



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

Claim Information***Explanation of Benefits - This is not a Bill***

Claim Number: 0100265621-002
Claimant Name: D HAITI, CELIRESTE (03/09/1977)
Date of Loss: 07/13/2021
Policy Holder / No.: CELIRESTE D HAITI / UAN 502273
State of Jurisdiction: FL
Coverage Type: Personal Injury Protection

Bill Number: 0031098921
Date Received: 09/21/2021

DRAPP, JENNIFER S DC
 Gulfstream Health and Wellness Center Inc.
 P.O. Box 542483
 Green Acres, FL 33454

(PROVIDER COPY)

Provider Information

Name: Gulfstream Health and Wellness Center Inc. (DRAPP, JENNIFER S)
Address: P.O. Box 542483
 Green Acres, FL 33454
Provider Invoice #: 499 0007-1 D
Specialty: CH
TIN: 814842515
NPI: 1407391121
Region: 3
Zip of Service: 33417

ICD Diagnosis

(A) S13.100A (B) S23.100A (C) S46.912A (D) M79.1 (E) R07.9

Submitted Charges

Date of Service	Line	POS	Proc. Code	Mod.	Dx Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
09/08/2021	1	11	98943	51		1	\$32.00	\$32.00	
	2	11	98940			1	\$57.16	\$57.16	
	3	11	97010			1	\$10.00	\$10.00	
	4	11	G0283			1	\$27.14	\$27.14	
09/10/2021	5	11	97140	59		1	\$57.06	\$57.06	179
	6	11	97012	59		1	\$30.62	\$30.62	179
	7	11	98943	51		1	\$32.00	\$32.00	
	8	11	98940			1	\$57.16	\$57.16	
09/10/2021	9	11	97010			1	\$10.00	\$10.00	
	10	11	G0283			1	\$27.14	\$27.14	
	11	11	97039	59		1	\$15.00	\$15.00	179
	12	11	97140	59		1	\$57.06	\$57.06	179
09/13/2021	13	11	98943	51		1	\$32.00	\$32.00	
	14	11	98940			1	\$57.16	\$57.16	
	15	11	97010			1	\$10.00	\$10.00	
	16	11	G0283			1	\$27.14	\$27.14	
	17	11	97140	59		1	\$57.06	\$57.06	179
	18	11	97012	59		1	\$30.62	\$30.62	179
Sub Totals:							\$626.32	\$626.32	
Claimant Responsibility									
Co-Payment:								(\$125.26)	
Totals:							\$626.32	\$501.06	

Date: 10/08/2021; **Adjuster:** Barrera, Yulienne; **Phone:** 3059407299

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Coverage Type:	Personal Injury Protection		

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.

Place of Service (POS) Guide

11 Office

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
97039 Unlisted modality (specify type and time if constant attendance)
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
98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more 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

S13.100A	10	Subluxation of unspecified cervical vertebrae, initial encounter
S23.100A	10	Subluxation of unspecified thoracic vertebra, initial encounter
S46.912A	10	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
M79.1	10	Myalgia
R07.9	10	Chest pain, unspecified

Modifier (Mod.) Guide

51	Multiple procedures
59	Distinct Procedural Service

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.

This document represents United Auto Insurance Company's ("UAIC") detailed explanation of our review of the bill(s) submitted for PIP benefits. Any respective draft(s), also enclosed, is/are hereby advanced as **FULL AND FINAL** payment, in Accord and Satisfaction of the amounts charged.

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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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	59		\$30.62 MC	Application of a modality to 1 or more areas; traction, mechanical
11	97039	59		\$15.00 WC	Unlisted modality (specify type and time if constant attendance)
11	97140	59		\$57.06 MC	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
11	98940			\$57.16 MC	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
11	98943	51		\$32.00 WC	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
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