

SAMPLE CASE # 2 – EOBs/SIGNED SETTLEMENTS ATTACHED (11 pages)

FIRST SURGERY 1/25/2012

Patient: "T.S."

Carrier: Oxford

Date(s) of service: 1/25/2012

Dx: Intestinal Obstruction, Colon Cancer

CPT line items (# of procedures): 8

Total Claim(s) Amount : \$ 29,979.52

Initial payment to provider: \$ 12,780.84 paid on 3/1/2012

Case notes: patient admitted emergently

Carrier adjudication method:

- 1) Out of network provider – limited benefits
- 2) Zero paid on 4 of 8 codes, bundled as “inclusive to primary procedure” and/or part of surgical package

Appeal/Re-submission date: 4/5/2012

Signed settlement w/ carrier on 4/13/2012

Settlement Amount: 28,480.54 (95% of billed charges – zero patient responsibility)

SECOND SURGERY (same provider) - 9/26/2012

Second date of service: 9/26/2012

Dx: Colon Cancer, Liver metastasis

CPT line items: 7

Total Claim amount: \$ 47,906.37

Initial payment to provider: \$ 24,781.50 issued on 10/29/2012

Carrier adjudication method:

- 1) Fees reimbursed at “reasonable and customary” rates
- 2) Multiple procedure rules, subsequent line items paid at 50% of “ R & C”
- 3) Code bundling

***Initial carrier decision - Elective** admission for surgery, services rendered by out of network provider, patient responsible for balance of \$23,124.87

Appeal/Re-submission date: 1/15/2013

Appeal basis: Intra-operative consultation resulting in surgery

Claim settlement date: 2/12/2013

Amount Paid : \$ 20,729.55

Total paid to provider : \$ 45,511.05 (95% of billed charges, - zero patient responsibility)

REMITTANCE ADVICE



UnitedHealthcare
Oxford

48 Monroe Turnpike
Trumbull, CT 06611

061HPFTP010598801

Vendor Name:

TIN:

Vendor ID #:

Check Number:

03-01-2012

Member Name:

Provider Name:

Member ID:

Provider ID:

Patient Acct #:

Claim #:

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
01-17-12	99213	OFFICE/OUTPATIENT VISIT, EST	1	140.00	0.00	0.00	0.00	0.00	TQSP	0.00	0.00
TOTAL CLAIM:				140.00	0.00	0.00	0.00	0.00		0.00	0.00

Member Name:

Provider Name:

Member ID:

Provider ID:

Patient Acct #:

Claim #:

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
01-05-12	99213	OFFICE/OUTPATIENT VISIT, EST	1	140.00	0.00	0.00	0.00	0.00	TQSP	0.00	0.00
TOTAL CLAIM:				140.00	0.00	0.00	0.00	0.00		0.00	0.00

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OHPI NY INC

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UnitedHealthcare
Oxford

48 Monroe Turnpike, Trumbull, CT 06611

OHPI NY INC

JPMorgan Chase Bank, N.A.
Syracuse, NY, 13206

50-937
213

2294-09

PAY:

March 1, 2012

Twelve Thousand Seven Hundred Eighty Dollars and 84 Cents*****

\$12,780.84

Authorized Signature
(not valid after 180 days)

061HPFTP010598801 08938581 021309379 60

REMITTANCE ADVICE

Vendor Name: [REDACTED]

TIN: [REDACTED]

Vendor ID #: [REDACTED]

Check Number: [REDACTED]

09-01-2012

Member Name: [REDACTED]

Provider Name: [REDACTED]

Member ID: [REDACTED]

Provider ID: [REDACTED]

Patient Acct #: [REDACTED]

Claim #: [REDACTED]

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
01-10-12	99024	POSTOP FOLLOW-UP VISIT	1	100.00	0.00	0.00			T576		0.00
01-13-12	99024	POSTOP FOLLOW-UP VISIT	1	100.00	0.00	0.00			T576		0.00
TOTAL CLAIM:				200.00	0.00	0.00	0.00	0.00		0.00	0.00

Member Name: [REDACTED]

Provider Name: [REDACTED]

Member ID: [REDACTED]

Provider ID: [REDACTED]

Patient Acct #: [REDACTED]

Claim #: [REDACTED]

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
01-25-12	99255 57	INPATIENT CONSULTATION	1	825.00	675.00	0.00			A79		675.00
01-26-12	99231	SUBSEQUENT HOSPITAL CARE	1	218.40	180.00	0.00			A79		180.00
01-27-12	99231	SUBSEQUENT HOSPITAL CARE	1	218.40	0.00	0.00			TCOD		0.00
01-27-12	99238	HOSPITAL DISCHARGE DAY	1	366.08	0.00	0.00			T512		0.00
01-27-12	44144	PARTIAL REMOVAL OF COLON	1	11045.84	11045.84	0.00			A5K		11045.84
01-27-12	47001	NEEDLE BIOPSY, LIVER ADD-ON	1	8344.80	900.00	0.00			A79		900.00
01-27-12	44602	SUTURE, SMALL INTESTINE	1	7345.00	0.00	0.00			TCOD		0.00
01-27-12	49080	PUNCTURE, PERITONEAL CAVITY	1	1616.00	0.00	0.00			T417		0.00
TOTAL CLAIM:				29979.52	12780.84	0.00	0.00	0.00		0.00	12780.84

Claim Payment Summary	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	COB Amt	Payment Amt
	30459.52	12780.84	0.00	0.00	0.00	0.00	12780.84

Check Summary

Total Paid 12,780.84

Check Date March 01, 2012

Paid To [REDACTED]

Check Number [REDACTED]

X

Endorse Here

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REMITTANCE ADVICE

UnitedHealthcare
Oxford | 48 Monroe Turnpike
Trumbull, CT 06611



Vendor Name:

TIN:

Vendor ID #:

Check Number:

04-23-2012

Member Name:

Provider Name:

Member ID:

Provider ID:

Patient Acct #:

Claim #:

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
01-25-12	99255 57	INPATIENT CONSULTATION	1	825.00	875.00	0.00			A89		875.00
01-26-12	99231	SUBSEQUENT HOSPITAL CARE	1	218.40	200.00	0.00			A89		200.00
01-27-12	99231	SUBSEQUENT HOSPITAL CARE	1	218.40	200.00	0.00			A89		200.00
01-27-12	99238	HOSPITAL DISCHARGE DAY	1	366.08	300.00	0.00			A89		300.00
01-27-12	44144	PARTIAL REMOVAL OF COLON	1	11045.84	11045.84	0.00			A5K		11045.84
01-27-12	47001	NEEDLE BIOPSY, LIVER ADD-ON	1	8344.80	8000.00	0.00			A89		8000.00
01-27-12	44802	SUTURE, SMALL INTESTINE	1	7345.00	7000.00	0.00			A89		7000.00
01-27-12	49080	PUNCTURE, PERITONEAL CAVITY	1	1816.00	1059.70	0.00			A89		1059.70
Less amounts paid on previous claim				-29979.52	-12780.84	0.00		0.00			-12780.84
TOTAL CLAIM:				0.00	15699.70	0.00	0.00	0.00		0.00	15699.70

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Oxford
48 Monroe Turnpike, Trumbull, CT 06611

OHPI NY INC

JPMorgan Chase Bank, N.A.
Syracuse, NY, 13206

50-937
213

2294-09

PAY

April 23, 2012

Fifteen Thousand Six Hundred Ninety Nine Dollars and 70 Cents*****

\$15,699.70

Authorized Signature
(not valid after 180 days)

114HPFTP020002801

09123819 021309379 60

Details on Back
Security Features Included

REMITTANCE ADVICE

	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	COB Amt	Payment Amt
Claim Payment Summary	0.00	15699.70	0.00	0.00	0.00	0.00	15699.70

Check Summary

Total Paid 15,699.70
 Check Date..... April 23, 2012
 Paid To..... [REDACTED]
 Check Number..... [REDACTED]

Adjustment Code Descriptions

- A5K This claim has been adjusted to reimburse submitted charges.
- A89 With the assistance of OmniClaim, the claim has been processed according to a signed fee agreement negotiated with the provider.

Claim Remarks

~~15,699.70~~ paid per omni.

95%

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Tel: 781-932-4600



Fax: 401-633-6329

DATE	04/12/2012	FILE #	[REDACTED]
PROVIDER	[REDACTED]	PAYOR	OXFD BB
CONTACT	Angelo	FTIN	[REDACTED]
PT. NAME	[REDACTED]	CLAIM #	[REDACTED]
DOS	1/25/2012	Patient Ctrl. #	[REDACTED]
LIST PRICE	\$29,979.52	DOB	[REDACTED]
DISCOUNT %	5%	Co-pay	0
ADJUSTED PRICE:	\$28,480.54	Deductible	0

N.B. THIS IS A ONE TIME AGREEMENT AND APPLYS TO NO
Provider agrees to accept the Adjusted Price above, minus any coinsurance and deductible, as payment in ONE
full for the above referenced claim. PATIENTS.

Provider agrees not to balance bill the patient, employee, or payor for the amount of the discount, with the exception of any applicable coinsurance, deductible, or non-covered items. In exchange for the discount, payor agrees to expedite payment to provider.

To confirm this agreement, please sign and date this letter of agreement and fax back to:
OmniClaim at 401-633-6329.

[REDACTED]
Signature

[REDACTED]
Title

[REDACTED]
Print Name

4/13/12
Date

OmniClaim, Inc. is not financially responsible for any payments due to the Provider. Payment of benefits, if any, is subject to all terms and conditions of the policy. Therefore, this letter of agreement does not constitute nor should it be construed as, a guarantee of benefit payment by the Payor, and will be null and void if no benefit payment is determined to be payable by the Payor.

Please fax completed form within 24 hours to: 401-633-6329

Thank you for your time and consideration.

04/13/2012

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REMITTANCE ADVICE



UnitedHealthcare
Oxford

48 Monroe Turnpike
Trumbull, CT 06611

09467301



Vendor Name:

TIN: 10

Vendor ID #:

Check Number:

10-29-2012

Member Name:

Provider Name:

Member ID:

Provider ID:

Patient Acct #:

Claim #:

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
09-26-12	47120	PARTIAL REMOVAL OF LIVER	1	14944.02	12230.00	0.00			A79		12230.00
09-26-12	44625 59	REPAIR BOWEL OPENING	1	0.00	0.00	0.00			T317		0.00
09-26-12	44120 59	REMOVAL OF SMALL INTESTINE	1	0.00	0.00	0.00			T317		0.00
09-26-12	44602 59	SUTURE, SMALL INTESTINE	1	0.00	0.00	0.00			T317		0.00
09-26-12	76998 26	US GUIDE, INTRAOP	1	2502.50	357.00	0.00			A79		357.00
09-26-12	49082 59	ABD PARACENTESIS	1	0.00	0.00	0.00			T317		0.00
09-26-12	99255 57	INPATIENT CONSULTATION	1	825.00	650.00	0.00			A79		650.00
09-26-12	44120 51	REMOVAL OF SMALL INTESTINE	1	9700.60	4554.50	0.00			T317		4554.50
09-26-12	44602 51	SUTURE, SMALL INTESTINE	1	7345.00	2722.00	0.00			T317		2722.00
09-26-12	44625 51	REPAIR BOWEL OPENING	1	10973.25	4000.00	0.00			T317		4000.00
09-26-12	49082 51	ABD PARACENTESIS	1	1616.00	268.00	0.00			T317		268.00

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48 Monroe Turnpike, Trumbull, CT 06611

OHPI NY INC

JPMorgan Chase Bank, N.A.
Syracuse, NY, 13206

50-937
213

2294-09

PAY:

October 29, 2012

Twenty Four Thousand Seven Hundred Eighty One Dollars and 50 Cents*****

\$24,781.50

[Signature]
Authorized Signature
(not valid after 180 days)

09731279 021309379 6018

303HPTP020467301

Security Features Included Details on Back

REMITTANCE ADVICE

Vendor Name: [REDACTED]

TIN: [REDACTED]

Vendor ID #: [REDACTED]

Check Number: [REDACTED]

10-29-2012

Member Name: [REDACTED]

Provider Name: [REDACTED]

Member ID: [REDACTED]

Provider ID: [REDACTED]

Patient Acct #: [REDACTED]

Claim #: [REDACTED]

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
TOTAL CLAIM				47906.37	24781.50	0.00	0.00	0.00		0.00	24781.50

	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	COB Amt	Payment Amt
Claim Payment Summary	47906.37	24781.50	0.00	0.00	0.00	0.00	24781.50

Check Summary

Total Paid 24,781.50

Check Date October 29, 2012

Paid To [REDACTED]

Check Number [REDACTED]

Adjustment Code Descriptions

- A79** This claim has been paid at 100% of the usual, customary and reasonable allowance for the services provided. Please contact Provider Services if you have any questions concerning the processing of this claim.
- T317** This adjustment code has been applied to indicate that multiple surgical procedures were performed during the same operating session. This claim has been reimbursed in accordance with Oxford's Multiple Surgery policy, which is based upon generally accepted insurance industry standards for reimbursement of multiple surgical procedures. Under this policy, the primary procedure is reimbursed at 100% of the fee schedule (minus any applicable member cost-share). All subsequent procedures are reimbursed at 50% of the fee schedule. The primary surgery has been determined using the Medicare methodology of relying on the Relative Value Units (RVU). Participating providers may not balance bill the member for this service.

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X

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REMITTANCE ADVICE



UnitedHealthcare
Oxford

48 Monroe Turnpike
Trumbull, CT 06611

020840201



Vendor Name:

TIN:

Vendor ID #:

Check Number:

02-19-2013

Member Name:

Provider Name:

Member ID:

Provider ID:

Patient Acct #:

Claim #:

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withheld Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
01-15-13	99214	OFFICE/OUTPATIENT VISIT EST	1	200.00	167.17	0.00	167.17		A88N		0.00
TOTAL CLAIM:				200.00	167.17	0.00	167.17	0.00		0.00	0.00

Member Name:

Provider Name:

Member ID:

Provider ID:

Patient Acct #:

Claim #:

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withheld Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
09-26-12	47120	PARTIAL REMOVAL OF LIVER	1	14944.02	14944.02	0.00			A45E		14944.02
09-26-12	44625 59	REPAIR BOWEL OPENING	1	0.00	0.00	0.00			T317		0.00
09-26-12	44120 59	REMOVAL OF SMALL INTESTINE	1	0.00	0.00	0.00			T317		0.00

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Oxford

48 Monroe Turnpike, Trumbull, CT 06611

OHPI NY INC

JPMorgan Chase Bank, N.A.
Syracuse, NY, 13206

50-937
213

PAY

February 19, 2013

Twenty Thousand Seven Hundred Twenty Nine Dollars and 55 Cents*****

\$20,729.55

[Signature]

Authorized Signature
(not valid after 180 days)

100775051 021309379 601872294

050HPTFPO20840201

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REMITTANCE ADVICE

Vendor Name: [REDACTED]

TIN: [REDACTED]

Vendor ID #: [REDACTED]

Check Number: [REDACTED]

02-19-2013

Member Name: [REDACTED]

Provider Name: [REDACTED]

Member ID: [REDACTED]

Provider ID: [REDACTED]

Patient Acct #: [REDACTED]

Claim #: [REDACTED]

Serv Date	CPT Code	Description	QTY	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	Adj Code	COB Amt	Payment Amt
09-26-12	44602 59	SUTURE, SMALL INTESTINE	1	0.00	0.00	0.00			T317		0.00
09-26-12	76998 26	US GUIDE, INTRAP	1	2502.50	2502.50	0.00			A45E		2502.50
09-26-12	49082 59	ABD PARACENTESIS	1	0.00	0.00	0.00			T317		0.00
09-26-12	99255 57	INPATIENT CONSULTATION	1	825.00	825.00	0.00			A45E		825.00
09-26-12	44120 51	REMOVAL OF SMALL INTESTINE	1	9700.60	9700.60	0.00			A45E		9700.60
09-26-12	44602 51	SUTURE, SMALL INTESTINE	1	7345.00	7345.00	0.00			A45E		7345.00
09-26-12	44625 51	REPAIR BOWEL OPENING	1	10973.25	8577.93	0.00			A89		8577.93
09-26-12	49082 51	ABD PARACENTESIS	1	1616.00	1616.00	0.00			A89		1616.00
Less amounts paid on previous claim				-47906.37	-24781.50	0.00		0.00			-24781.50
TOTAL CLAIM:				0.00	20729.55	0.00	0.00	0.00		0.00	20729.55

	Billed Amt	Max Amt	Withhold Amt	Deductible Amt	Copay/Co-ins Amt	COB Amt	Payment Amt
Claim Payment Summary	200.00	20896.72	0.00	167.17	0.00	0.00	20729.55

Check Summary

Total Paid 20,729.55

Check Date. February 19, 2013

Paid To [REDACTED]

Check Number. [REDACTED]

Adjustment Code Descriptions

A45E This claim is considered "paid in full" by Oxford. The Member is not responsible for any additional payment beyond the applicable coinsurance/deductible requirements.

A89 This claim is for services performed by a non-network health care provider. This claim has been paid based on the Out-of-Network Reimbursement Amount established by the member's benefit plan, which uses rates established by the federal government for the Medicare program. If no Medicare rate applies to these services, this claim was paid based on another available rate source developed by us or our affiliate or by an outside entity. The member is responsible for amounts above the Out-of-Network Reimbursement Amount shown in the "Max Amt" column, in addition to any deductible and coinsurance amounts reflected above.



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REMITTANCE ADVICE

Adjustment Code Descriptions

- A89** With the assistance of OmniClaim, the claim has been processed according to a signed fee agreement negotiated with the provider.
- T317** This adjustment code has been applied to indicate that multiple surgical procedures were performed during the same operating session. This claim has been reimbursed in accordance with Oxford's Multiple Surgery policy, which is based upon generally accepted insurance industry standards for reimbursement of multiple surgical procedures. Under this policy, the primary procedure is reimbursed at 100% of the fee schedule (minus any applicable member cost-share). All subsequent procedures are reimbursed at 50% of the fee schedule. The primary surgery has been determined using the Medicare methodology of relying on the Relative Value Units (RVU). Participating providers may not balance bill the member for this service.

Claim Remarks

Isn't it time you sped things up? Sign up for electronic remittance and direct deposit today - get your money into the bank sooner! Learn more. Register for a webcast demonstration. E-mail Remit.Advantage@pnc.com to secure your spot today.

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OXFORD'S MISSION

At Oxford, we recognize the importance of the provider-patient relationship, and know that good care starts with you. We want to complement the care you provide to help asthma patients breathe a little easier help new mothers deliver healthy, full-term babies... help your patients with heart disease and diabetes adopt healthy lifestyles -- to help your patients live longer, healthier and happier lives.

Great News!

Oxford has introduced new auto attendant options on its customer services lines and new dedicated provider support teams to meet your unique needs.

Watch for future service enhancements.

A MESSAGE ABOUT FRAUD

Fraud hurts everyone through increased insurance premiums and healthcare costs. A person who submits an application or files a claim with intent to defraud, or helps commit fraud against an insurer is guilty of a crime. Providers can play an important role in the fraud detection process -- please contact us at 1-866-242-7727 if you suspect or are aware of any fraudulent activities.

Tel: 781-932-4600

OMNICLAIM

Fax: 401-633-6329

DATE	02/12/2013	FILE #	[REDACTED]
PROVIDER	[REDACTED]	PAYOR	OXFD BB
CONTACT	Angelo	PTIN	[REDACTED]
PT. NAME	[REDACTED]	CLAIM #	[REDACTED]
DOS	9/26/2012	Patient Ctrl. #	[REDACTED] 1414
LIST PRICE	\$47,906.37	DOB	[REDACTED]
DISCOUNT %	5%	Co-pay	0
ADJUSTED PRICE:	\$45,511.05	Deductible	0

Provider agrees to accept the Adjusted Price above, minus any coinsurance and deductible, as payment in full for the above referenced claim.

Provider agrees not to balance bill the patient, employee, or payor for the amount of the discount, with the exception of any applicable coinsurance, deductible, or non-covered items.

To confirm this agreement, please sign and date this letter of agreement and fax back to: OmniClaim at 401-633-6329.

Signature

Title

Print Name

Date

OmniClaim, Inc. is not financially responsible for any payments due to the Provider. Payment of benefits, if any, is subject to all terms and conditions of the policy. Therefore, this letter of agreement does not constitute nor should it be construed as, a guarantee of benefit payment by the Payor, and will be null and void if no benefit payment is determined to be payable by the Payor.

Please fax completed form within 24 hours to: 401-633-6329

Thank you for your time and consideration.

02/21/2013

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