



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:** 0100163641-001  
**Claimant Name:** RIVERON, ANA M (09/06/1965)  
**Date of Loss:** 01/01/2018  
**Policy Holder / No.:** ANA M. RIVERON / UAP 112947  
**State of Jurisdiction:** FL  
**Coverage Type:** Personal Injury Protection

**Bill Number:** 0030771124  
**Date Received:** 03/09/2018

RIVERO DIAGNOSTIC CENTER INC  
 798 EAST 54TH STREET  
 HIALEAH, FL 33013

(PROVIDER COPY)

#### Provider Information

**Name:** RIVERO DIAGNOSTIC CENTER INC  
**Address:** 798 EAST 54TH STREET  
 HIALEAH, FL 33013  
**Provider Invoice #:** RIVAN008 1332  
**Specialty:** RA  
**TIN:** 651016628  
**NPI:** 1013941400  
**Region:** 4  
**Zip of Service:** 33012-3713

#### ICD Diagnosis

(A) S13.4XXA (B) S23.3XXA (C) S33.5XXA (D) S63.501A

#### Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
01/04/2018	1	11	72050			1	\$425.00	\$122.90	681
	2	11	72070			1	\$375.00	\$85.68	681
	3	11	72100			1	\$425.00	\$90.90	681
	4	11	73110	RT		1	\$375.00	\$75.78	305
	5	11	73600	RT		1	\$375.00	\$64.00	681, 910
	6	11	73000	50		2	\$750.00	\$262.96	260, 681, 910
<b>Sub Totals:</b>							<b>\$2,725.00</b>	<b>\$702.22</b>	
Previous Co-Payment								(\$130.92)	
Previous Amount Allowed								(\$523.68)	
<b>Sub Totals:</b>							<b>\$2,725.00</b>	<b>\$47.62</b>	
Claimant Responsibility									
Co-Payment:								(\$9.52)	
<b>Totals:</b>							<b>\$2,725.00</b>	<b>\$38.10</b>	

#### Explanation Code Guide

<b>260</b>	This charge has been evaluated using the bilateral procedure guidelines from Medicare. (Reference: CMS National Physician Relative Value File)
<b>305</b>	The allowed amount for this procedure is based upon 200% of the Participating Level of Medicare Part B fee schedule for the region in which the services were rendered. (Reference: CMS Physician Fee Schedule File)
<b>681</b>	The allowed amount for this procedure is based upon 200% of the 2007 Limiting Charge of Medicare physician fee schedule for the region in which the services were rendered, which is higher than the current fee established for the date of service, pursuant to Florida Statute 627.736(5).
<b>910</b>	The diagnosis reported by the provider may represent a condition occurring as a result of the motor vehicle accident or an unrelated condition.

**Date:** 06/02/2021; **Adjuster:** Caceres, Lionela; **Phone:** 305-940-7299 x32733

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<b>Claim Number:</b>	<b>0100163641-001</b>	<b>Bill Number:</b>	0030771124
<b>Claimant Name:</b>	RIVERON, ANA M (09/06/1965)	<b>Date Received:</b>	03/09/2018
<b>Date of Loss:</b>	01/01/2018		
<b>Policy Holder / No.:</b>	ANA M. RIVERON / UAP 112947		
<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

### Place of Service (POS) Guide

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

<b>72050</b>	Radiologic examination, spine, cervical; 4 or 5 views
<b>72070</b>	Radiologic examination, spine; thoracic, 2 views
<b>72100</b>	Radiologic examination, spine, lumbosacral; 2 or 3 views
<b>73000</b>	Radiologic examination; clavicle, complete
<b>73110</b>	Radiologic examination, wrist; complete, minimum of 3 views
<b>73600</b>	Radiologic examination, ankle; 2 views

### ICD Diagnosis Code Guide

<b>S13.4XXA</b>	<b>10</b>	Sprain of ligaments of cervical spine, initial encounter
<b>S23.3XXA</b>	<b>10</b>	Sprain of ligaments of thoracic spine, initial encounter
<b>S33.5XXA</b>	<b>10</b>	Sprain of ligaments of lumbar spine, initial encounter
<b>S63.501A</b>	<b>10</b>	Unspecified sprain of right wrist, initial encounter

### Modifier (Mod.) Guide

<b>RT</b>	Right side (used to identify procedures performed on right side of body)
<b>50</b>	Bilateral procedure

### Specialty Guide

<b>RA</b>	Diagnostic Radiology
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### Extended Comments

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.

This document represents United Auto Insurance Company's ("UAIC") detailed explanation of our review of the bill(s) submitted for PIP benefits. Enclosed please find our draft(s) that correspond with the total amount allowed for submitted charges. Additionally, if and as applicable; drafts representing penalty, postage and interest are also enclosed.

Any payment for medical treatment that is excessive, unrelated, unreasonable, unnecessary or unlawful is an unintended overpayment and expressly disputed. Any such disputed overpayment is not intended to be gratuitous in nature and subject to reimbursement.

"UAIC" hereby advises that it does not, either by sending this letter or processing this payment advance at this time, waive any existing rights or defenses, including rights or defenses discovered during future review, investigation or discovery. Any and all such rights and defenses are specifically reserved; including, but not limited to claims for reimbursement and any defenses listed herein, including our enclosures.

Please be advised that insurers are not required to provide a copy of the policy, declarations page, or other claim-related documents in response to a demand. See *Progressive v Rural Metro* (5th DCA 2008,) *GEICO General Insurance v Florida Emergency Physicians* (5th DCA 2007) and *Southern Group Indemnity v Humanitary Health* (3rd DCA 2008.)

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#### Fee Schedule

POS	Procedure Code / NDC	Modifier/ Pack Type	Fee Effective Dates	Fee Schedule	Description
11	72050			\$122.90 MC	Radiologic examination, spine, cervical; 4 or 5 views
11	72070			\$85.68 MC	Radiologic examination, spine; thoracic, 2 views
11	72100			\$90.90 MC	Radiologic examination, spine, lumbosacral; 2 or 3 views
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