



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

RECONSIDERATION (REV 1)

Explanation of Benefits - This is not a Bill

Claim Information

Claim Number: 0100206018-001
Claimant Name: APONTE GONZALEZ, ISLANDEL J
 (08/31/1991)
Date of Loss: 10/12/2019
Policy Holder / No.: ISLANDEL J. APONTE GONZALEZ /
 UAH 209974
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Bill Number: 0030896057
Date Received: 12/02/2019

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 #: A4803T215827
Specialty: CH
TIN: 814039949
NPI: 1073843611
Region: 4
Zip of Service: 33012

ICD Diagnosis

(A) S13.4XXA (B) S16.1XXA (C) S23.3XXA (D) S29.012A (E) S33.9XXA (F) S39.012A

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
11/04/2019	1	11	97110	59		2	\$140.00	\$131.60	179, 305
	2	11	97112	59		1	\$75.00	\$74.60	179, 305
	3	11	97010			1	\$35.00	\$10.00	433
	4	11	97140	59		1	\$70.00	\$58.80	179, 305
	5	11	G0283			1	\$50.00	\$30.40	305
	6	11	97035			1	\$50.00	\$29.60	305
10/31/2019	7	11	97110	59		2	\$140.00	\$131.60	179, 305
	8	11	97112	59		1	\$75.00	\$74.60	179, 305
	9	11	97010			1	\$35.00	\$10.00	433
	10	11	97140	59		1	\$70.00	\$58.80	179, 305
	11	11	G0283			1	\$50.00	\$30.40	305
	12	11	97035			1	\$50.00	\$29.60	305
10/30/2019	13	11	97110	59		2	\$140.00	\$131.60	179, 305
	14	11	97112	59		1	\$75.00	\$74.60	179, 305
	15	11	97010			1	\$35.00	\$10.00	433
	16	11	97140	59		1	\$70.00	\$58.80	179, 305
	17	11	G0283			1	\$50.00	\$30.40	305
	18	11	97035			1	\$50.00	\$29.60	305
10/29/2019	19	11	97110	59		2	\$140.00	\$131.60	179, 305
	20	11	97112	59		1	\$75.00	\$74.60	179, 305

Date: 08/04/2020; **Adjuster:** Caceres, Lionela; **Phone:** 305-940-7299 x32733

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 UAH 209974
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Bill Number: 0030896057
Date Received: 12/02/2019

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
	21	11	97010			1	\$35.00	\$10.00	433
	22	11	97140	59		1	\$70.00	\$58.80	179, 305
	23	11	G0283			1	\$50.00	\$30.40	305
	24	11	97035			1	\$50.00	\$29.60	305
10/28/2019	25	11	98940			1	\$85.00	\$60.58	305
	26	11	97110	59		1	\$70.00	\$65.80	179, 305
	27	11	97112	59		1	\$75.00	\$74.60	179, 305
	28	11	97010			1	\$35.00	\$10.00	433
	29	11	97140	59		1	\$70.00	\$58.80	179, 305
	30	11	97012			1	\$50.00	\$31.74	305
	31	11	G0283			1	\$50.00	\$30.40	305
	32	11	97035			1	\$50.00	\$29.60	305
10/24/2019	33	11	97010			1	\$35.00	\$0.00	X476
	34	11	97140	59		2	\$140.00	\$0.00	X476
	35	11	G0283			1	\$50.00	\$0.00	X476
	36	11	97035			1	\$50.00	\$0.00	X476
10/23/2019	37	11	97010			1	\$35.00	\$0.00	X476
	38	11	97140	59		2	\$140.00	\$0.00	X476
	39	11	G0283			1	\$50.00	\$0.00	X476
	40	11	97035			1	\$50.00	\$0.00	X476
10/22/2019	41	11	97010			1	\$35.00	\$0.00	X476
	42	11	97140	59		2	\$140.00	\$0.00	X476
	43	11	G0283			1	\$50.00	\$0.00	X476
	44	11	97035			1	\$50.00	\$0.00	X476
11/25/2019	45	11	97110	59		2	\$140.00	\$131.60	179, 305
	46	11	97112	59		1	\$75.00	\$74.60	179, 305
	47	11	97010			1	\$35.00	\$10.00	433
	48	11	97140	59		1	\$70.00	\$58.80	179, 305
	49	11	G0283			1	\$50.00	\$30.40	305
	50	11	97035			1	\$50.00	\$29.60	305
Sub Totals:							\$3,410.00	\$2,036.52	
Previous Co-Payment								(\$407.30)	
Previous Amount Allowed								(\$1,629.22)	
Totals:							\$3,410.00	\$0.00	

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Date of Loss:	10/12/2019		
Policy Holder / No.:	ISLANDEL J. APONTE GONZALEZ / UAH 209974		
State of Jurisdiction:	FL		
Coverage Type:	Personal Injury Protection		

Comments

Demand Response

Please be advised the subject charges have already been paid as detailed herein and nothing further is due nor owing.

Explanation Code Guide

179	The provider is using modifier -59 to indicate under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 will identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.
305	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)
433	Pursuant to Florida Statute 627.736(5), The allowable amount has been calculated pursuant to Florida Statute 627.736(5), the maximum reimbursement for this procedure may not exceed the applicable fee schedule or other payment methodology established pursuant to the Workers' Compensation Fee Schedule (s.440.13).
X476	Per FL Statute 627.736, a statement of charges furnished to the insurer by the provider may not include, and the insured/insurer are not required to pay, charges for treatment or services rendered more than 35 days before the postmark date of the statement unless the provider submits a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant.

Place of Service (POS) Guide

11	Office
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Procedure Code (Proc. Code) Guide

97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
G0283	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

S13.4XXA	10	Sprain of ligaments of cervical spine, initial encounter
S16.1XXA	10	Strain of muscle, fascia and tendon at neck level, initial encounter
S23.3XXA	10	Sprain of ligaments of thoracic spine, initial encounter
S29.012A	10	Strain of muscle and tendon of back wall of thorax, initial encounter
S33.9XXA	10	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter

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Coverage Type:	Personal Injury Protection		

ICD Diagnosis Code Guide

S39.012A	10	Strain of muscle, fascia and tendon of lower back, initial encounter
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Modifier (Mod.) Guide

59	Distinct Procedural Service
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Specialty Guide

CH	Chiropractic
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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 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.

We have no documentation on file to establish whether the treatment rendered as a result of this loss was in response to an Emergency Medical Condition in the patient. If the treatment was in fact for an Emergency Medical Condition, please forward documentation to that effect from an applicably-licensed provider so that the claim may be adjusted accordingly.

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Coverage Type: Personal Injury Protection

Bill Number: 0030896057
Date Received: 12/02/2019

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			\$31.74 MC	Application of a modality to 1 or more areas; traction, mechanical
11	97035			\$29.60 MC	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
11	97110	59		\$131.60 MC	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
11	97110	59		\$65.80 MC	
11	97112	59		\$74.60 MC	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
11	97140	59		\$117.60 MC	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
11	97140	59		\$58.80 MC	
11	98940			\$60.58 MC	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
11	G0283			\$30.40 MC	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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