOR 6}}	{{All DOS 6}}	{{CPT CODE 6}}	{{6 initial payment}}	{{CPT CODE 6 VALUE}}
7.	{{Descripti on 7}}	{{Claim No 7}}	{{Provider Name 7}} {{Name of DOCTOR 7}}	{{All DOS 7}}	{{CPT CODE 7}}	{{7 initial payment}}	{{CPT CODE 7 VALUE}}

Date: {{Date submitted}}

Signature

Kerry Pagnotta

Print Name

Relationship to person(s) or entity listed above

140 ADAMS AVE. SUITE B-13

HAUPPAUGE, NY 11788

Mailing Address

Mailing Address

Date: {{Date submitted}}

Provider/Practice Manager

Relationship to person(s) or entity listed above

QAALERTS@SMSNEURO.COM

Email Address

Please keep a copy of this notice for your records.