

7/22/24

fax to - Ken Kirschenbaum (4 pgs)

from - Dr. Paul Drucker

re: - Fair Lawn ASC

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Please see the attached  
+ advise me.

Thanks

RECEIVED 07/19/2024 07:51AM 5169325268

PLAINVIEW FOOTCARE

07/19/2024 07:51AM 2124867555

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PAGE 01/03

RECEIVED 07/18/2024 09:08AM 2124867555

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FSP45708

7/18/2024 8:08:07 AM CDT PAGE 2/004 Fax Server



07/18/2024

Sent via: <<fax or secure email (UPS only if necessary)>>

UHC SII Case Number: 222287

Fair Lawn ASC LLC  
ATTN: BILLING AND RECORDS  
15-01 Politt Dr Ste 8B  
Fair Lawn, NJ 07410

Re: Request for Records

Dear Fair Lawn ASC LLC:

As part of UnitedHealthcare's role to monitor the appropriateness of paid medical claims and verify adherence to standard billing procedures, we request your assistance with a compliance review for your patients, who are UnitedHealthcare members.

Please assist us in this review by completing the Attestation of Proof of Member Responsibility (Attestation)<sup>1</sup> and submitting proof that our members paid their copays, coinsurance, and/or deductible for each of the claims listed on the attached Attestation. Proof of payment includes, but is not limited to, credit card/ACH receipts, patient ledgers and/or payment contracts. If the member received a hardship waiver, please provide the supporting documentation.

If our members have not yet paid their copays, coinsurance, and/or deductible, please assist us by completing the Attestation and providing documentation of your attempt(s) to collect each member's responsibility or documentation of your waiver of each member's responsibility, including but not limited to hardship waivers.

Please submit the requested information in PDF format via a secured electronic format, along with a copy of this letter and an executed copy of the Attestation within 30 days of the date of this letter to:

Wade Alford  
Fax: 844-550-7806  
wade.alford@uhc.com

Thank you for your cooperation and assistance. Please contact us at 612-474-6021 if you have any questions or require additional information.

Sincerely,

Wade Alford  
Phone: 612-474-6021

<sup>1</sup> As a reminder, when members enroll with UnitedHealthcare, they authorize access to their patient file.

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PAGE 02/03

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7/18/2024 8:08:07 AM CDT PAGE 3/004 Fax Server

UHC SHU Case Number: 222287

07/18/2024

**Attestation of Proof of Member Responsibility**

I, \_\_\_\_\_, attest that the information supplied to UnitedHealthcare pursuant to Wade Alford's letter dated 07/18/2024, are true, accurate and complete. I further acknowledge that the records are an accurate representation of the member responsibility payment amounts collected and reflect the original records maintained in the patient's chart.

The above statement and affirmation concern any and all records produced as part of the review relative to the follow patient(s):

**MEMBER RESPONSIBILITY DOCUMENTATION REQUESTED**

UHC Claim Detail				Responsibility		
Patient Last Name	Patient First Name	Date of Birth	Date of Service	Billed Patient Responsibility	PAID Patient Responsibility	Member's Primary Identifier
<i>Formatting Example</i>						
DOE	JOHN	9/9/1999	9/9/9999	\$ 100.00	\$ 100.00	JOHN DOE ID 1
JANE	JANE	9/9/9999	9/9/9999	\$ 200.00	\$ 200.00	JANE SMITH ID 1
Baker	William	4/11/1986	2/23/2024			
Belton	Michele	4/24/1966	11/10/2023			
Bernadotte	Rosita	2/8/1948	3/17/2023			
Bola	Ruby	11/23/1981	7/14/2023			
Clemmons	Michael	5/26/1960	8/21/2022			
Cole	Brittany	12/17/1991	12/29/2023			
Coyne	Jordan	8/11/1994	2/23/2024			
Dietrick	Christopher	12/9/1975	4/22/2022			
Ellis	Sabrina	2/5/2003	8/11/2023			
Fruchtman	Hannah	1/15/1995	8/19/2022			
Gaiotifiore	Susan	8/19/1952	4/19/2024			
Gosdenovich	America	8/28/1977	9/29/2023			
Greco	Dimitrij	9/29/1972	11/3/2023			
Irons	Sandra	11/26/1962	4/4/2024			
James	Chavon	1/15/1979	3/31/2023			
Jimenez	Erianny	4/29/2007	9/15/2023			
Lia	Lorraine	3/24/1962	7/15/2022			
Lia	Lorraine	3/24/1962	12/1/2023			

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For the purpose of facilitating health plan operations, the Health Insurance Portability and Accountability Act (HIPAA) regulations permit a covered entity to disclose protected health information (PHI) to another covered entity, such as a hospital to a health plan, without obtaining an enrollee's authorization or consent. The American Recovery and Reinvestment Act of 2009 (ARRA) also permits release of records.

**RETURN A COPY OF THIS LETTER WITH YOUR RECORDS**

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PAGE 03/03

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7/18/2024 8:08:07 AM CDT PAGE 4/004 Fax Server

UHC SIU Case Number: 222287

07/18/2024

RL	Lynagh	Connor	6/26/1987	2/3/2023			
MM	Martin	Francis	3/29/1945	10/13/2023			
MM	Martin	Francis	3/29/1945	11/17/2023			
RL	Mena	Erica	11/8/1983	9/15/2023			
RL	Mermolia	Pedro	8/28/1989	4/7/2023			
MM	Murillo	Maria	9/8/1967	3/11/2022			
RL	Priester	Tanya	10/13/1967	12/10/2021			
MM	Rivera	Michele	1/14/1966	11/5/2021			
MM	Sireny	Dekarie	3/8/1971	5/28/2023			
MM	Stevenson	Catherine	7/31/1956	2/18/2022			
RL	Tong	Alexander	9/25/1993	12/15/2023			
MM	Wray	Mary	9/20/1956	7/29/2022			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_

Practice/Group Address: \_\_\_\_\_

Practice/Group City, State, ZIP code: \_\_\_\_\_

For the purpose of facilitating health plan operations, the Health Insurance Portability and Accountability Act (HIPAA) regulations permit a covered entity to disclose protected health information (PHI) to another covered entity, such as a hospital to a health plan, without obtaining an enrollee's authorization or consent. The American Recovery and Reinvestment Act of 2009 (ARRA) also permits release of records.

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