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## Fax

То:	ATTORNEY OF RECORD RAMOS LAW	From:	Athena Mortensen HCPF	
Fax:	3038655666	Date:	March 09, 2023	
Phone:	3037336353	Pages:	5	
Re:	ANGEL, THEODORE			

## **COMMENTS:**

THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON OR OFFICE TO WHOM IT IS ADDRESSED, AND CONTAINS PRIVILEGED OR CONFIDENTIAL INFORMATION PROTECTED BY LAW. ALL RECIPIENTS ARE HEREBY NOTIFIED THAT INADVERTENT OR UNAUTHORIZED RECEIPT DOES NOT WAIVE SUCH PRIVILEGE, AND THAT UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY THE ATTACHED DOCUMENT(S) AND NOTIFY THE SENDER OF THE ERROR.

1570 Grant Street Denver, CO 80203

March 09, 2023

ATTORNEY OF RECORD RAMOS LAW 10190 BANNOCK ST STE 200 NORTHGLENN, CO 80260

RE: Theodore Angel

State I.D. No: 1919978

Insurance Claim Number:

Date of Accident: 02/23/2023

## Dear ATTORNEY OF RECORD:

The Colorado Department of Health Care Policy & Financing, through its Medicaid program, has paid medical bills in the amount of \$523.76 as of March 09, 2023. The amount of the claims may increase if additional related claims are paid. Enclosed please find a report of the claims paid by Medicaid.

## Please contact the Department for the final lien amount prior to settling this case and/or entering court proceedings.

When the Department furnishes medical assistance on behalf of a Medicaid recipient, for which a third party is liable for such costs, the Department has an enforceable right against such third party for the amount of such medical assistance. C.R.S. § 25.5-4-301(4)-(6). No judgment, award, or settlement in any action or claim shall be satisfied without first satisfying the Department's lien, and failure to comply shall make each party liable for the full amount of medical assistance provided. C.R.S. § 25.5-4-301(5)(b).

If a lawsuit has been filed as a result of this incident, please provide a copy of the complaint and advise whether any cross or counter-claims have been filed. If you choose to file a lawsuit at some future date, please notify this office immediately so that the Department may choose to exercise its right to intervene. C.R.S. § 25.5-4-301(4).

Please advise this office prior to entering into settlement negotiations. The Department's has a right to actively participate in settlement discussions, including mediations and arbitrations. See Arkansas Dept. of Health and Human Servs. v. Ahlborn, 126 S. Ct. 1752 (2006).



3/006

Please contact me if you have any questions.

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Sincerely,

Athena Mortensen

Tort & Casualty Specialist

Third Party Liability & Recoveries Section

**Enclosures** 



March 09, 2023

Charge Amt Paid Amt	Service / Svc Code(s)	Diagnosis / Diag Code(s)	Date of Service	Related Trans Provider / Provider ID Type	Related Trans Type
				1919978	Member #
				1006896	Case #
				Angel, Theodore	Member

Member	Angel, Theodore			
Case #	1006896			
Member#	1919978			
Related Trans Type	Provider / Provider ID	Date of Service	Diagnosis / Diag Code(s)	Service / Svc Code(s)
			CCDB	
× 0	OAKES, MICHAEL F / 51034743	02/23/2023	INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA	X-RAY EXAM OF SHOULDER /
× 0	WANNAMAKER, ERIC / 9000130677	02/23/2023	INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA	CT NECK SPINE W/O DYE / 72125 \$751.00
			INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA	:
× 0	HCA-HEALTHONE LLC / 9000196170	02/23/2023	Y HEAD INITIAL	X-RAY EXAM OF SHOULDER /
			OTH SPRAIN LT SHLDR JOINT INITIAL S43492A	:
× 0	DILLON COMPANIES INC / 03482601	03/02/2023		CYCLOBENZAPRINE HYDROCHI ORIDE /52817033010

Member Case # Member #

Angel, Theodore 1006896 1919978

Service / Svc Code(s)

Charge Amt Paid Amt

Member#	1919978				
Related Trans Type	Trans Provider / Provider ID Type		Date of Service	Diagnosis / Diag Code(s)	Servic
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	Total for Case# Touboso	# Of Clathis	Charge Amount	Faio Alliquit	
	Related Claims 4 \$36,054.14 \$523.76	4	\$36,054.14	\$523.76	
	Unrelated Claims 0 \$.00 \$.00	0	\$.00	\$.00	
	Total Claims 4 \$36,054.14 \$523.76	4	\$36,054.14	\$523.76	

Total for Case# 1006896 # of Claims Charge Amount Paid Amount	# of Claims	Charge Amount	Paid A
Related Claims	4	\$36,054.14	\$523
Unrelated Claims 0 \$.00 \$.00	0	\$.00	
Total Claims 4 \$36,054.14 \$523.76	4	\$36.054.14	<b>Ф</b> БО2