

Fax

To:	Adam Detsky RAMOS LAW	From:	Kris Haffar HCPF
Fax:	3038655666	Date:	February 29, 2024
Phone:	7205808334	Pages:	6
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.



COLORADO
Department of Health Care
Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

February 29, 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 February 29, 2024. 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).



Please contact me if you have any questions.

Sincerely,



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

Enclosures



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

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

February 29, 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

Total for Case# 1006896	# of Claims	Charge Amount	Paid Amount
Related Claims	9	\$39,803.27	\$1,140.16
Unrelated Claims	0	\$.00	\$.00
Total Claims	9	\$39,803.27	\$1,140.16

February 29, 2024