



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:** 0100210055-004  
**Claimant Name:** Ruiz, Ivonne (03/28/1994)  
**Date of Loss:** 12/12/2019  
**Policy Holder / No.:** PEDRO D. DEL VALLE / UAH 210275  
**State of Jurisdiction:** FL  
**Coverage Type:** Personal Injury Protection

**Bill Number:** 0030907705  
**Date Received:** 01/15/2020

Magnifico Medical Center  
 4531 Deleon St.  
 Suite 201  
 Fort Myers, FL 33907

(PROVIDER COPY)

#### Provider Information

**Name:** Magnifico Medical Center  
**Address:** 4531 Deleon St.  
 Suite 201  
 Fort Myers, FL 33907  
**Provider Invoice #:** RUIV000 156  
**Specialty:** PH  
**TIN:** 201900069  
**NPI:** 1619431418  
**Region:** 3  
**Zip of Service:** 33907

#### ICD Diagnosis

(A) M54.2 (B) M54.12 (C) M54.6 (D) M54.14 (E) M54.5 (F) M79.641 (G) M79.642 (H) M79.604

#### Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
12/13/2019	1	11	99203			1	\$300.00	\$229.16	305, 674
	2	11	97010			1	\$15.00	\$10.00	433
	3	11	97035	59		1	\$27.40	\$28.84	179, 305, 1178
	4	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	5	11	97012			1	\$35.60	\$30.98	305
12/16/2019	6	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	7	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	8	11	97112			2	\$151.20	\$145.84	305
	9	11	97012			1	\$35.60	\$30.98	305
	10	11	97110			2	\$140.20	\$128.40	305
12/18/2019	11	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	12	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	13	11	97112			2	\$151.20	\$145.84	305
	14	11	97012			1	\$35.60	\$30.98	305
	15	11	97110			2	\$140.20	\$128.40	305
12/19/2019	16	11	97035	59		1	\$27.40	\$28.84	179, 305, 1178
	17	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	18	11	97112			2	\$151.20	\$145.84	305
	19	11	97012			1	\$35.60	\$30.98	305
	20	11	97110			2	\$140.20	\$128.40	305
12/20/2019	21	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	22	11	G0283			1	\$25.80	\$29.58	305, 1178, C5

**Date:** 05/01/2020

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**State of Jurisdiction:** FL  
**Coverage Type:** Personal Injury Protection

**Bill Number:** 0030907705  
**Date Received:** 01/15/2020

#### Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
12/23/2019	23	11	97112			2	\$151.20	\$145.84	305
	24	11	97012			1	\$35.60	\$30.98	305
	25	11	97110			2	\$140.20	\$128.40	305
	26	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	27	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
12/26/2019	28	11	97112			2	\$151.20	\$145.84	305
	29	11	97012			1	\$35.60	\$30.98	305
	30	11	97110			2	\$140.20	\$128.40	305
	31	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	32	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
12/27/2019	33	11	97112			2	\$151.20	\$145.84	305
	34	11	97012			1	\$35.60	\$30.98	305
	35	11	97110			2	\$140.20	\$128.40	305
	36	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	37	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
12/30/2019	38	11	97112			2	\$151.20	\$145.84	305
	39	11	97012			1	\$35.60	\$30.98	305
	40	11	97110			2	\$140.20	\$128.40	305
	41	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	42	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
01/02/2020	43	11	97112			2	\$151.20	\$145.84	305
	44	11	97012			1	\$35.60	\$30.98	305
	45	11	97110			2	\$140.20	\$128.40	305
	46	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	47	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
01/03/2020	48	11	97112			2	\$151.20	\$145.84	305
	49	11	97012			1	\$35.60	\$30.98	305
	50	11	97110			2	\$140.20	\$128.40	305
	51	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	52	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
01/06/2020	53	11	97112			2	\$151.20	\$145.84	305
	54	11	97012			1	\$35.60	\$30.98	305
	55	11	97110			2	\$140.20	\$128.40	305
	56	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	57	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	58	11	97112			2	\$151.20	\$145.84	305

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*Explanation of Benefits - This is not a Bill*

**Claim Number:** 0100210055-004  
**Claimant Name:** Ruiz, Ivonne (03/28/1994)  
**Date of Loss:** 12/12/2019  
**Policy Holder / No.:** PEDRO D. DEL VALLE / UAH 210275  
**State of Jurisdiction:** FL  
**Coverage Type:** Personal Injury Protection

**Bill Number:** 0030907705  
**Date Received:** 01/15/2020

#### Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
01/07/2020	59	11	97012			1	\$35.60	\$30.98	305
	60	11	97110			2	\$140.20	\$128.40	305
	61	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	62	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	63	11	97112			2	\$151.20	\$145.84	305
01/09/2020	64	11	97012			1	\$35.60	\$30.98	305
	65	11	97110			2	\$140.20	\$128.40	305
	66	11	97140	59		1	\$52.20	\$57.82	179, 305, 1178
	67	11	G0283			1	\$25.80	\$29.58	305, 1178, C5
	68	11	97112			2	\$151.20	\$145.84	305
	69	11	97012			1	\$35.60	\$30.98	305
	70	11	97110			2	\$140.20	\$128.40	305
<b>Sub Totals:</b>							<b>\$5,644.00</b>	<b>\$5,403.64</b>	
Previous Co-Payment								(\$1,080.73)	
Previous Amount Allowed								(\$4,322.91)	
<b>Totals:</b>							<b>\$5,644.00</b>	<b>\$0.00</b>	

#### Comments

DEMAND RESPONSE IN ACCORDANCE TO FLORIDA STATUTE 627.736(10)

DEMAND RECEIVED FROM: OVADIA LAW GROUP PA  
 DEMAND RECEIVED DATE: 04/13/2020  
 PROVIDER: MAGNIFICO MEDICAL CENTER,CORP  
 NAME INSURED: PEDRO DEL VALLE  
 CLAIMANT: IVONNE RUIZ  
 DATE OF LOSS :12/12/2019  
 DATES OF SERVICE: 12/13/2019-02/18/2020  
 BILLED AMOUNT :\$13,127.05  
 DISPUTE AMOUNT: \$ 10,000.00

Dear Sir or Madam:

In response to your Intent to Initiate Litigation with regard to the above mentioned matter please note that date of services 12/13/2019-02/18/2020 were previously paid pursuant 200 % Medicare part b/worker's compensation fee schedule guidelines at 80% and up to policy limits .

Drafts #153824 and 153820 were mailed directly to your client.

Please note that at this time benefits have been exhausted.

Penalty & postage checks will be mailed under separate cover.

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## RECONSIDERATION (REV 1)

### Claim Information

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

<b>Claim Number:</b>	<b>0100210055-004</b>	<b>Bill Number:</b>	0030907705
<b>Claimant Name:</b>	Ruiz, Ivonne (03/28/1994)	<b>Date Received:</b>	01/15/2020
<b>Date of Loss:</b>	12/12/2019		
<b>Policy Holder / No.:</b>	PEDRO D. DEL VALLE / UAH 210275		
<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

### Explanation Code Guide

<b>179</b>	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.
<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>433</b>	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).
<b>674</b>	Initial services and care has been established pursuant to Florida Statute 627.736 (1) (a) 1.
<b>1178</b>	The amount allowed for this service is calculated per the noted Explanation Code(s), regardless of the billed charges.
<b>C5</b>	97014 Change to G0283

### Place of Service (POS) Guide

<b>11</b>	Office
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### 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>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
<b>97112</b>	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
<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
<b>99203</b>	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem (s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
<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>M54.2</b>	<b>10</b>	Cervicalgia
<b>M54.12</b>	<b>10</b>	Radiculopathy, cervical region
<b>M54.6</b>	<b>10</b>	Pain in thoracic spine
<b>M54.14</b>	<b>10</b>	Radiculopathy, thoracic region
<b>M54.5</b>	<b>10</b>	Low back pain
<b>M79.641</b>	<b>10</b>	Pain in right hand
<b>M79.642</b>	<b>10</b>	Pain in left hand

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<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

#### ICD Diagnosis Code Guide

<b>M79.604</b>	<b>10</b>	Pain in right leg
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#### Modifier (Mod.) Guide

<b>59</b>	Distinct Procedural Service
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#### Specialty Guide

<b>PH</b>	Physical Med. and Rehab.
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<b>State of Jurisdiction:</b>	FL		
<b>Coverage Type:</b>	Personal Injury Protection		

### Extended Comments

This document represents United Auto Insurance Company's ("UAIC") detailed explanation of our review of the bill(s) submitted for PIP benefits. Please be advised that our claims investigation, including our review for medical necessity and relatedness of services billed to the referenced loss, is ongoing. As such, we reiterate our request for your cooperation and ask that you forward any and all patient medical records and information relating to your patient that you may possess or can access.

"UAIC" hereby advises that it does not, either by sending this letter or processing this claim 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.)

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.

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.)

Payment is based upon the methodology described in 627.736(5)(a)(1) and cited in the policy of insurance under which this claim is made.

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<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			\$30.98 MC	Application of a modality to 1 or more areas; traction, mechanical
11	97035	59		\$28.84 MC	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
11	97110			\$128.40 MC	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
11	97112			\$145.84 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		\$57.82 MC	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
11	99203			\$229.16 MC	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
11	G0283			\$29.58 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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