

# Fax

<b>To:</b>	Adam Detsky RAMOS LAW	<b>From:</b>	Kris Haffar HCPF
<b>Fax:</b>	3038655666	<b>Date:</b>	June 11, 2024
<b>Phone:</b>	7205808334	<b>Pages:</b>	5
<b>Re:</b>	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.



**COLORADO**  
Department of Health Care  
Policy & Financing

303 E. 17th Avenue  
Denver, CO 80203

June 11, 2024

Adam Detsky  
RAMOS LAW  
10190 BANNOCK ST STE 200  
NORTHGLENN, CO 80260

RE: Theodore Angel  
State I.D. No: I919978  
Insurance Claim Number:  
Date of Accident: 02/23/2023

Dear Adam Detsky:

The Colorado Department of Health Care Policy & Financing, through its Medicaid program, has paid medical bills in the amount of \$1,140.16 as of June 11, 2024 related to the incident on behalf of the above-referenced client.

Medicaid will accept the amount of its lien minus 25% for the Medicaid client's attorney fees pursuant to C.R.S. § 25.5-4-301(5)(d). Please forward a check in the amount of \$855.12 payable to the Colorado Department of Health Care Policy & Financing to my attention, at the above address. **If payment is not received within 30 days after the date of this letter, please contact us to receive an updated amount.**

Please be sure to reference our client by name and Medicaid State I.D. number on the face of the check. The Department's **Federal Tax ID number is 81-1725341.**

Sincerely,

A handwritten signature in cursive script that reads "Kris Haffar".

Kris Haffar  
Tort & Casualty Specialist  
Third Party Liability & Recoveries Section



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

CCLM

June 11, 2024

Member	Angel, Theodore						
Case #	1006896						
Member #	1919978						
Related Trans Type	Provider / Provider ID	Date of Service	Diagnosis / Diag Code(s)	Service / Svc Code(s)	Charge Amt	Paid Amt	
CCDB							
x	O	OAKES, MICHAEL F / 51034743	02/23/2023	INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA	X-RAY EXAM OF SHOULDER / 73030	\$51.00 \$6.63	
x	O	WANNAMAKER, ERIC / 9000130677	02/23/2023	INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA INJURY UNSPECIFIED INITIAL ENCOUNTR / T1490XA	CT NECK SPINE W/O DYE / 72125	\$751.00 \$87.53	
x	O	HCA-HEALTHONE LLC / 9000196170	02/23/2023	UNSPECIFIED INJURY HEAD INITIAL ENC / S0990XA OTH SPRAIN LT SHLDR JOINT INITIAL / S43492A	X-RAY EXAM OF SHOULDER / 73030	\$35,182.92 \$417.53	
x	O	SWAN, JESSIE A / 50185080	02/23/2023	UNSPECIFIED INJURY HEAD INITIAL ENC / S0990XA UNS SPRAIN LT SHOULDER JOINT INIT / S43402A	EMERGENCY DEPT VISIT HI MDM / 99285	\$1,091.00 \$147.80	
x	O	PLATTE VALLEY AMBULANCE SERVICE LLC / 9000151920	02/23/2023	UNSPECIFIED INJURY FACE INITIAL ENC / S0993XA ACUTE PAIN DUE TO TRAUMA / G8911	AMB SERVICE BLS EMERGENCY TRANSPORT / A0429	\$2,193.00 \$340.37	
x	O	ELIASSEN, MEGAN / 89382331	03/02/2023	PAIN IN THORACIC SPINE / M546 PAIN IN THORACIC SPINE / M546	OFFICE O/P EST MOD 30 MIN / 99214	\$346.00 \$100.57	
x	O	DILLON COMPANIES INC / 03482601	03/02/2023		CYCLOBENZAPRINE HYDROCHLORIDE / 52817033010	\$69.22 \$12.07	
x	O	DILLON COMPANIES INC / 03482601	03/11/2023		CYCLOBENZAPRINE HYDROCHLORIDE / 52817033200	\$52.75 \$11.97	
x	O	DILLON COMPANIES INC / 03482601	03/13/2023		IBUPROFEN / 67877032005	\$66.38 \$15.69	

June 11, 2024

<b>Member</b>	Angel, Theodore				
<b>Case #</b>	1006896				
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<b>Total for Case# 1006896</b>	<b># of Claims</b>	<b>Charge Amount</b>	<b>Paid Amount</b>
<b>Related Claims</b>	9	\$39,803.27	\$1,140.16
<b>Unrelated Claims</b>	0	\$ .00	\$ .00
<b>Total Claims</b>	9	\$39,803.27	\$1,140.16