



United Automobile Insurance Company  
 PO Box 694120  
 Miami, FL 33269-1120  
 305-940-7299  
 Toll Free: 1-800-344-2150

### RECONSIDERATION (REV 1)

#### Claim Information

*Explanation of Benefits - This is not a Bill*

**Claim Number:** 0100162602-003  
**Claimant Name:** GUTIERREZ, ANA (06/26/1968)  
**Date of Loss:** 12/13/2017  
**Policy Holder / No.:** MIRIAM M. FONSECA / UAD 648955  
**State of Jurisdiction:** FL  
**Coverage Type:** Personal Injury Protection

**Bill Number:** 0030763684  
**Date Received:** 02/01/2018

SEUFERT, WILLIAM M DC  
 C.O.R. INJURY CENTERS OF HIALEAH, INC.  
 4001 NW 97 AVENUE  
 101B  
 MIAMI, FL 33178

(PROVIDER COPY)

#### Provider Information

**Name:** C.O.R. INJURY CENTERS OF HIALEAH, INC. (SEUFERT, WILLIAM M)  
**Address:** 4001 NW 97 AVENUE  
 101B  
 MIAMI, FL 33178  
**Provider Invoice #:** A4803T116776  
**Specialty:** CH  
**TIN:** 814039949  
**NPI:** 1073843611  
**Region:** 4  
**Zip of Service:** 33012

#### ICD Diagnosis

(A) S33.5XXA (B) M54.30 (C) S13.4XXA

#### Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
12/22/2017	1	11	97010			1	\$35.00	\$0.00	X464, X998
	2	11	97140	59		2	\$140.00	\$0.00	X464, X998
	3	11	97012			1	\$50.00	\$0.00	X464, X998
	4	11	G0283			1	\$50.00	\$0.00	X464, X998
	5	11	97035			1	\$50.00	\$0.00	X464, X998
<b>Totals:</b>							<b>\$325.00</b>	<b>\$0.00</b>	

#### Comments

Please allow this letter to serve as a formal response to your demand letter received in our office on 7/22/20; wherein you represent COR INJURY CENTERS a/a/o ANA GUTIERREZ for dates of service 12/21/17 through 12/22/17.

Please note that as part of United Auto's ongoing investigation as to whether there is valid coverage and/or whether the services rendered constitute a covered loss under the subject PIP policy, United Auto has previously requested the claimant to submit to an examination under oath (EUO). The claimant failed to appear for a properly scheduled and noticed EUO appointments on 2/8/18, 2/12/18, 3/20/18 and 3/22/18. The properly scheduled and noticed EUO is required and as such, the claimant must comply with conditions precedent to receiving medical benefits; therefore, the claim is not overdue. As a condition precedent to filing any action for benefits under F.S. § 627.736 (10), written notice of an intent to initiate litigation must be provided to the insurer. Such notice may not be sent until the claim is overdue; consequently, the referenced Demand Letter is premature. A claimant seeking PIP benefits must comply with the terms of the policy, which include, but are not limited to, submitting to an examination under oath. Please be advised that once the Claimant has attended the EUO and has fully complied with the terms of the policy of insurance, United Auto will respond accordingly and review for reconsideration. Please be advised no payments are forthcoming as the claimant's EUO is still outstanding.

**Date:** 08/17/2020; **Adjuster:** Groom, Richard; **Phone:** 3059407299

CPT five digit codes and/or nomenclature are Copyright © 1995-2019 American Medical Association. All rights reserved.



United Automobile Insurance Company  
 PO Box 694120  
 Miami, FL 33269-1120  
 305-940-7299  
 Toll Free: 1-800-344-2150

### RECONSIDERATION (REV 1)

#### Claim Information

#### *Explanation of Benefits - This is not a Bill*

<b>Claim Number:</b>	<b>0100162602-003</b>	<b>Bill Number:</b>	0030763684
<b>Claimant Name:</b>	GUTIERREZ, ANA (06/26/1968)	<b>Date Received:</b>	02/01/2018
<b>Date of Loss:</b>	12/13/2017		
<b>Policy Holder / No.:</b>	MIRIAM M. FONSECA / UAD 648955		
<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

#### Explanation Code Guide

<b>X464</b>	Coverage/PIP eligibility investigation is pending.
<b>X998</b>	See Comments Section

#### Place of Service (POS) Guide

<b>11</b>	Office
-----------	--------

#### Procedure Code (Proc. Code) Guide

<b>97010</b>	Application of a modality to 1 or more areas; hot or cold packs
<b>97012</b>	Application of a modality to 1 or more areas; traction, mechanical
<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
<b>G0283</b>	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

#### ICD Diagnosis Code Guide

<b>S33.5XXA</b>	<b>10</b>	Sprain of ligaments of lumbar spine, initial encounter
<b>M54.30</b>	<b>10</b>	Sciatica, unspecified side
<b>S13.4XXA</b>	<b>10</b>	Sprain of ligaments of cervical spine, initial encounter

#### Modifier (Mod.) Guide

<b>59</b>	Distinct Procedural Service
-----------	-----------------------------

#### Specialty Guide

<b>CH</b>	Chiropractic
-----------	--------------

**Date:** 08/17/2020; **Adjuster:** Groom, Richard; **Phone:** 3059407299

CPT five digit codes and/or nomenclature are Copyright © 1995-2019 American Medical Association. All rights reserved.



United Automobile Insurance Company  
 PO Box 694120  
 Miami, FL 33269-1120  
 305-940-7299  
 Toll Free: 1-800-344-2150

### RECONSIDERATION (REV 1)

#### Claim Information

#### *Explanation of Benefits - This is not a Bill*

<b>Claim Number:</b>	<b>0100162602-003</b>	<b>Bill Number:</b>	0030763684
<b>Claimant Name:</b>	GUTIERREZ, ANA (06/26/1968)	<b>Date Received:</b>	02/01/2018
<b>Date of Loss:</b>	12/13/2017		
<b>Policy Holder / No.:</b>	MIRIAM M. FONSECA / UAD 648955		
<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

#### Extended Comments

In response to your recent Demand Letter, please be advised that as part of United Auto's ongoing investigation as to whether there is valid coverage and/or whether the services rendered constitute a covered loss under the subject PIP policy, United Auto has previously requested the claimant to submit to an examination under oath. On multiple occasions, the Claimant failed to submit to a properly scheduled and noticed examination under oath (EUO) as required and in violation of the terms of the policy of insurance and Florida Statute 627.736 6 (g). As such, the claimant has failed to comply with conditions precedent to receiving medical benefits thus said claim is not overdue. As a condition precedent to filing any action for benefits under F.S. § 627.736 (10), written notice of an intent to initiate litigation must be provided to the insurer. Such notice may not be sent until the claim is overdue, consequently, the referenced Demand Letter is premature. A claimant seeking PIP benefits must comply with the terms of the policy, which include, but are not limited to, submitting to an examination under oath. Please resubmit your "Demand Letter" for reconsideration once the claimant has attended the examination under oath and has fully complied with the terms of the policy of insurance.

ADVISORY NOTICE: You may be entitled to a certain percentage of a reduction in the amount paid by the motor vehicle insurer if you notify that insurer of a billing error.

FRAUD ADVISORY NOTICE: Solicitation of a person injured in a motor vehicle crash for purposes of filing personal injury protection or tort claims could be a violation of Florida law or the rules regulating The Florida Bar and should be immediately reported to the Division of Insurance Fraud on-line at [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com) or by calling 1-800-378-0445 from within Florida or 850-413-3261 from outside of Florida. The Department of Financial Services may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of persons committing crimes investigated by the Division of Insurance Fraud arising from violations of certain Florida Statutes.

**Date:** 08/17/2020; **Adjuster:** Groom, Richard; **Phone:** 3059407299

CPT five digit codes and/or nomenclature are Copyright © 1995-2019 American Medical Association. All rights reserved.



United Automobile Insurance Company  
 PO Box 694120  
 Miami, FL 33269-1120  
 305-940-7299  
 Toll Free: 1-800-344-2150

### RECONSIDERATION (REV 1)

#### Claim Information

*Explanation of Benefits - This is not a Bill*

<b>Claim Number:</b>	<b>0100162602-003</b>	<b>Bill Number:</b>	0030763684
<b>Claimant Name:</b>	GUTIERREZ, ANA (06/26/1968)	<b>Date Received:</b>	02/01/2018
<b>Date of Loss:</b>	12/13/2017		
<b>Policy Holder / No.:</b>	MIRIAM M. FONSECA / UAD 648955		
<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

#### Fee Schedule

POS	Procedure Code / NDC	Modifier/ Pack Type	Fee Effective Dates	Fee Schedule	Description
11	97010			\$10.00 WC	Application of a modality to 1 or more areas; hot or cold packs
11	97012			\$34.56 MC	Application of a modality to 1 or more areas; traction, mechanical
11	97035			\$27.24 MC	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
11	97140	59		\$126.04 MC	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
11	G0283			\$29.54 MC	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

**Date:** 08/17/2020; **Adjuster:** Groom, Richard; **Phone:** 3059407299

CPT five digit codes and/or nomenclature are Copyright © 1995-2019 American Medical Association. All rights reserved.