NAME: **SS#:**

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Giant	**LOCAL:**	118
DATE OF HIRE:	September 14, 2002	**STATUS:**	Part time
PLAN:	BFWMED		

ISSUE: Hospital/Medical – Excluded Services #M24/110-3766

FUND RULE:
"**General Exclusions**

The expenses listed below are excluded from payment under all benefit categories, for Plan 1, Plan 2 and Plan 3 Participants, unless otherwise stated. [...]

34. Telephone consultations with patients or charges for failure to keep a regularly scheduled appointment [...]"
(Bakers Union and FELRA Health and Welfare Fund SPD, July 2016, Pages 114-116, #34)

"**Telehealth Services Extension**

In response to the continuing COVID-19 pandemic and recognizing the challenges the pandemic is causing Participants in obtaining medical services and exercising their rights under the plan, the Board of Trustees has extended coverage of Telehealth Services. The Fund will continue to provide coverage for medical services unrelated to COVID-19 provided by a PPO provider by telephone conference or video conference, subject to any applicable Plan limits, rules, and cost-sharing requirements that would apply to an in person visit for the same service. ***Coverage is limited to the period from March 18, 2020 through June 30, 2021***."
(Quoted from the Bakers Union and FELRA Health and Welfare Fund "For Your Benefit" newsletter, April 2021, Page 8) (emphasis added)

SUMMARY:	Date(s) of Service:	October 1, 2024, October 8, 2024, October 15, 2024, November 5, 2024, November 12, 2024
	Claim(s) Received:	October 7, 2024, October 11, 2024, October 18, 2024, November 8, 2024, November 15, 2024
	Claim(s) Denied:	October 21, 2024, October 31, 2024, November 11, 2024, November 20, 2024
	Appeal Received:	November 21, 2024

The **participant** is appealing for payment of a claim for telehealth services that was denied. The participant states that she received telehealth services after a miscommunication between Cigna and the provider that telehealth services are covered.

Fund records indicate that Hope and Healing Psychotherapy submitted claims for telehealth services rendered on October 1, 2024 through November 12, 2024. The claims were denied because the Plan specifically excludes coverage of telehealth services. The Board of Trustees amended the Plan to allow coverage of telehealth services for the temporary period from Mach 18, 2020 through June 30, 2021, only. This claim was incurred after June 30, 2021.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS:

Appeals Cover and Peer Review Checklist

1. Logging Data:
Appeal #: M24/110-3766
CP Initial Entry into CP/AP Date: 11/21/24 By: NB
Appeal Submitted By: Participant

2. Participant Data:
Name: _____
SS# / Alt ID#: _____
Re: Dependent/Relation: _____ (DOB: _____)
Status: Part Time (Date: _____)

3. Fund/Employer Data:
Employer: Giant Local: 118
First Hire: 9/14/2002 Plan: BFWMED

4. Appeal Issue:
Telehealth

Late Appeal? _____

5. Claim/Benefit Data:
Date(s) of Service: 10/1/24, 10/8/24, 10/15/24, 11/5/24, 11/12/24
If Late Filing; Days after Service: _____
Date Claim(s) Received: 10/7/24, 10/11/24, 10/18/24, 11/8/24, 11/15/24 Pended (If Applicable):
Date Denial EOB/letter mailed: 10/21/24, 10/31/24, 11/11/24, 11/20/24
Date Appeal Received: 11/21/24 If Late Appeal; Days after Denial: _____
Claim #(s): CYBW92, CYGB53, CYLQ90, CYZH87, CZDX30

6. Additional Information Requested (Initial/Date):
First "Info Request" letter mailed: _____ -OR- Acknowledge Sent: _____
Final "Info Request" letter mailed: _____

7. Appeal Summary Completed By (Initial/Date): _____
Spelling/Grammar Check: ☐
Correct Plan Rule and SPD/Document Quoted? ☐
CP/AP "Prepared for BOT" Entry (Initial/Date): _____
Monthly/Quarterly Book: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
Yearly Appeal Index Updated with Correct Issue and Book Information: ☐

8. Notes: _____

9. Supervisor Review (Initial/Date): _____
On Monthly Fund/Local Index (Specify): _____

November 19, 2024

Member number U34700007

To whom it may concern,

I have been receiving therapy from hope and healing through Telehealth.
Unfortunately there was a miscommunication between Cigna and the provider.
When first contacted it was stated that I was covered.
I have provided the documents form Hope and Healing (Andrea Bosler)
I would like to appeal the decision to deny the claim based on the miscommunication.
(And I just can't afford that)

My apologies for the misunderstanding and I have canceled all future Telehealth appt.
and would like
To continue in person therapy.

I have enclosed a copy of the invoice for services received (dates and payments) also information concerning the initial contact.

Please feel free to contact me if you should have any questions or concerns.

Kindest Regards

Andrea Bosler's information is in the attached documents I'm sure she wouldn't mind if you called her with any questions or concerns as well

From: **Andrea Bosler** admin@hopehealingtherapy.com
Subject: Insurance Information
Date: November 14, 2024 at 2:01 PM
To:

Andrea Bosler called on 11/13/24: Member can appeal. No telehealth benefits. Ref #BCZR76111324

Logan Roberts called on 9/24/24: Active as of 1/1/2014. $300 deductible has been met. Plan will cover 80% client is responsible for 20% until $4,000 is paid ($512 has been paid as of 9/25/24) No out of network benefits. Ref #BCZR7692524

Hope this helps!

Andrea Bosler
Administrative Assistant
Hope & Healing Psychotherapy, LLC
301-690-8404 x 0

Please note, my office hours are Monday-Thursday from 8:30am - 4:00pm Friday from 9:00am - 1:00pm.

This email account is not monitored 24 hours a day. If you are trying to get help for a mental health emergency, please call 911. Other resources that are helpful include: calling 211, texting 741741 or calling the local crisis center hotline number at 410-535-1121.

This email account is not monitored 24 hours a day. If you are trying to get help for a mental health emergency, please call 911. Other resources that are helpful include: calling 211, texting 741741, or calling the local crisis center hotline number at 410-535-1121. The contents of this email and any attachments are intended solely for the use of the named addressee(s) and may contain confidential and/or legally privileged information. Any unauthorized use, copying, disclosure, forwarding, or distribution of the contents of this e-mail is strictly prohibited by the sender and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete this e-mail.

From
Hope and Healing Psychotherapy, LLC.
PO Box 2514
Leonardtown, MD 20650-8514

Statement

For January 01, 2024 - November 15, 2024

To

Client

Statement
#4361
Issued: 11/15/2024

Provider
Amber Noegel
(301) 690-8404
jennifer@hopehealingtherapy.com
License: LGPC #LGP14157

Summary

Beginning Balance As of 01/01/2024	0.00
Invoices	915.00
Payments	-100.00
Ending Balance As of 11/15/2024	**$815.00**

Details

Date	Description	Charges	Payments	Balance
10/01/2024	INV #36351 10/01/2024 Psychiatric Diagnostic Evaluation (90791) with Amber Noegel	20.00	--	20.00
10/02/2024	Payment Stripe Visa (...1232)	--	20.00	0.00
10/08/2024	INV #36622 10/08/2024 Psychotherapy, 60 min (90837) with Amber Noegel	20.00	--	20.00

Date	Description	Charges	Payments	Balance
10/09/2024	Payment Stripe Visa (...1232)	--	20.00	0.00
10/15/2024	INV #36906 10/15/2024 Psychotherapy, 60 min (90837) with Amber Noegel, Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument (96127) with Amber Noegel	20.00	--	20.00
10/16/2024	Payment Stripe Visa (...1232)	--	20.00	0.00
11/05/2024	INV #37704 11/05/2024 Psychotherapy, 60 min (90837) with Amber Noegel	20.00	--	20.00
11/06/2024	Payment Stripe Visa (...1232)	--	20.00	0.00
11/12/2024	INV #37983 11/12/2024 Psychotherapy, 60 min (90837) with Amber Noegel, Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument (96127) with Amber Noegel	20.00	--	20.00
11/13/2024	INV #38055 10/01/2024 Fee Adjustment for the session on 10/01/2024 with Amber Noegel 10/08/2024 Fee Adjustment for the session on 10/08/2024 with Amber Noegel 10/15/2024 Fee Adjustment for the session on 10/15/2024 with Amber Noegel 11/05/2024 Fee Adjustment for the session on 11/05/2024 with Amber Noegel 11/12/2024 Fee Adjustment for the session on 11/12/2024 with Amber Noegel	815.00	--	835.00
11/13/2024	Payment Stripe Visa (...1232)	--	20.00	815.00

Hope and Healing Psychotherapy, LLC
23140 Moakley Street, Suite 6
PO Box 2514
Leonardtown, MD 20650
Amber Noegel: Employed & supervised by Anastasia Wynn, License: LCSW-C #19038, NPI: 1215491527

From Incur Date	Thru Incur Date	Ref No	Status	Adj	Provider Name	Billed Amt	Paid Amt	Patient Liability
11/12/2024	11/12/2024	CZDX30	R		HOPE AND HEALING PSYCHOTHERAPY, LLC.	195.00	0.00	195.00
11/5/2024	11/5/2024	CYZH87	P		HOPE AND HEALING PSYCHOTHERAPY, LLC.	175.00	0.00	175.00
10/29/2024	10/29/2024	CYWR44	P		PRECISION ORTHOPEDICS AND SPORTS	360.00	135.77	23.92
10/15/2024	10/15/2024	CYLQ90	P		HOPE AND HEALING PSYCHOTHERAPY, LLC.	195.00	0.00	195.00
10/8/2024	10/8/2024	CYGB53	P		HOPE AND HEALING PSYCHOTHERAPY, LLC.	175.00	0.00	175.00
10/1/2024	10/1/2024	CYBW92	P		HOPE AND HEALING PSYCHOTHERAPY, LLC.	175.00	0.00	175.00

```
** CLAIM ENTRY **              - 08:29:45 Nov 25 2024 -        pts115    UPD-CLM-ENTR
                                      4. Received: 10/07/24     Ref  : CY8W92      AT
                                      ---- Prepaid --------     Sts  : P
 1. 831584861 - HOPE AND HEALING P    5. Member  :              Opr  : EDI
 2. Acct- A4NQBEGLOY1M00              6. Medicare:              Ent  : 10/07/24
 3. 1           - Pay to Provider     7. Oth.Ins :              Rel  : 10/31/24
                                                            ** PAGE 1 OF 1 **
#    From      Thru      Proc      Diag    L Ps Ts Bcode Qty   Billed   In-elig Prepaid
* ******** ******** ******** ****** * ** ** ***** *** ******** ******** *******
1 10/01/24 10/01/24 90791-GT F43.21 0 02 S  9310     1   175.00   175.00

                                                  ======== ======== =======
                              ***** Totals *****    175.00   175.00     0.00

                <M>MoreOpt <H>Helds   <IAR>IIAdRf<DCM>D.Cmt <COB>COB    <DI>Dispute
                <C#>Calc   <D#>Detail <TS#>Tooth <SU>Summ   <CM>Cmts    <PY>Payment
LISel: ______   <#>Upd     <A#>Add    <S>Scroll  <B>Back    <P#>Page    <X>eXit
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** CLAIM ENTRY **              - 08:29:45 Nov 25 2024 -        pts115    UPD-CLM-ENTR
                                      4. Received: 10/07/24     Ref  : CYBW92      AT
    0          -                      ---- Prepaid --------     Sts  : P
 1. 831584861 - HOPE AND HEALING P 5. Member  :                 Opr  : EDI
 2. Acct- A4NQBEGLOY1M00           6. Medicare:                 Ent  : 10/07/24
 3. 1          - Pay to Provider   7. Oth.Ins :                 Rel  : 10/31/24
                                                             ** PAGE 1 OF 1 **
Sq Pr Ll Comment
** ** ** ********************************************************************************
1  MP  1 THANK YOU FOR USING A NETWORK PROVIDER. THIS REPRESENTS YOUR SAVINGS,
         SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT.
2  MP  1 TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
3        Eligibility Match Failed
4        Billing Provider Address Match Failed for:
5         HOPE AND HEALING PSYCHOTHERAPY, LLC.
6         PO BOX 2514
7         LEONARDTOWN MD 206508514
8        Billing Provider Match Failed for:
9         HOPE AND HEALING PSYCHOTHERAPY, LLC.
10       Original Billing NPI: 1225593361


Select: ___ <#>Upd <A#>Add <S>Scroll <B>Back <P#>Page <CP>Copy <X>eXit
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** CLAIM DISPLAY **          - 09:30:22 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 10/11/24     Ref  : CYGB53      AT
     0          -                  ---- Prepaid --------      Sts  : P
     831584861 - HOPE AND HEALING P     Member  :              Opr  : EDI
     Acct- A4SAAEG7Q03FGO               Medicare:              Ent  : 10/11/24
     1          - Pay to Provider       Oth.Ins :              Rel  : 10/31/24
                                                          ** PAGE 1 OF 1 **
#    From      Thru      Proc      Diag   L Ps Ts Bcode Qty  Billed    In-elig Prepaid
* ******** ******** ******** ****** * ** ** ***** *** ******** ******** *******
1 10/08/24 10/08/24 90837-GT F43.21 0 02 S  9310    1   175.00    175.00

                                                  ======== ======== =======
                          ***** Totals *****        175.00   175.00    0.00

                <M>MoreOpt <H>Helds   <IAR>IIAdRf<DCM>D.Cmt <COB>COB    <DI>Dispute
                <C#>Calc   <D#>Detail <TS#>Tooth <SU>Summ   <CM>Cmts    <PY>Payment
LISel: ______   <#>Upd     <A#>Add    <S>Scroll  <B>Back    <P#>Page    <X>eXit
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** CLAIM DISPLAY **          - 09:30:22 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 10/11/24     Ref  : CYGB53     AT
     0                                ---- Prepaid --------     Sts  : P
     831584861 - HOPE AND HEALING P     Member  :              Opr  : EDI
     Acct- A4SAAEG7Q03FGO               Medicare:              Ent  : 10/11/24
     1          - Pay to Provider       Oth.Ins :              Rel  : 10/31/24
                                                          ** PAGE 1 OF 1 **
Sq Pr LI Comment
** ** ** ********************************************************************************
1  MP  1 THANK YOU FOR USING A NETWORK PROVIDER. THIS REPRESENTS YOUR SAVINGS,
         SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT.
2  MP  1 TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
3        Eligibility Match Failed
4        Billing Provider Address Match Failed for:
5         HOPE AND HEALING PSYCHOTHERAPY, LLC.
6         PO BOX 2514
7         LEONARDTOWN MD 206508514
8        Original Billing NPI: 1225593361
9        First Active Service Provider chosen for HOPE AND HEALING PSYCHOTHERAP



Select: ___ <#>Upd <A#>Add <S>Scroll <B>Back <P#>Page <CP>Copy <X>eXit
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** CLAIM DISPLAY **          - 09:30:41 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 10/18/24     Ref  : CYLQ90      AT
     0          -                  ---- Prepaid --------      Sts  : P
     831584861 - HOPE AND HEALING P    Member  :              Opr  : EDI
     Acct- A4WTC2J4CT0A56              Medicare:              Ent  : 10/18/24
     1          - Pay to Provider      Oth.Ins :              Rel  : 10/21/24
                                                          ** PAGE 1 OF 1 **
#    From      Thru      Proc      Diag   L Ps Ts Bcode Qty   Billed   In-elig Prepaid
* ******** ******** ******** ****** * ** ** ***** *** ******** ******** *******
1 10/15/24 10/15/24 90837-GT F43.21 0 02 S  9310     1   175.00   175.00
2 10/15/24 10/15/24 96127-GT F43.21 0 02 S  0350     2    20.00    20.00

                                                    ======== ======== =======
                              ***** Totals *****      195.00   195.00    0.00

                <M>MoreOpt <H>Helds   <IAR>IIAdRf<DCM>D.Cmt <COB>COB   <DI>Dispute
                <C#>Calc   <D#>Detail <TS#>Tooth <SU>Summ   <CM>Cmts  <PY>Payment
LISel: ______   <#>Upd     <A#>Add    <S>Scroll  <B>Back    <P#>Page  <X>eXit
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```
** CLAIM DISPLAY **          - 09:30:41 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 10/18/24     Ref  : CYLQ90     AT
     0          -                   ---- Prepaid --------     Sts  : P
     831584861  -                      Member  :              Opr  : EDI
     Acct- A4WTC2J4CT0A56              Medicare:              Ent  : 10/18/24
     1          - Pay to Provider      Oth.Ins :              Rel  : 10/21/24
                                                          ** PAGE 1 OF 2 **
Sq  Pr  Ll  Comment
**  **  **  ********************************************************************************
1   MP   1  THANK YOU FOR USING A NETWORK PROVIDER. THIS REPRESENTS YOUR SAVINGS,
             SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT.
2   MP   1  TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
3   MP   2  HEALTH CARE PROFESSIONAL ONLY: CIGNA DOESN'T ALLOW TIHS SERVICE. IT'S
             PART OF A CMS NCCI COLUMN 1/COLUMN 2 EDIT.
4   MP   2  TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
5            Eligibility Match Failed
6            Billing Provider Address Match Failed for:
7             HOPE AND HEALING PSYCHOTHERAPY, LLC.
8             PO BOX 2514
9             LEONARDTOWN MD 206508514
10           Original Billing NPI: 1225593361


Select: ___ <#>Upd <A#>Add <S>Scroll <B>Back <P#>Page <CP>Copy <X>eXit
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** CLAIM DISPLAY **          - 09:30:41 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 10/18/24     Ref  : CYLQ90      AT
     0          -      .                ---- Prepaid --------     Sts  : P
     831584861 - HOPE AND HEALING P     Member   :               Opr  : EDI
     Acct- A4WTC2J4CT0A56               Medicare:               Ent  : 10/18/24
     1          - Pay to Provider       Oth.Ins  :               Rel  : 10/21/24
                                                              ** PAGE 2 OF 2 **
Sq Pr Ll Comment
** ** ** ********************************************************************************
11        First Active Service Provider chosen for HOPE AND HEALING PSYCHOTHERAP
```

```
Select: ___ <#>Upd <A#>Add <S>Scroll <B>Back <P#>Page <CP>Copy <X>eXit
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```
** CLAIM DISPLAY **          - 09:31:03 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 11/08/24     Ref  : CYZH87     AT
     0          -                  ---- Prepaid --------      Sts  : P
     831584861 - HOPE AND HEALING P     Member  :              Opr  : EDI
     Acct- 10J28QJ517JY0L               Medicare:              Ent  : 11/08/24
     1          - Pay to Provider       Oth.Ins :              Rel  : 11/11/24
                                                          ** PAGE 1 OF 1 **
#    From     Thru     Proc     Diag   L Ps Ts Bcode Qty  Billed   In-elig Prepaid
* ******** ******** ******** ****** * ** ** ***** *** ******** ******** *******
1 11/05/24 11/05/24 90837-95 F43.21 0 02 S  9310    1   175.00   175.00

                                                       ======== ======== =======
                              ***** Totals *****         175.00   175.00    0.00

                <M>MoreOpt <H>Helds   <IAR>IIAdRf<DCM>D.Cmt <COB>COB    <DI>Dispute
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LISel: ______   <#>Upd     <A#>Add    <S>Scroll  <B>Back    <P#>Page    <X>eXit
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```
** CLAIM DISPLAY **          - 09:31:03 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 11/08/24     Ref  : CYZH87     AT
     0          -                   ---- Prepaid --------     Sts  : P
     831584861 - HOPE AND HEALING P     Member  :             Opr  : EDI
     Acct- 10J28QJ517JY0L               Medicare:             Ent  : 11/08/24
     1          - Pay to Provider       Oth.Ins :             Rel  : 11/11/24
                                                          ** PAGE 1 OF 1 **
Sq Pr LI Comment
** ** ** ********************************************************************************
1  MP  1 THANK YOU FOR USING A NETWORK PROVIDER. THIS REPRESENTS YOUR SAVINGS,
         SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT.
2  MP  1 TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
3        Eligibility Match Failed
4        Original Billing NPI: 1225593361
5        First Active Service Provider chosen for HOPE AND HEALING PSYCHOTHERAP
```

Select: ___ <#>Upd <A#>Add <S>Scroll <B>Back <P#>Page <CP>Copy <X>eXit

```
** CLAIM DISPLAY **          - 09:31:22 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 11/15/24     Ref  : CZDX30      AT
     0          -                  ---- Prepaid --------      Sts  : R
     831584861 - HOPE AND HEALING P     Member  :              Opr  : EDI
     Acct- 10JIUY9QCYN8XO               Medicare:              Ent  : 11/15/24
     1          - Pay to Provider       Oth.Ins :              Rel  : 11/20/24
                                                          ** PAGE 1 OF 1 **
#    From      Thru      Proc      Diag   L Ps Ts Bcode Qty   Billed   In-elig Prepaid
* ******** ******** ******** ****** * ** ** ***** *** ******** ******** *******
1 11/12/24 11/12/24 90837-95 F43.21 0 02 S  9310     1   175.00   175.00
2 11/12/24 11/12/24 96127-95 F43.21 0 02 S  0350     2    20.00    20.00

                                                    ======== ======== =======
                          ***** Totals *****          195.00   195.00    0.00

          <M>MoreOpt <H>Helds   <IAR>IIAdRf<DCM>D.Cmt <COB>COB   <DI>Dispute
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LISel: ______ <#>Upd     <A#>Add    <S>Scroll  <B>Back    <P#>Page  <X>eXit
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```
** CLAIM DISPLAY **          - 09:31:22 Nov 25 2024 -     pts115    S.DIS.CLM.ENTR
                                        Received: 11/15/24     Ref  : CZDX30     AT
     0                                ---- Prepaid --------     Sts  : R
     831584861 - HOPE AND HEALING P     Member  :              Opr  : EDI
     Acct- 10JIUY9QCYN8XO               Medicare:              Ent  : 11/15/24
     1          - Pay to Provider       Oth.Ins :              Rel  : 11/20/24
                                                            ** PAGE 1 OF 1 **
Sq  Pr  Ll  Comment
**  **  **  ************************************************************************
1   MP   1  THANK YOU FOR USING A NETWORK PROVIDER. THIS REPRESENTS YOUR SAVINGS,
             SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT.
2   MP   1  TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
3   MP   2  HEALTH CARE PROFESSIONAL ONLY: CIGNA DOESN'T ALLOW TIHS SERVICE. IT'S
             PART OF A CMS NCCI COLUMN 1/COLUMN 2 EDIT.
4   MP   2  TELEPHONE CONSULTATIONS WITH PATIENTS ARE NOT COVERED, SPD PG.116 #34
5            Eligibility Match Failed
6            Original Billing NPI: 1225593361
7            First Active Service Provider chosen for HOPE AND HEALING PSYCHOTHERAP



Select: ___ <#>Upd <A#>Add <S>Scroll <B>Back <P#>Page <CP>Copy <X>eXit
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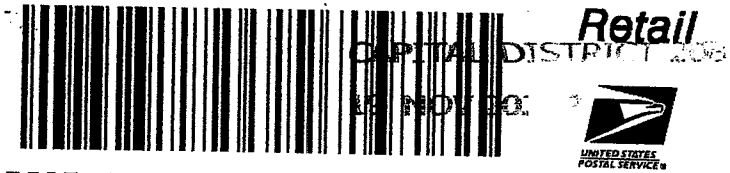


9589 0710 5270 2076 3895 74

21152

U.S. POSTAGE PAID
FCM LETTER
LEONARDTOWN, MI
NOV 19, 2024

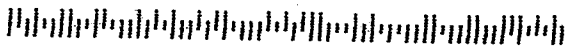
$5.58

S2324E502835-33

RDC 99

Board of Trustee
911 Ridgebrook Road
Sparks, Maryland 21152

21152-945999



Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

COPY

December 26, 2024

Name:
Claim #: **CYBW92, CYGB53, CYLQ90, CYZH87, CZDX30**
Date of Service: **October 1, 2024 through November 12, 2024**

The Fund office has received your recent letter to the Board of Trustees. The appeal is being researched and you will be notified, in writing, of the outcome.

If you should have any questions, you may contact this office.

Sincerely,

Nathan Buchanan

Nathan Buchanan, Appeals Department
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152