December 4, 2023

Attn: Grievances/Appeals:
Associated Administrators, LLC
Attn: Appeals Coordinator
911 Ridgebrook Rd
Sparks, MD 21152-9451

Patient Name:
Date of Birth:
Member ID#:
Date of Service: 08/28/2023
Billed Amount: $ 6,961.40
Claim#: CMGR82
Patient Account #: 109847261

Re: Claim Denial: Out of Network

To whom it may concern:

We kindly ask Associated Administrators to please overturn the previous decision and allow our claim to be reprocessed for a more favorable outcome and reimbursement for services rendered.

The patient's in-network primary care physician who ordered the testing was Arastoo Yazdani, Dr Arastoo Yazdani MD, with an active NPI 1326019357. Our equipment was hooked up in the doctor's office on 08/28/2023 we monitored the patient as directed by the physician and produced all detailed reports in accordance with testing requirements.

Due to the severity of symptoms, and the possibility of a potentially serious illness/disease our office was unable to request pre-authorization prior to rendering services.

The ordering physician felt it was in your member's best medical interest to have the testing performed immediately, and without delay due to R55 Syncopy Collapse, as well as our office's capability to provide emergent event recording.

R55 Syncopy Collapse, *may be related to abnormal heart valves, arrhythmias, or anxiety, but they may also be related to or a sign of more serious heart conditions. The prescribed testing was performed to rule out or confirm a possible heart condition.*

Our office utilizes proprietary technology to provide "live" 30-day patient monitoring. With our technology we observe and capture events that competing technology may miss. Our device allows us to capture patients having serious or potentially life-threatening cardiac events (and contact their physician and the patient directly for immediate assistance).

We kindly ask that Associated Administrators please allow this claim to be reprocessed as an in-network service, without the need for prior authorization, since the initial place of service was that of an in-network provider.

The equipment utilized for this testing can only be processed by our facility as it is proprietary. We ask that Associated Administrators please allow this claim to be reprocessed as an in-network service, without applying deductible **regardless of their OON benefits**. It is in poor taste to ask a patient to pay that amount when they are following orders by their physician.

We ask that our request be considered, and for this claim be reprocessed for a more favorable outcome, as the services rendered were **medically necessary** and necessary for patient's quality of life.

Thank You in advance for your time and reconsideration.

Audrey Jimenez
Billing Representative
Versa Cardio
255 E Rincon St Suite 210
Corona, CA 92879-1368
Phone: 951-739-9123
Fax: 951-344-8341
Email: Audrey@versacardio.com

, Cigna, CMGR82

VERSA CARDIO

48 Hours

1-855-329-5794
www.versacardio.com

Fax a copy of your in-house patient sheet with this form
Fax (855) 399-5796 or (951) 549-7977

Hookup Date: 8.28.2023
Recorder Serial# : K5H4680

Ambulatory Cardiac Telemetry Order Form

*Not for life-threatening diagnostic prescription

Patient Name: _____
Patient Address: _____
City: _____ State _____ Zip _____

Date of Birth: _____ Male ○ Female ●
SSN#: _____
Telephone#: _____

Insurance Info

Insurance Name: _____
Ins Phone: _____
Member ID#: _____
Group ID#: _____

Physician Info

Practice Name: Arastoo Yazdani, MD PC
Physician Name: Dr. Yazdani
Physician Phone: 301 899 7940

MUST Complete Symptoms and ICD10 Codes For Processing

- ☐ **R00.1 Bradycardia, Unspecified**
- ☒ **R55 Syncope & Collapse**
- ☐ **R42 Dizziness**
- ☐ **R00.0 Tachycardia, Unspecified**
- ☐ **R00.2 Palpitations**
- ☐ I45.9 Conduction Dis.
- ☐ I44.30 Unspecified Atrioventricular Block
- ☐ I45.5 Other specified heart block
- ☐ I45.89 Other conduction disorders
- ☐ I47.1 Supraventricular Tachycardia
- ☐ I47.2 Ventricular Tachycardia
- ☐ I48.91 Atrial Fibrillation, Unspecified
- ☐ I48.92 Atrial Flutter, Unspecified
- ☐ I49.1 Atrial Premature Depolarization
- ☐ I49.5 Sinoatrial Node Dys. / Sick Sinus Syndrome
- ☐ I49.9 Cardiac Arrhythmia, Unspecified

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AA, LLC

Other/s Not Listed: _____

Cardiac Testing Selection *Please Update Your Billing Dept for CPT Coding

MCT + HOLTER:
☐ Holter, CPT 93225 and 93227 with Mobile Cardiac Telemetry, CPT 93228

MCT Only:
☒ Mobile Cardiac Telemetry, CPT 93228

MCT+Holter testing option: Physician shall review results from the Holter test to determine continued MCT testing. If MCT is no longer required, physician shall request MCT termination within 24-hours of initial patient hookup.

If the patient's insurance carrier does not reimburse for mobile cardiac telemetry testing, please accept this as my written order for a cardiac event monitoring (93270 & 93272) test procedure. If left blank, study will default to either mobile cardiac telemetry (93228) or cardiac event monitoring (93270 & 93272) for up to 30-days.

Statement of Medical Necessity, Order & Communications Consent

This cardiac testing is being prescribed to assist in identifying patients possible transient arrhythmias related to patients symptoms or diagnosis as indicated above and is not for life-threatening diagnostic prescription. Consent is also being given to receive fax and other electronic messages at the numbers and addresses provided to Versa Cardio.

Physician or Medical Professional Signature: _____

Patient Signature & Communications Consent

I hereby authorize Versa Cardio to contact me via fax, phone and text messaging, as needed, at the numbers and addresses provided. I also authorize them to inquire, appeal, and receive all information on my behalf regarding the procedure(s) on this order.

Patient or Responsible Party Signature: _____

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AA, LLC

VERSACARDIO PROGRESS NOTES 08/28/2023 -), #109847261 Encounter DOS:

Patient Progress Notes:

Patient Name:
DOB: Female
Address:
Encounter Date: 08/28/2023

Physician/Practice Information
Practice Name: Dr Arastoo Yazdani MD
Ordering Physician: Arastoo Yazdani
Phone: 301-877-2150
NPI: 1326019357

Insurance Information
Insurance Name: Cigna
Insurance Phone: 1-866-662-2537
Member ID#:
Group ID#: 3330983

Chief Complaint:
The patient complained of/or exhibited R55 Syncopy Collapse, . On 08/28/2023 patient was diagnosed and referred by Dr Arastoo Yazdani MD to be placed on a mobile cardiac telemetry monitor.

Diagnosis for Encounter:
R55 Syncopy Collapse, .

Care Plan:
Patient was prescribed MCT testing to Versa Cardio.

VersaCardio Progress Notes:
Supraventricular Ectopic Abnormalities Exhibited:
detected

Ventricular Ectopic Abnormalities Exhibited:
not detected

Pauses greater than 2.5 Seconds:

Minimum Average HR: 50bpm **Maximum Average HR:** 127bpm **Mean Average HR:** 66bpm

Periods of Tachycardia:

Periods of Bradycardia:

Periods of Atrial Fibrillation:

Periods of Ventricular Tachycardia (V-TACH):

Periods of Supraventricular Tachycardia (SV-TACH):

Heart Blocks:

Other Observations:

Final Notes:

Patient study showed isolated transient ventricular ectopic beats were not detected and that supraventricular ectopic beats were detected. The patients average median heart rate was 66bpm, average minimum heart rate was 50bpm, and average maximum heart rate was 127bpm. The study also showed transient infrequent pauses greater than 2.5 seconds were . Patients periods of tachycardia were and periods of bradycardia were . Periods of atrial fibrillation/flutter were . Also, periods of ventricular tachycardia (V-TACH) were and supraventricular tachycardia (SV-TACH) were . Lastly, heart blocks were .

PS14401401Q

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

Return Service Requested

MIXED AADC 928
7293 0.3820 MB 0.558

VERSA CARDIO
255 E RINCON ST STE 210
CORONA, CA 92879-1368

204

202310053302

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

1 OF 1

ENV 7293

Claim #: CMGR82
Statement Date: 10/04/23
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 109847261
Provider: CARDIO LLC VERSA

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	08/28/23-08/28/23	93229	6,961.40	6,961.40	A1 A2	0.00	0.00		0	0.00	0.00	6,961.40
		TOTALS	6,961.40	6,961.40		0.00	0.00			0.00	0.00	6,961.40

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Total Plan Benefit:	0.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	0.00

Payment To	Amount	Check #	Paid Date
VERSA CARDIO	0.00	NC	09/30/23

Line#	Code	Messages
01	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT.
01	A2	SVCS MUST BE PROVIDED BY A CIGNA PROVIDER TO BE COVERED. PG 75 OF SPD.

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Messages** section on the front of this Explanation of Benefits or "EOB"), you have the right to appeal this decision within 180 days of your receipt of the EOB. You may submit written comments, documents and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address and telephone number. The Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD or mail your appeal to "**Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).