UFCW Unions and Participating Employers Health & Welfare Fund

Appeals
Fourth Quarter 2021

Eligibility			Employer	Union
E22/100-4993	Retiree Network of Coverage	1-2		**Denied**

Medical

M21/174-2464	CRNA	3	**Denied**	**Denied**
M21/171-8916	CRNA	4	**Denied**	**Denied**
M21/169-9067	Coordination of Benefits with Medicare-ESRD	5	**Denied**	**Denied**

NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Associated Administrators, LLC	**LOCAL:**	27
DATE OF HIRE:	October 16, 2000	**STATUS:**	Full Time **Retired, February 1, 2022**

ISSUE: Retiree Network of Coverage #E22/100-4993

FUND RULE:
"**Article 19 - Health and Welfare Benefits**

C. Current and future retirees shall be covered by [...] the UFCW Unions and Participating Employers Health and Welfare Fund.

[...] Medicare-eligible retirees who meet the eligibility requirements for health and welfare benefits [...] will, as per the FELRA MOA for Giant and Safeway, have one opportunity to elect such coverage, at the time when they become eligible to retire. ***Benefits for Medicare-eligible retirees [...] are in the Kaiser Permanente Medicare HMO if in Kaiser's service area, or Medicare Supplemental if not in Kaiser's service area*** (the Supplemental portion is processed by Associated Administrators, LLC). [...]"
(Quoted from the Collective Bargaining Agreement between Associated Administrators, LLC and UFCW Local 27, dated October 30, 2017) (emphasis added)

SUMMARY: Appeal Received: January 4, 2022

The **participant** is appealing to be allowed traditional Medicare-supplemental Fund coverage and not be required to enroll in the mandatory Kaiser Permanente Medicare HMO upon her retirement.

Fund records indicate that the participant is scheduled to retire effective February 1, 2022 and will be eligible for retiree health coverage. After a review of her file, it was noted that she resides in Baltimore, Maryland, which is within the Kaiser service area. In accordance with Fund rules, the participant is required to enroll in the Kaiser Permanente Medicare HMO in order to have secondary coverage.

The participant states in her appeal that she needs to see a Rheumatology specialist every three months, and Pulmonary and Cardiology specialists, as well as her primary care physician, every six months, which are all located at Union Memorial Hospital and approximately one mile from her home. The participant is asking that she be allowed to keep all of her doctors because they know her complex medical history.

Note: CMS (Centers for Medicare and Medicaid Services) approves the service area of Medicare HMOs. Kaiser estimates the service area is within about 30 miles or 30 minutes of the retiree's home, in general.

According to the Kaiser Permanente website, there are at least ten (10) Kaiser medical centers located within approximately 30 miles of the participant's Baltimore, Maryland address, however, only one of those Kaiser centers offers Rheumatology, Pulmonary, and Cardiology services:

- South Baltimore County Medical Center, located in Halethorpe, Maryland (approximately 9 miles, 30 minutes).

Other Kaiser centers which offer Cardiology services include:

- Greater Baltimore Medical Center, located in Towson, Maryland (approximately 6 miles, 18 minutes),

- Abingdon Medical Center, located in Abingdon, Maryland (approximately 23 miles, 35 minutes), and

- Annapolis Medical Center, located in Annapolis, Maryland (approximately 30 miles, 53 minutes).

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

January 4, 2022

Attn: Board of Trustees:

Appeal Request:

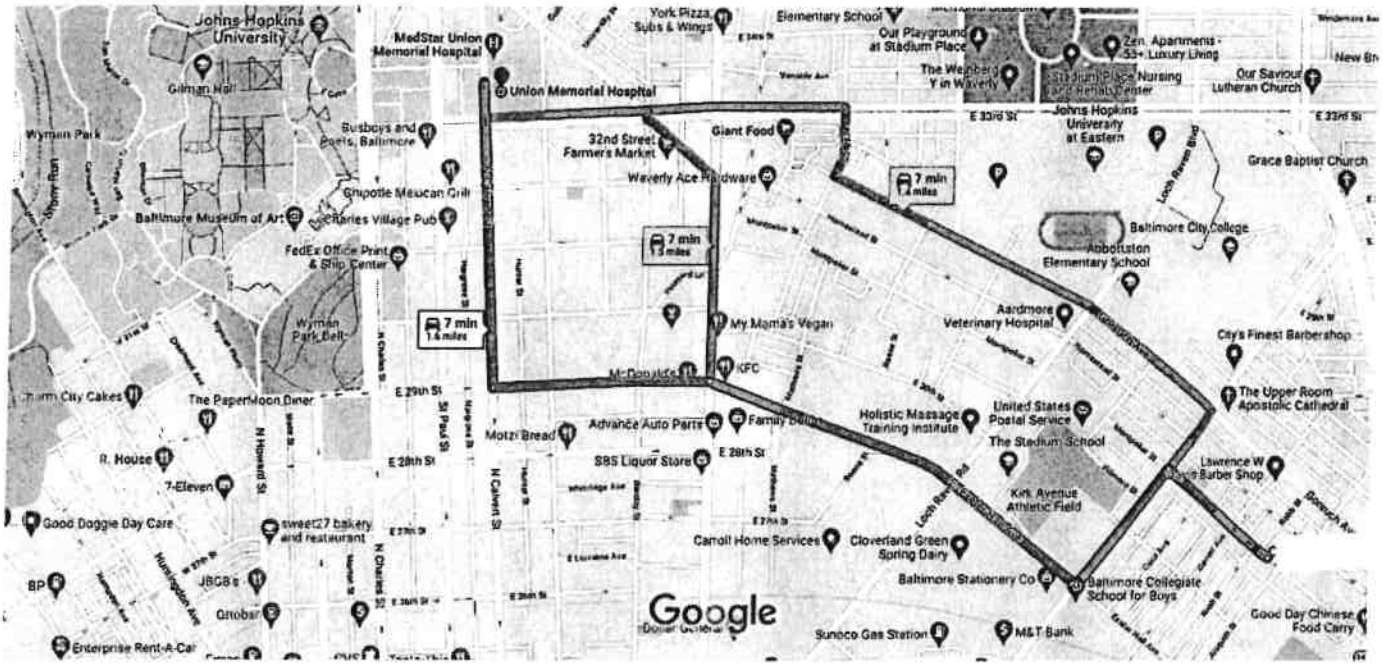
I , will be retiring on January 28, 2022 and would like to appeal the request to not have the Kaiser Insurance once I retire, but to keep the Fund Insurance. I have a Rheumatologist Specialist Doctor, named Dr. Nasser Nasseri, that I see every 3months, a Pulmonary Specialist Doctor, named Dr. Sloane that I see every six months, A Cardiologist Specialist Doctor, named Dr. Raymond K. Young M.D. that I see every six months and my Primary Doctor, named Dr. Waiel Samara that I see every six months. These doctors are all with Union Memorial Hospital. I wish to keep all of my doctors with the Fund Insurance, they all know my medical history. Please consider my appeal request to stay with the Fund Insurance and not with the Kaiser Insurance.

Sincerely,

Google Maps

, Baltimore, MD 21218 to Union Memorial Hospital

Drive 1.6 miles, 7 min



Map data ©2022 500 ft

via Exeter Hall Ave Fastest route, lighter traffic than usual	7 min 1.6 miles
via Gorsuch Ave and E 33rd St	7 min 1.4 miles
via Exeter Hall Ave and Greenmount Ave	7 min 1.5 miles

Union Memorial Hospital

Explore Union Memorial Hospital

Restaurants Hotels Gas stations Parking Lots More

Kaiser Web Directory
Search within 30 miles of zip 21218

13 Results

1 **Kaiser Permanente Baltimore Harbor Medical Center - Limited Services**
815 E Pratt St
Baltimore, MD 21202

2 **South Baltimore County Medical Center**
1701 Twin Springs Rd
Halethorpe, MD 21227
> Cardiology Rheumatology
> Pulmonary

3 **Towson Medical Center**
1447 York Rd Ste 100
Lutherville, MD 21093

4 **Kaiser Permanente Nottingham Rehabilitation Center**
8019 Corporate Dr Ste A
Nottingham, MD 21236

5 **White Marsh Medical Center**
4920 Campbell Blvd
White Marsh, MD 21236

6 **Woodlawn Medical Center - Limited Services**
7141 Security Blvd
Baltimore, MD 21244

7 **North Arundel Medical Center**
7670 Quarterfield Rd
Glen Burnie, MD 21061

8 **Columbia Gateway Medical Center**
7070 Samuel Morse Dr
Columbia, MD 21046

9 **Abingdon Medical Center**
3400 Box Hill Corporate Center Dr, Ste 100
Abingdon, MD 21009
> cardiology

10 **Annapolis Medical Center**
888 Bestgate Rd, Ste 111
Annapolis, MD 21401

> Cardiology

11 **Greater Baltimore Medical Center**
Kaiser Permanente Plan Hospital
6701 North Charles Street
Baltimore, MD 21204

> Cardiology

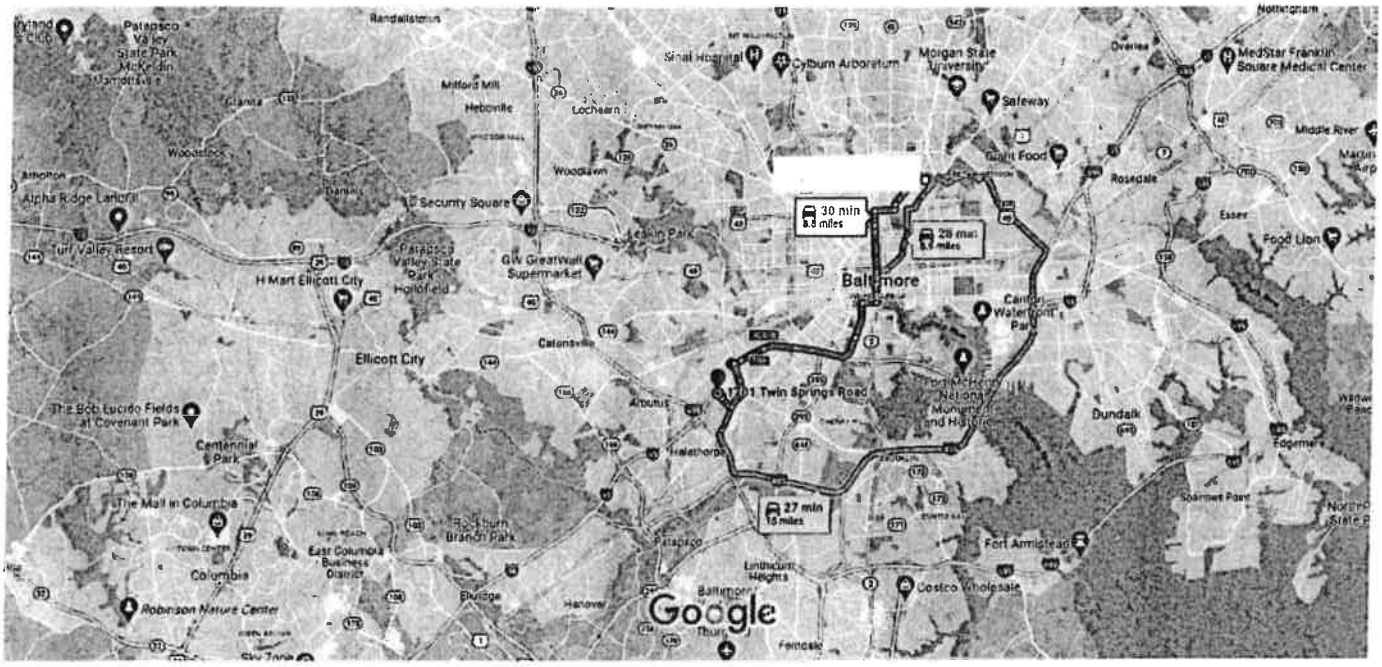
12 **Baltimore Washington Medical Center**
Kaiser Permanente Plan Hospital
301 Hospital Drive
Glen Burnie, MD 21061

13 **Anne Arundel Medical Center**
Kaiser Permanente Plan Hospital
2001 Medical Parkway
Annapolis, MD 21401

Google Maps

, Baltimore, MD 21218 to 1701 Twin Springs Rd, Halethorpe, MD 21227

Drive 8.8 miles, 30 min



Map data ©2022 2 mi

via I-895 S Fastest route now due to traffic conditions	27 min 15.0 miles
via I-95 S Some traffic, as usual	28 min 8.9 miles
via St Paul St and I-95 S Some traffic, as usual	30 min 8.8 miles

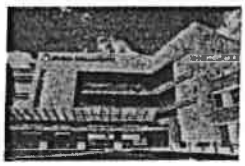
Cardiology
Pulmonology
Rheumatology

Explore 1701 Twin Springs Rd

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

South Baltimore County Medical Center



Medical Office Building

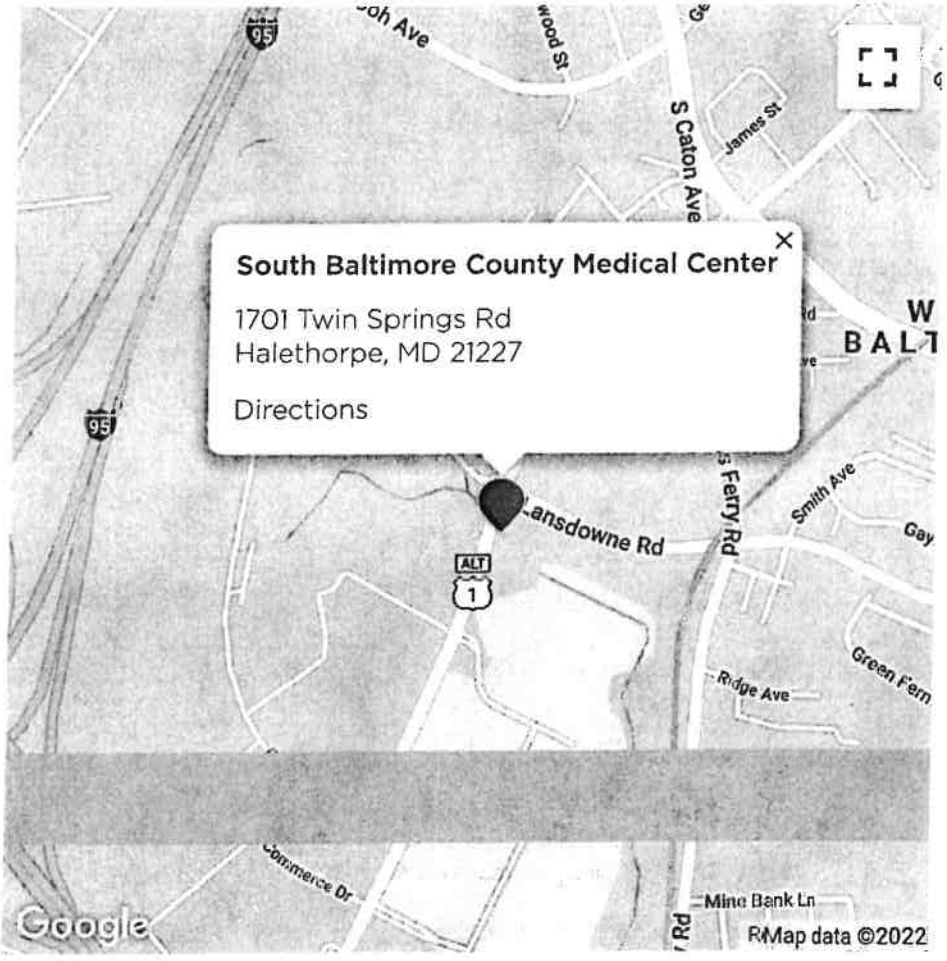
Kaiser Permanente facility

1701 Twin Springs Rd
Halethorpe, MD 21227

Directions

410-737-5000

Skip map



Hours | Phone numb... | **Services at a...**

Available services

Urgent care services
After-hours services
Pharmacy services

Unavailable services

No emergency services

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

Now available for members: self-service check-in for laboratory services.

Related links

Plans accepted at this facility

kp.org/baltimorecounty

Learn more about how to properly and safely dispose of unwanted or expired medication.

See photos

Take tour

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Urgent and after-hours care

+ Advanced Urgent Care

+ After-hours services

Pharmacy services

+ Pharmacy

Departments and specialties

+ Adolescent Medicine

+ Adult Medicine

+ Advanced Urgent Care

+ After-hours services

+ Allergy

+ Ambulatory Surgery Center (ASC)

+ Audiology

+ Bariatric Nutrition

+ Cardiology

+ Dermatology

+ Ear, Nose, and Throat

+ Endocrinology

+ Endoscopy

+ Family Medicine

+ Fluoroscopy

+ Gastroenterology

+ General Surgery

+ Head and Neck Surgery

+ Infectious Disease

+ Internal Medicine

+ Laboratory

+ Magnetic Resonance Imaging (MRI)

+ Mammography / Ultrasound

+ Nephrology

+ Neurology

+ Newborn Care Center

+ Nuclear Cardiology

+ Observation Unit

+ Obstetrics/Gynecology (OB/GYN)

+ Orthopedics

+ Outpatient Procedure Suite

+ Pain Management

+ Pediatrics

+ Perinatology

+ Pharmacy

+ Physical Medicine

+ Plastic Surgery

+ Podiatry

+ Preoperative Evaluation and Education Center(PEEC)

+ Pulmonology

+ Radiology

+ Rheumatology

+ Sleep Medicine

+ Sterile Processing

+ Urology

+ Vascular Surgery

Show less

Services and amenities

+ Health Information Management Services (HMS)

To find:

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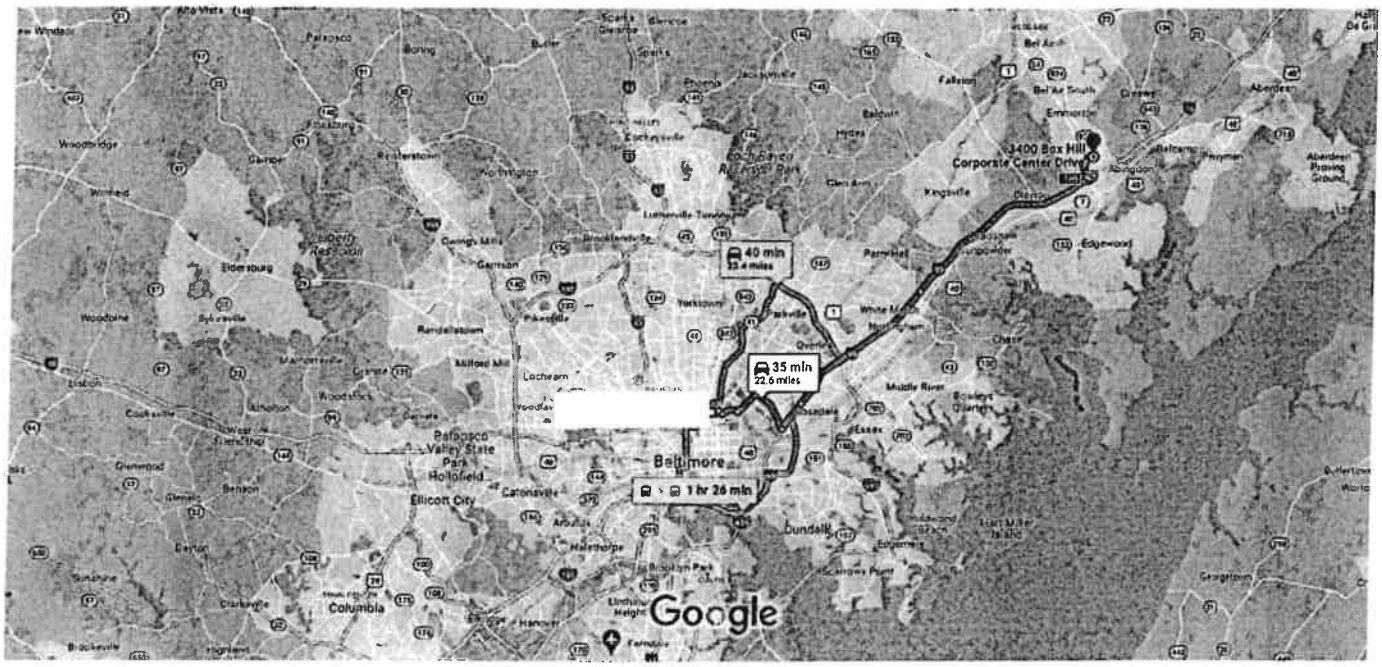
Google Maps , [redacted] , Baltimore, MD 21218 to 3400 Box Hill Corporate Center Dr

Drive 22.6 miles, 35 min



Map data ©2022 2 mi

⚠ We don't have the most recent timetables for this area.

cardiology

via I-95 Express Toll and I-95 N — 35 min
Fastest route, the usual traffic — 22.6 miles
⚠ This route has tolls.

via I-95 N — 40 min
25.4 miles

3:39 PM—5:05 PM — 1 hr 26 min
CityLink GREEN — 410

Explore 3400 Box Hill Corporate Center Dr

KAISER PERMANENTE®

Abingdon Medical Center

Medical Office Building

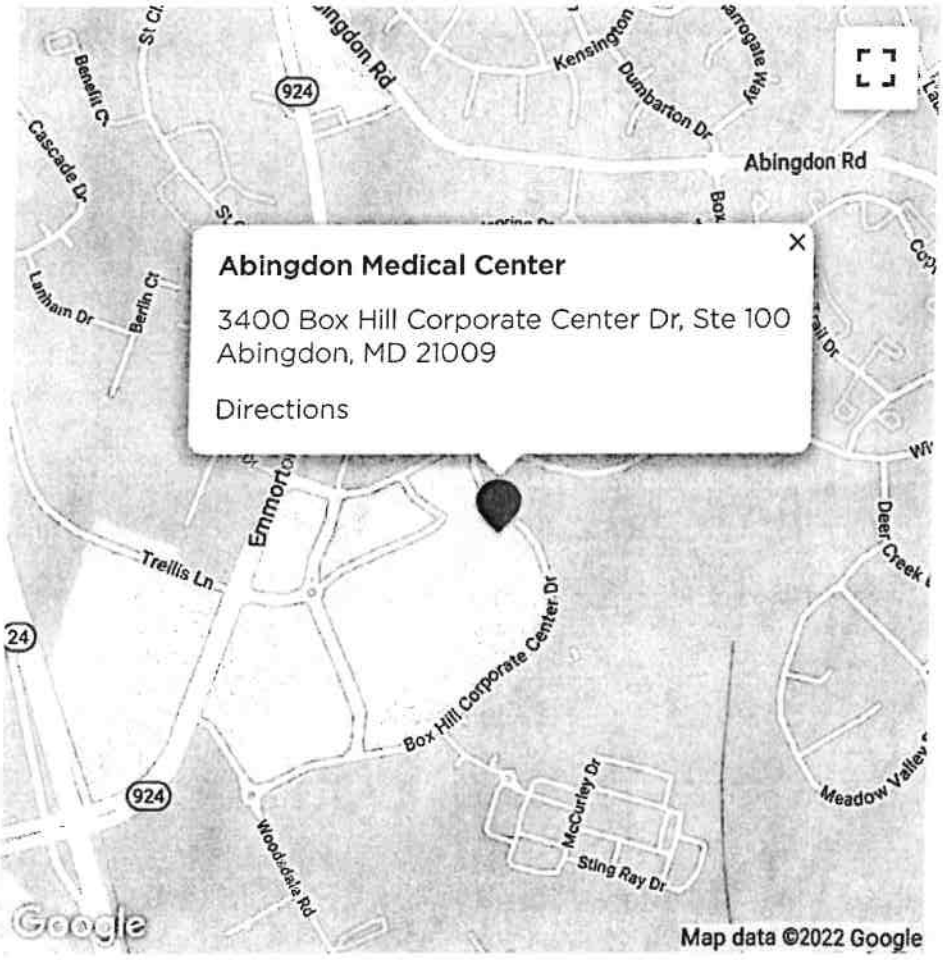
Kaiser Permanente facility

3400 Box Hill Corporate Center Dr, Ste 100
Abingdon, MD 21009

Directions

410-515-5440

Skip map



Hours | Phone numb... | **Services at a...**

Available services

Pharmacy services

Resources

Unavailable services

No emergency services
No urgent care services
No after-hours services

Driving Directions

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

The HIMS department has permanently closed. If you need to visit a HIMS department in person, the South Baltimore County, Towson, and White Marsh Medical Centers will be open after November 16.

The most convenient way to request health information and medical forms is by using kp.org. Click here for more information.

Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Related links

See photos

Take tour

Pharmacy services

+ Pharmacy

Departments and specialties

+ Adult & Family Medicine
+ Cardiology
+ Gastroenterology (G.I.)
+ General Surgery
+ Laboratory
+ Orthopedics
+ Pharmacy
+ Podiatry
+ Radiology

Show less

Services and amenities

+ Member Services

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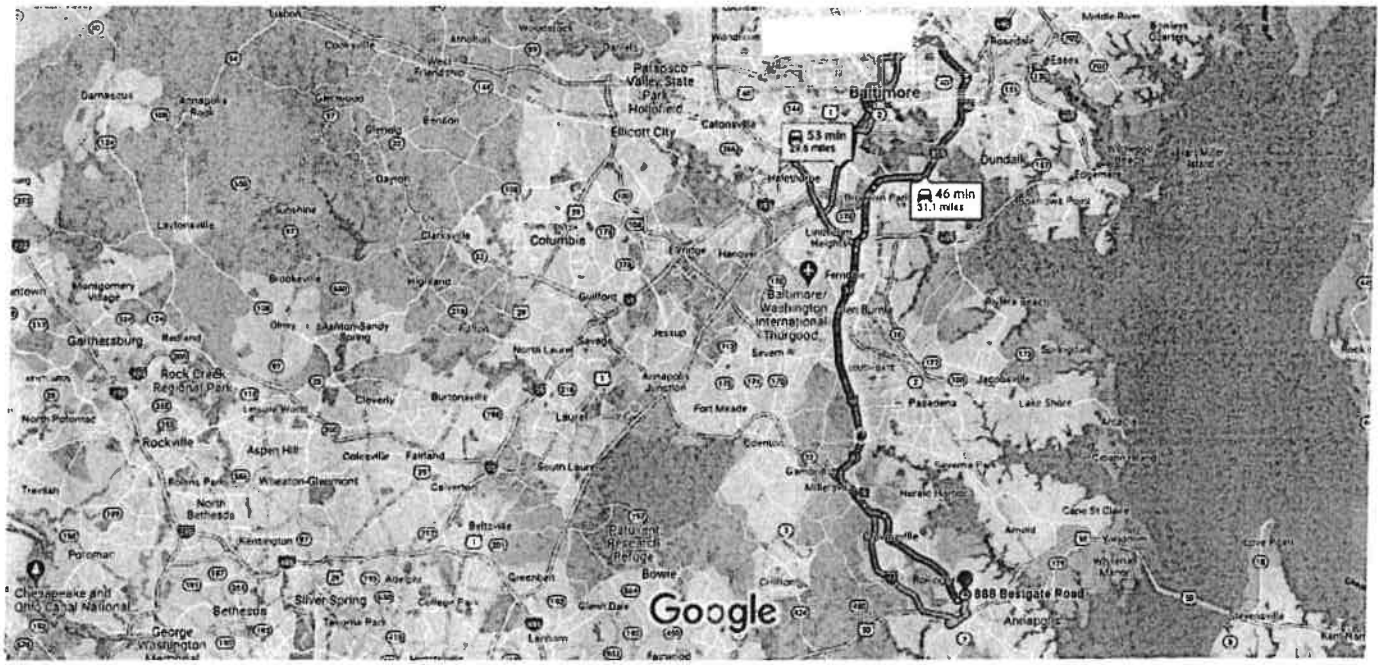
Kaiser Permanente uses the same quality, member experience, or cost-related measures to select practitioners and facilities in Marketplace Silver-tier plans as it does for all other Kaiser Foundation Health Plan (KFHP) products and lines of business. The measures may include, but are not limited to, HEDIS/CAHPS performance, member/patient complaints, patient safety scores, hospital quality measures, and geographic need. Members enrolled in KFHP Marketplace plans have access to all professional, institutional and ancillary health care providers who participate in KFHP plans' contracted provider network, in accordance with the terms of the members' KFHP plan of coverage. All Kaiser Permanente Medical Group physicians and network physicians are subject to the same quality review processes and certifications.

Google Maps

., Baltimore, MD 21218 to 888 Bestgate Road, Annapolis, MD

Drive 31.1 miles, 46 min



Map data ©2022 Google 2 mi

⚠ We don't have the most recent timetables for this area.

Cardiology

via I-97 S		46 min
Fastest route, the usual traffic		31.1 miles
⚠ This route has tolls.		
via I-97 S and MD-178 S		53 min
Some traffic, as usual		29.6 miles
3:19 PM—5:00 PM		1 hr 41 min
CityLink GREEN	210	

Explore 888 Bestgate Rd

KAISER PERMANENTE®

Annapolis Medical Center

Medical Office Building

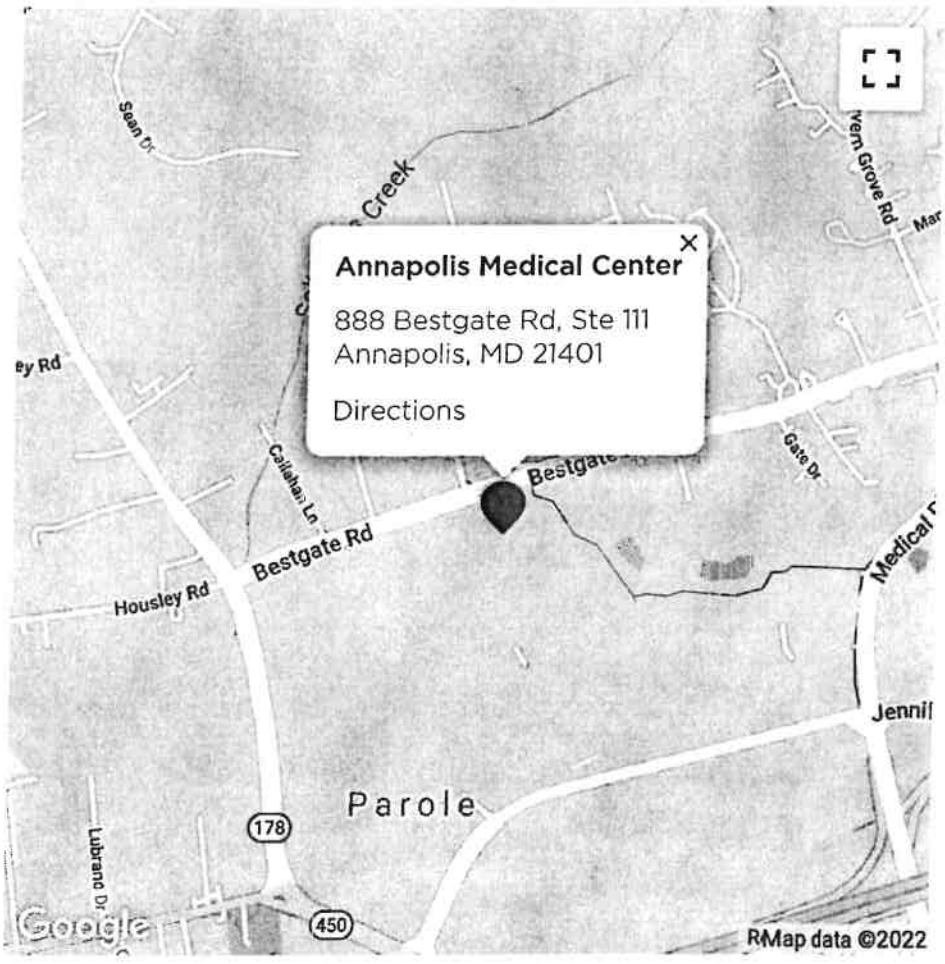
Kaiser Permanente facility

888 Bestgate Rd, Ste 111
Annapolis, MD 21401

Directions

410-571-7300

Skip map



Hours | Phone numb... | Services at a...

Available services

Pharmacy services

Resources

Unavailable services

No emergency services
No urgent care services
No after-hours services

Driving Directions

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

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Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Related links

Learn more about how to properly and safely dispose of unwanted or

expired medication.

See photos

Take tour

Pharmacy services

+ Pharmacy

Departments and specialties

+ Behavioral Services

+ Cardiology

+ Dermatology

+ Family Practice

+ Internal Medicine

+ Laboratory

+ Obstetrics/Gynecology

+ Orthopedics

+ Pediatrics

+ Pharmacy

+ Podiatry

+ Radiology

Show less

Services and amenities

+ Healthy Living Classes

+ Member Services

+ Nutrition and Diabetes Education

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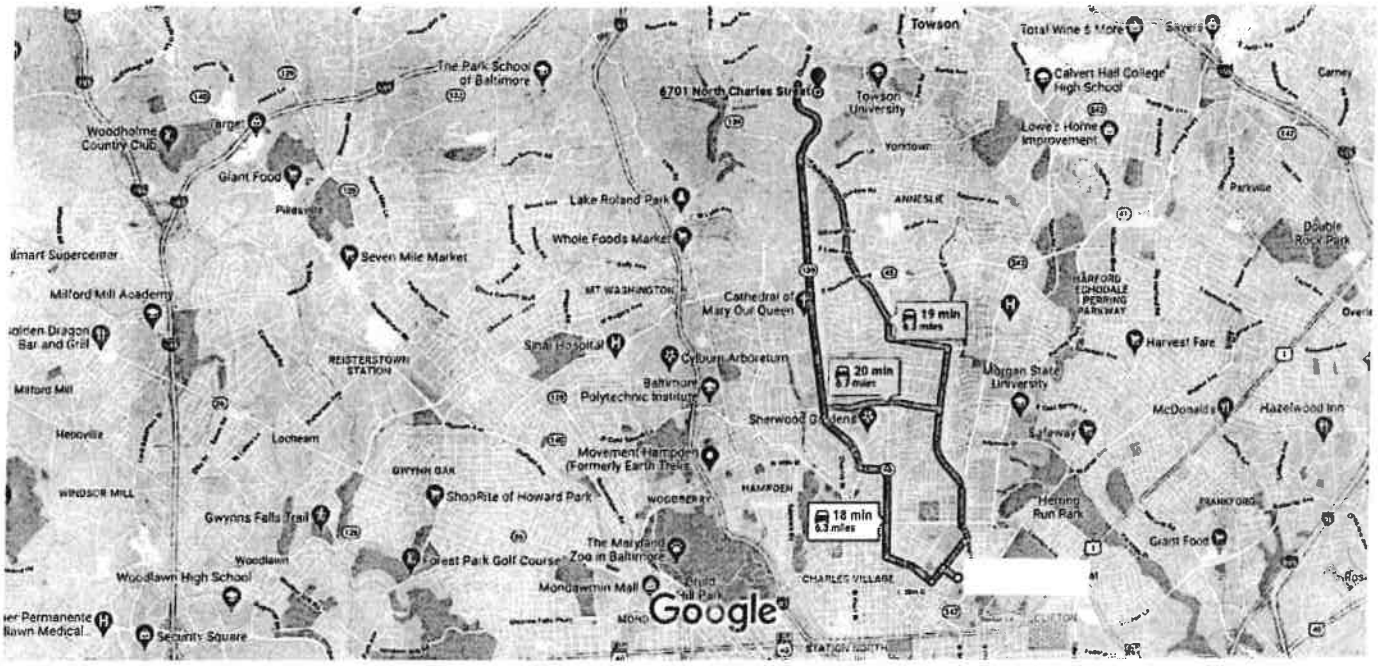
Kaiser Permanente uses the same quality, member experience, or cost-related measures to select practitioners and facilities in

Google Maps

, Baltimore, MD 21218 to 6701 North Charles Street, Baltimore, MD

Drive 6.3 miles, 18 min



Map data ©2022 1 mi

via N Charles St Fastest route now due to traffic conditions	18 min 6.3 miles
via The Alameda and Bellona Ave	19 min 6.3 miles
via The Alameda and N Charles St	20 min 6.7 miles

cardiology

Explore 6701 N Charles St

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Greater Baltimore Medical Center

Plan Hospital

Affiliated facility*

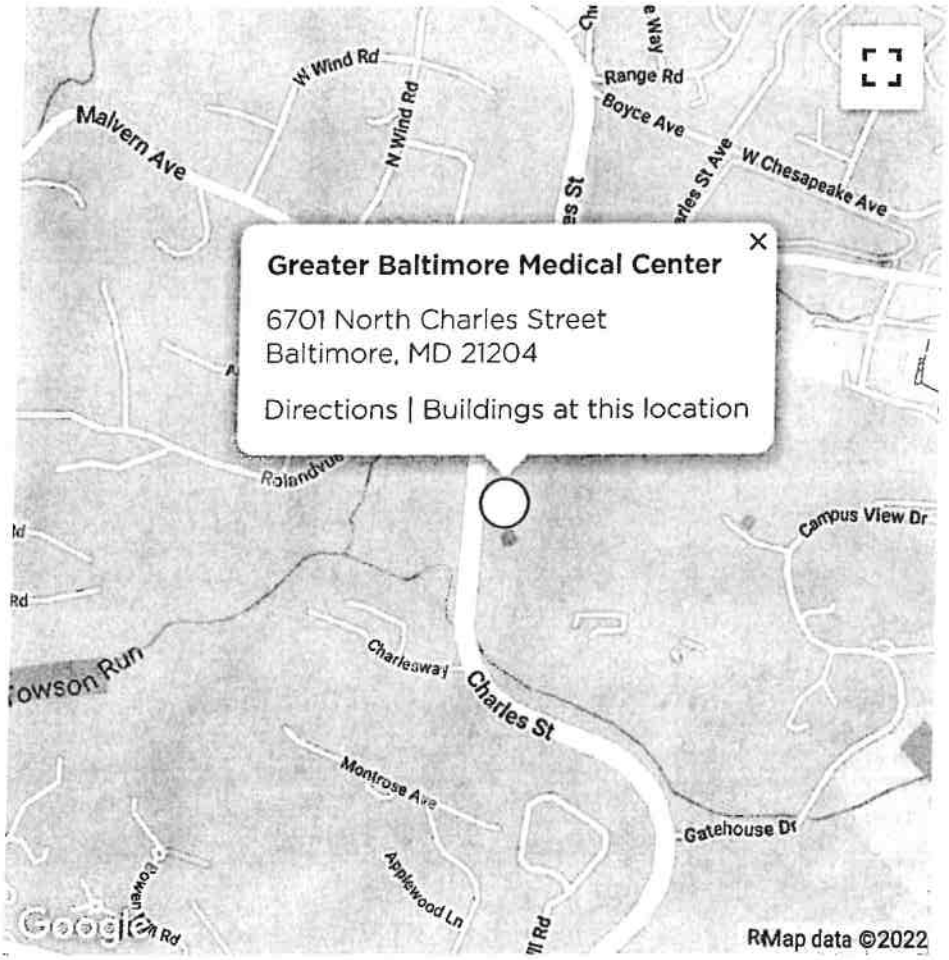
*Costs may vary

6701 North Charles Street Baltimore, MD 21204

Directions

443-849-2000

Skip map



Hours | Phone numb... | **Services at a...**

Available services

Resources

Emergency service

Unavailable services

Buildings at this location

No urgent care services
No after-hours services
No pharmacy services

Driving Directions

About this facility

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

Kaiser Permanente works with a core group of hospitals to create a seamless transition between your outpatient and inpatient care. Not all hospitals can be part of the Kaiser Permanente core group. To qualify, each has been carefully evaluated - and is regularly reassessed - for the quality of care, comfort, and services it provides.

gbmc.org ↗

Hours:

- 7 days, 24 hours

+ Quality and Safety

Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Emergency care

+ Emergency - Adult

+ Emergency - Pediatric

Departments and specialties

+ Cardiology

+ Emergency - Adult

+ Emergency - Pediatric

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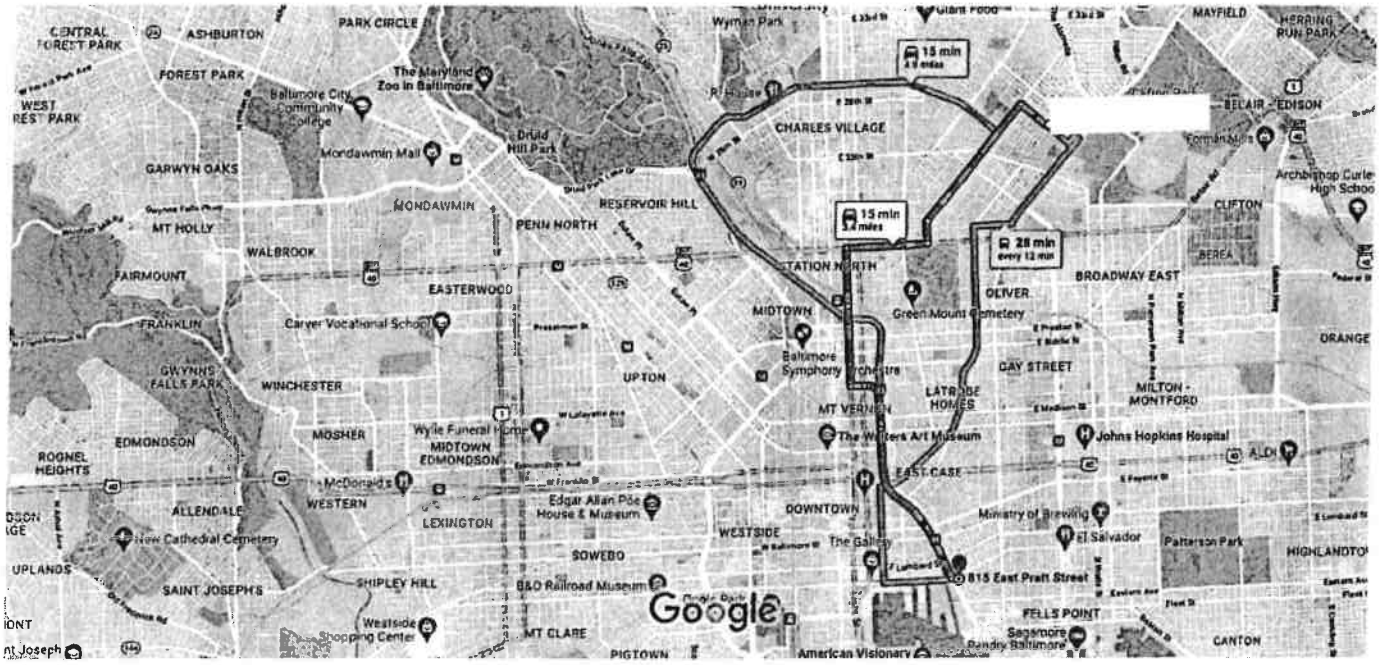
Google Maps , Baltimore, MD 21218 to 815 E Pratt St, Baltimore, MD 21202 Drive 3.4 miles, 15 min



Map data ©2022 Google 2000 ft

via Kirk Ave Best route, despite the usual traffic	15 min 3.4 miles	
via I-83 S	15 min 4.9 miles	
2:43 PM—3:11 PM 54	28 min	

Family
Internal
Lab
OB/GYN
Pharmacy
Radiology

Explore 815 E Pratt St

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Kaiser Permanente Baltimore Harbor Medical Center - Limited Services

Medical Office Building

Kaiser Permanente facility

815 E Pratt St
Baltimore, MD 21202

Directions

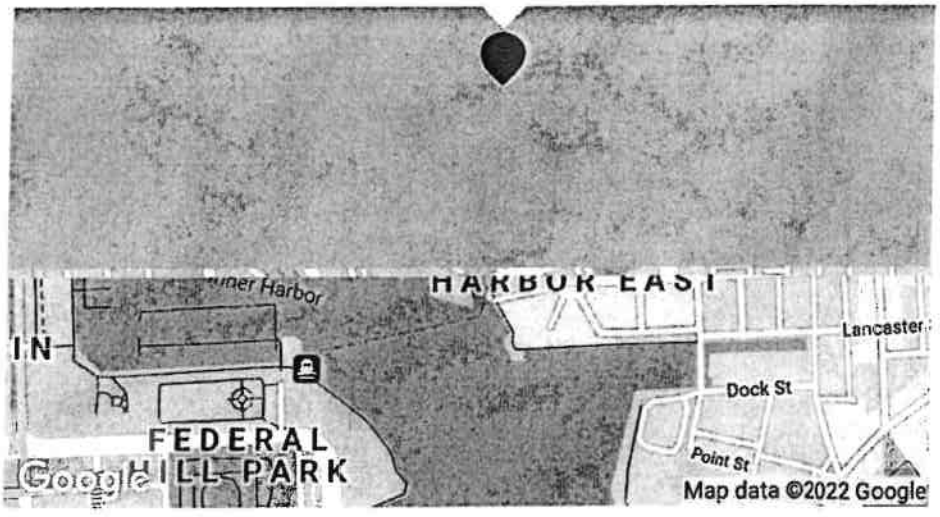
410-637-5700

Skip map

Kaiser Permanente Baltimore Harbor Medical Center - Limited Servi

815 E Pratt St
Baltimore, MD 21202

Directions



Resources

Driving Directions

Available services

Pharmacy services

Unavailable services

No emergency services
No urgent care services
No after-hours services

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

Now available for members: self-service check-in for laboratory services.

The HIMS department has permanently closed. If you need to visit a HIMS department in person, the South Baltimore County, Towson, and White Marsh Medical Centers will be open after November 16.

The most convenient way to request health information and medical forms is by using kp.org. Click here for more information.

Related links

Learn more about how to properly and safely dispose of unwanted or

Plans accepted at this facility

Signature

Select

KPIF

expired medication.

Take tour

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Pharmacy services

+ Pharmacy

Departments and specialties

+ Family Practice

+ Internal Medicine

+ Laboratory

+ Obstetrics/Gynecology (Ob-Gyn)

+ Pharmacy

+ Radiology

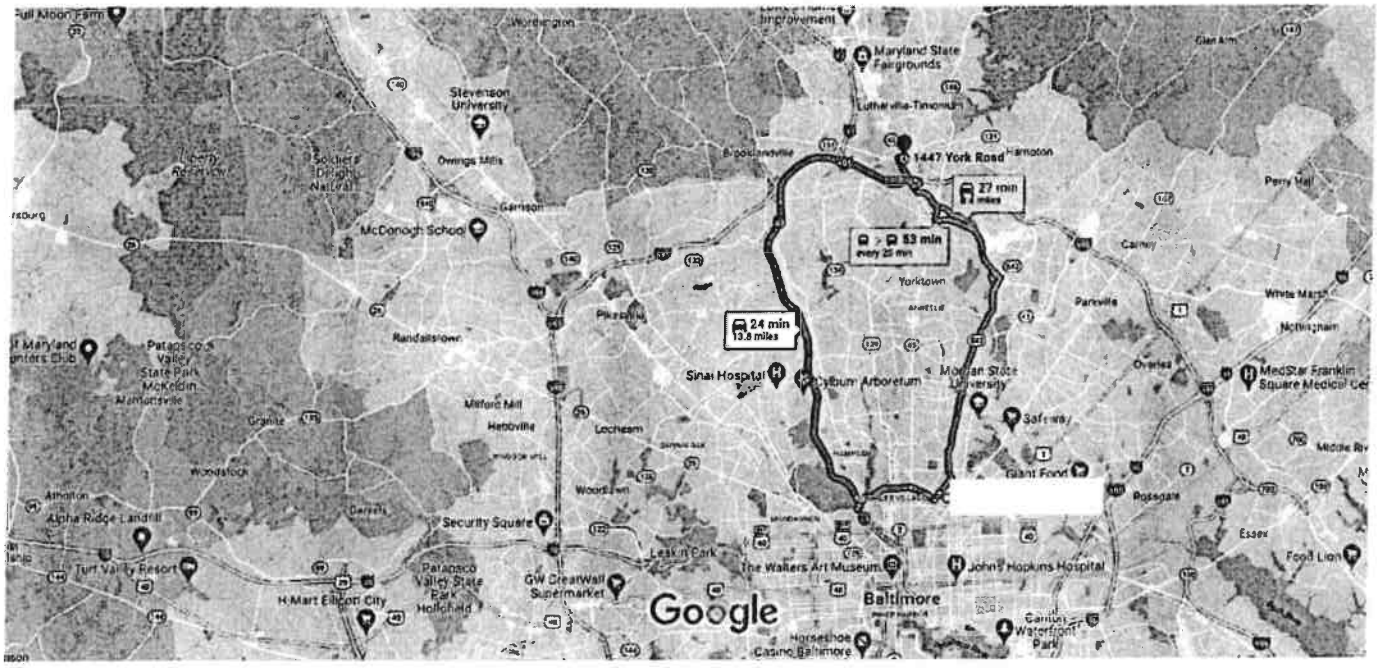
Show less

To find:

Google Maps

, Baltimore, MD 21218 to 1447 York Rd, Lutherville-Timonium, MD

Drive 13.8 miles, 24 min



Map data ©2022 2 mi

via I-83 N Fastest route now due to traffic conditions	24 min 13.8 miles
via Loch Raven Blvd Lighter traffic than usual	27 min 8.4 miles
2:29 PM—3:22 PM CityLink GREEN 93 CityLink RED	53 min

Explore 1447 York Rd

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Towson Medical Center

Medical Office Building

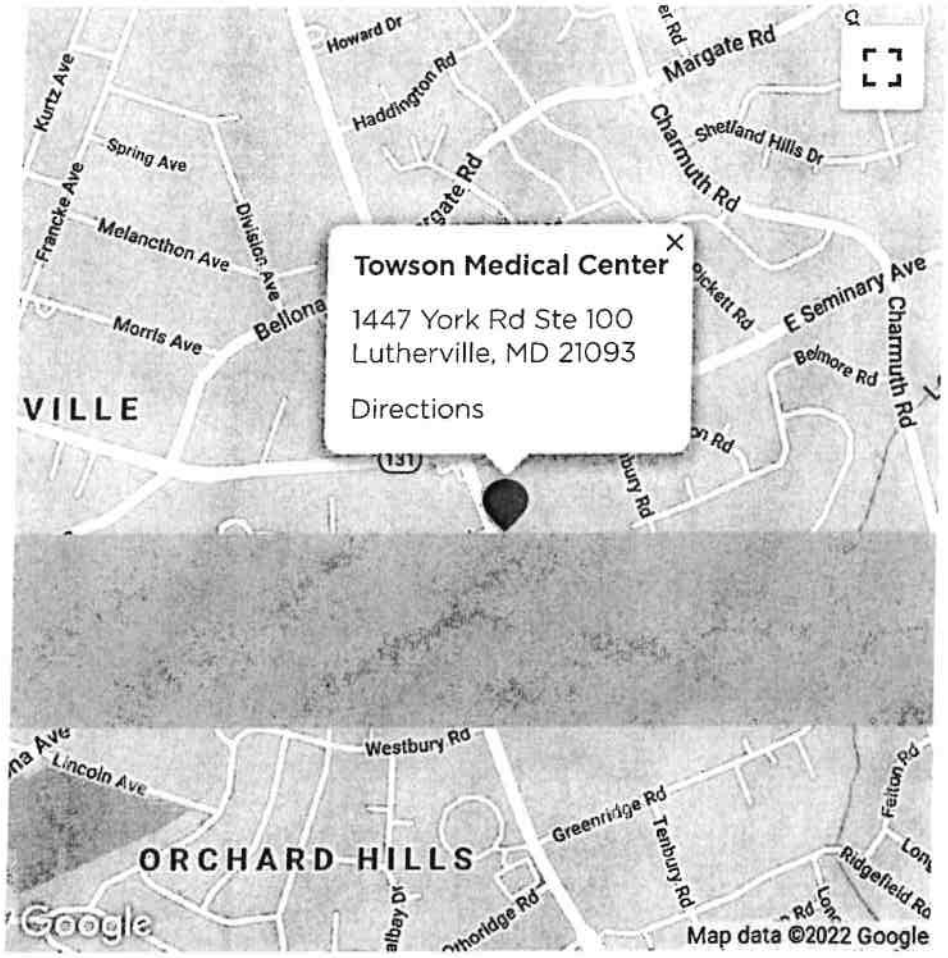
Kaiser Permanente facility

1447 York Rd
Ste 100
Lutherville, MD
21093

Directions

410-339-5500

Skip map



Hours | Phone numb... | Services at a...

Monday through Friday, 8 a.m. to 5 p.m.

Resources

Driving Directions

About this facility

The Towson Medical Center will close on January 28, 2022 but the care you know and love is still right around the corner. All services will continue at the new Lutherville-Timonium Medical Center on January 31, 2022, less than 5 miles away. If you have an appointment at Towson Medical Center after January 28, 2022, we'll contact you to reschedule.

Find out about

- What is emergency and urgent care?
- Help with finding doctors and locations
- Hospital quality and accreditation
- Glossary

Plans accepted at this facility

- Signature
- Select
- KPIF
- Medicare Advantage
- Flexible Choice - Option 1
- Maryland Medicaid
- Virginia Medicaid

Related links

Learn more about how to properly and safely dispose of unwanted or

Pharmacy services

+ Pharmacy

expired medication.

See photos

Take tour

Departments and specialties

+ Dermatology

+ Ear, Nose and Throat (ENT)

+ Gastroenterology

+ Internal Medicine

+ Laboratory

+ Nephrology

+ Neurology

+ Nutrition and Diabetes Education

+ Obstetrics/Gynecology

+ Occupational Therapy

+ Orthopedics

+ Pediatric Endocrinology

+ Pediatrics

+ Pharmacy

+ Podiatry

+ Radiology

+ Urology

Show less

Services and amenities

+ Health Information Management Services

+ Member Services

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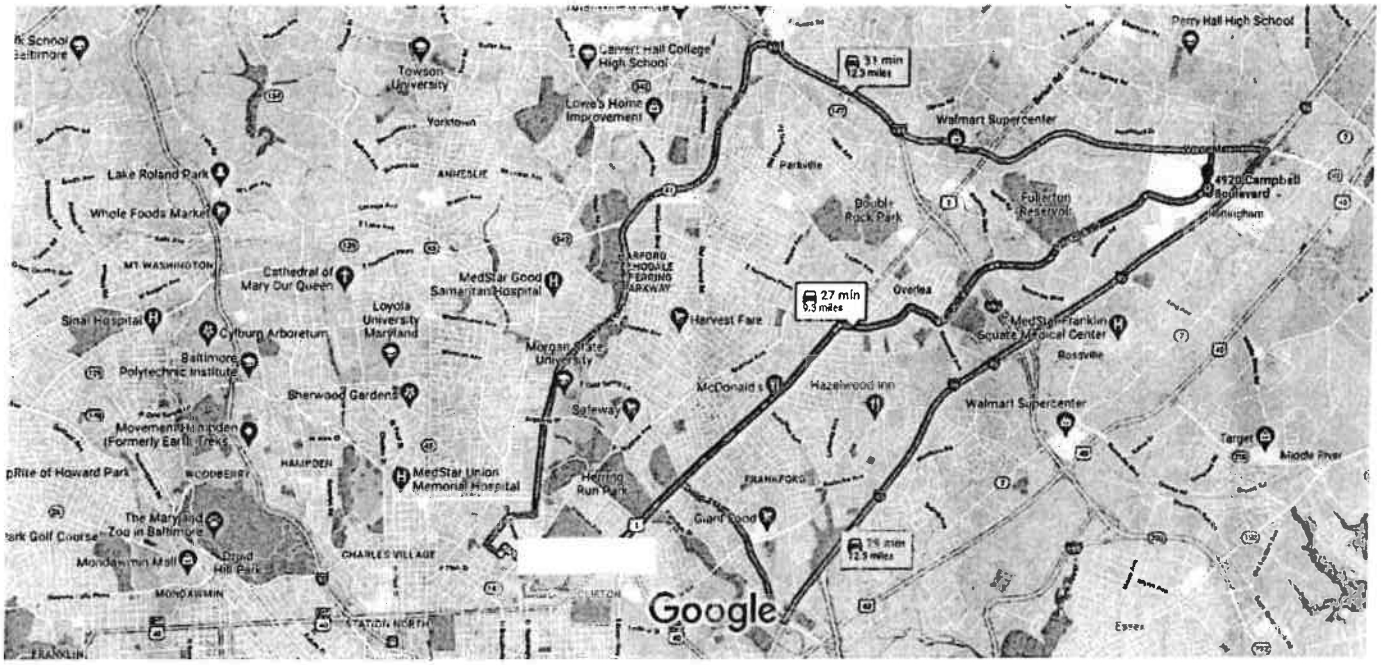
Google Maps

Baltimore, MD 21218 to 4920 Campbell Blvd, Nottingham, MD

Drive 9.3 miles, 27 min



Map data ©2022 1 mi

via Belair Rd Fastest route, lighter traffic than usual	27 min 9.3 miles
via I-95 Express Toll Some traffic, as usual	29 min 12.5 miles
via Perring Pkwy and MD-43 E/White Marsh Blvd Some traffic, as usual	31 min 12.3 miles

Explore 4920 Campbell Blvd

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

White Marsh Medical Center

Medical Office Building

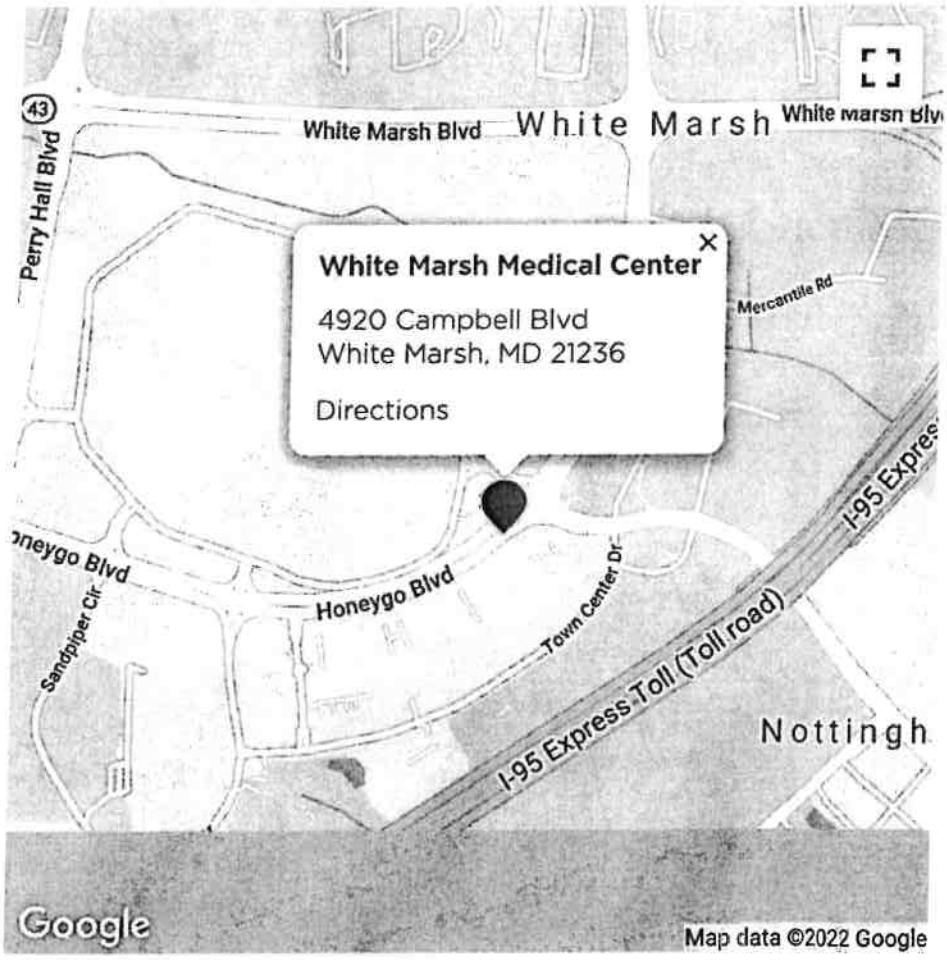
Kaiser Permanente facility

4920 Campbell Blvd
White Marsh, MD 21236

Directions

410-933-7600

Skip map



Hours | Phone numb... | **Services at a...**

Available services

Urgent care services
After-hours services
Pharmacy services

Unavailable services

No emergency services

Resources

Driving Directions

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

Now available for members: self-service check-in for laboratory services.

Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Related links

Maryland Medicaid

Virginia Medicaid

Learn more about how to properly and safely dispose of unwanted or

Urgent and after-hours care

expired medication.

See photos

Take tour

+ After-hours services

+ Urgent Care

Pharmacy services

+ Pharmacy

Departments and specialties

+ After-hours services

+ Behavioral health

+ Internal Medicine

+ Laboratory

+ Mammography

+ Newborn Care Center

+ Nutrition and Diabetes Education

+ Obstetrics/Gynecology

+ Orthopedics

+ Pediatrics

+ Pharmacy

+ Physical Medicine

+ Physical Therapy

+ Pre-op Testing

+ Radiology

+ Urgent Care

Show less

Services and amenities

+ Health Information Management Services

+ Member Services

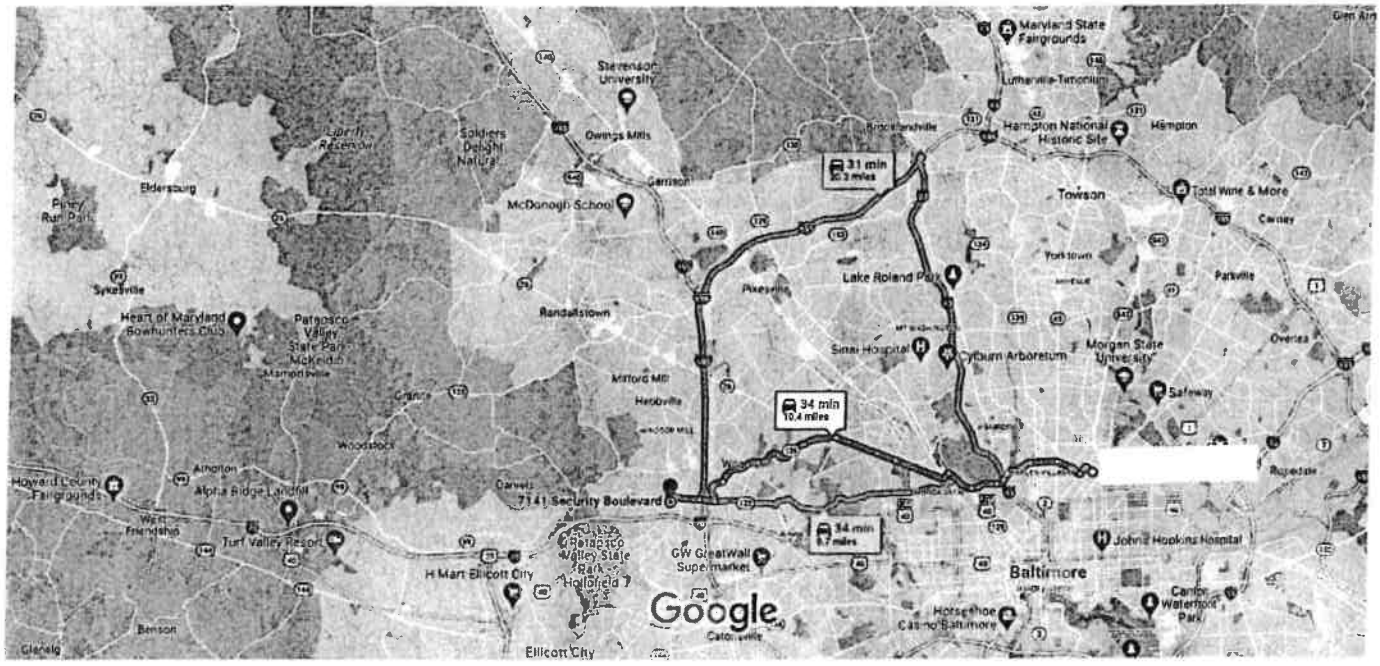
To find:

- a Kaiser Permanente provider's office hours, search our facility directory
- affiliated providers' office hours, call their offices directly

Google Maps

Baltimore, MD 21218 to 7141 Security Boulevard, Windsor Mill, MD

Drive 10.4 miles, 34 min



Map data ©2022 2 mi

via I-83 N and I-695 W	Fastest route, lighter traffic than usual	31 min 20.2 miles
via Liberty Heights Ave	Some traffic, as usual	34 min 10.4 miles
via Security Blvd	Some traffic, as usual	34 min 9.7 miles

Explore 7141 Security Blvd

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Woodlawn Medical Center - Limited Services

Medical Office Building

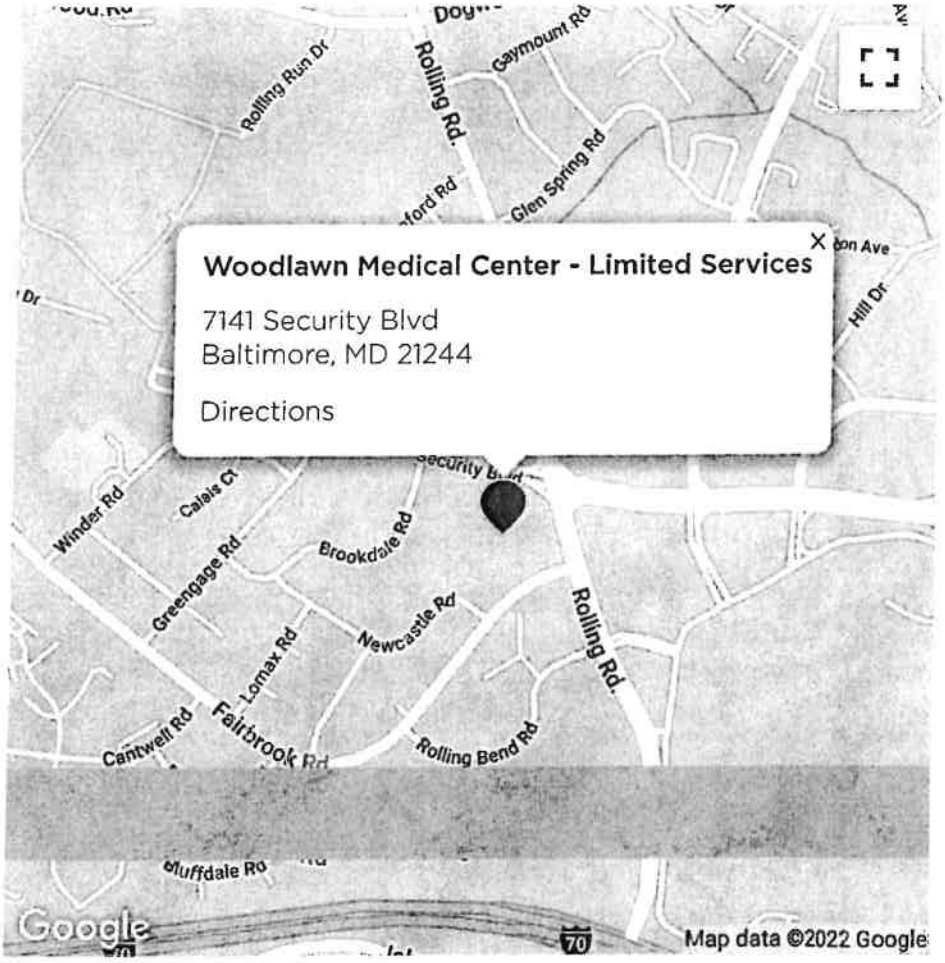
Kaiser Permanente facility

7141 Security Blvd
Baltimore, MD 21244

Directions

1-800-777-7904 (toll free)

Skip map



Hours | Phone numb... | **Services at a...**

Resources

Driving Directions

Available services

Pharmacy services

Unavailable services

No emergency services
No urgent care services
No after-hours services

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

Locate your closest urgent care facility in our directory.

Now available for members: self-service check-in for laboratory services.

The HIMS department has permanently closed. If you need to visit a HIMS department in person, the South Baltimore County, Towson, and White Marsh Medical Centers will be open after November 16.

The most convenient way to request health information and medical forms is by using kp.org. Click here for more information.

Related links

Learn more about how to properly and safely dispose of unwanted or

Plans accepted at this facility

Signature

Select

KPIF

expired medication.

See photos

Take tour

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Pharmacy services

+ Pharmacy

Departments and specialties

+ Baltimore Imaging Center

+ Behavioral Health

+ Diabetes Education / Diabetes In-Step Class

+ Hand Therapy (Occupational Therapy)

+ Infusion Center

+ Internal Medicine

+ Laboratory

+ Nutrition

+ Obstetrics/Gynecology

+ Oncology

+ Ophthalmology

+ Optometry

+ Pediatrics

+ Peritoneal Dialysis

+ Pharmacy

+ Physical Therapy Services

+ Radiology

+ Vision Essentials Optical Center

Show less

Services and amenities

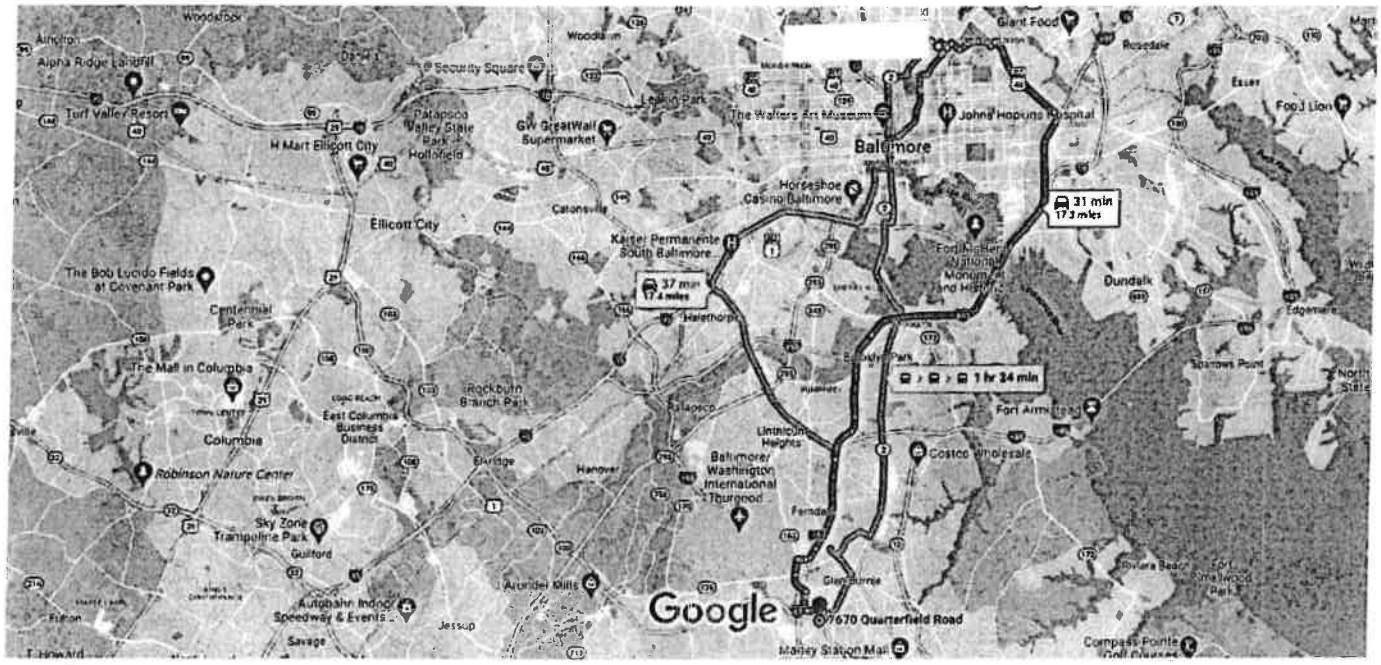
+ Member Services

To find:

Google Maps

Baltimore, MD 21218 to 7670 Quarterfield Road, Glen Burnie, MD

Drive 17.3 miles, 31 min



Map data ©2022 2 mi

via I-895 S — 31 min
Fastest route, the usual traffic — 17.3 miles
⚠ This route has tolls.

via I-695 S — 37 min
Some traffic, as usual — 17.4 miles

2:32 PM—3:56 PM — 1 hr 24 min
CityLink GREEN 67
CityLink SILVER 69

Explore 7670 Quarterfield Rd

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

North Arundel Medical Center

Medical Office Building

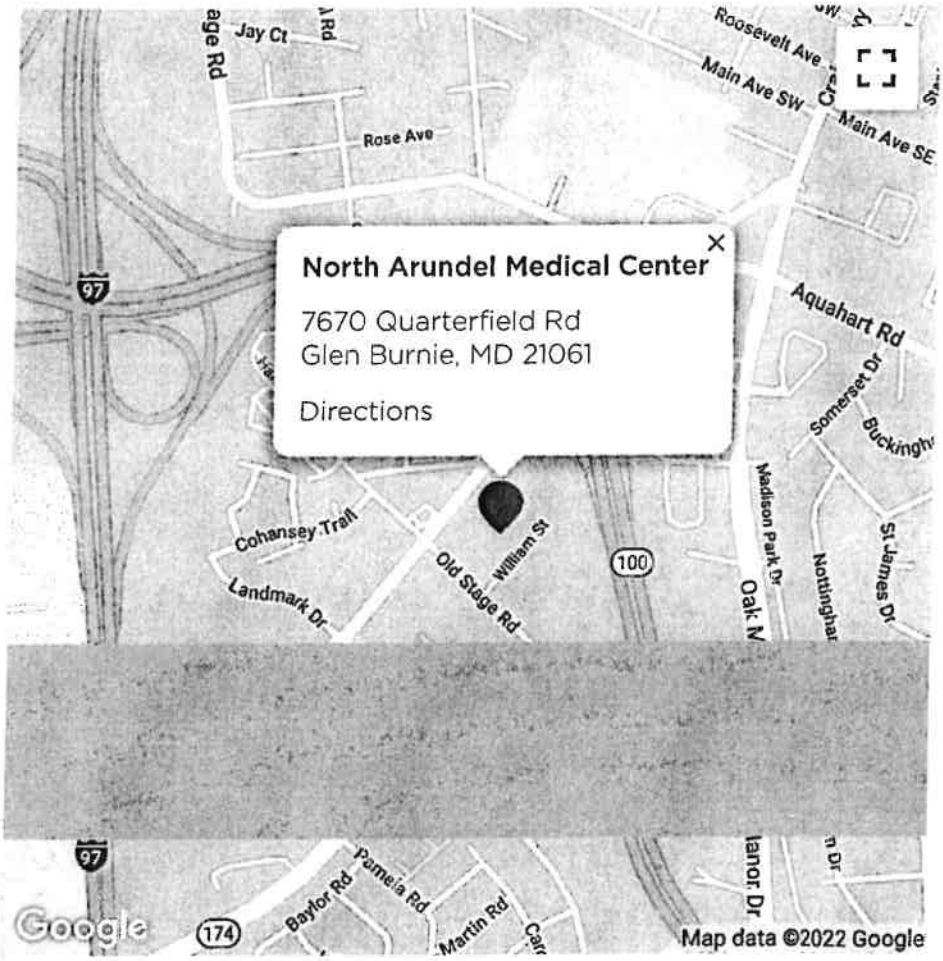
Kaiser Permanente facility

7670 Quarterfield Rd
Glen Burnie, MD 21061

Directions

410-508-7650

Skip map



Hours | Phone numb... | Services at a...

Available services

Pharmacy services

Resources

Unavailable services

No emergency services
No urgent care services
No after-hours services

Driving Directions

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

Note: Now available for members: self-service check-in for laboratory services.

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Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Related links

Learn more about how to properly and safely dispose of unwanted or

expired medication.

See photos

Take tour

Maryland Medicaid

Virginia Medicaid

Pharmacy services

+ Pharmacy

Departments and specialties

+ Allergy Shots

+ Family Practice

+ Internal Medicine

+ Laboratory

+ Nutrition and Diabetes Education

+ Obstetrics/Gynecology (OB-Gyn)

+ Ophthalmology

+ Optometry

+ Pediatrics

+ Pharmacy

+ Radiology

+ Vision Essentials Optical Center

Show less

Services and amenities

+ Member Services

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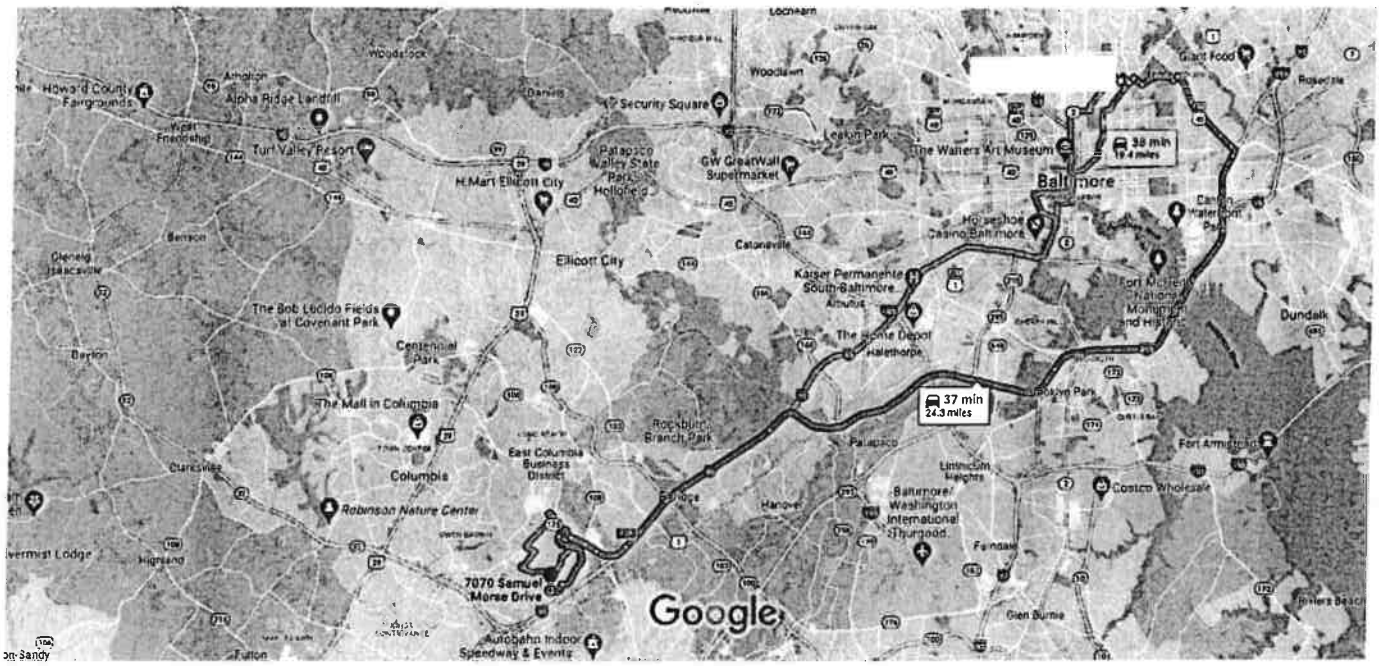
Google Maps

:, Baltimore, MD 21218 Drive 24.3 miles, 37 min
to 7070 Samuel Morse Drive, Columbia, MD



Map data ©2022 2 mi

via I-895 S 37 min
Fastest route now due to traffic conditions 24.3 miles
⚠ This route has tolls.

via I-95 S 38 min
Some traffic, as usual 19.4 miles

3:19 PM—5:01 PM 1 hr 42 min
CityLink GREEN 310
501 406

Explore 7070 Samuel Morse Dr

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Columbia Gateway Medical Center

Medical Office Building

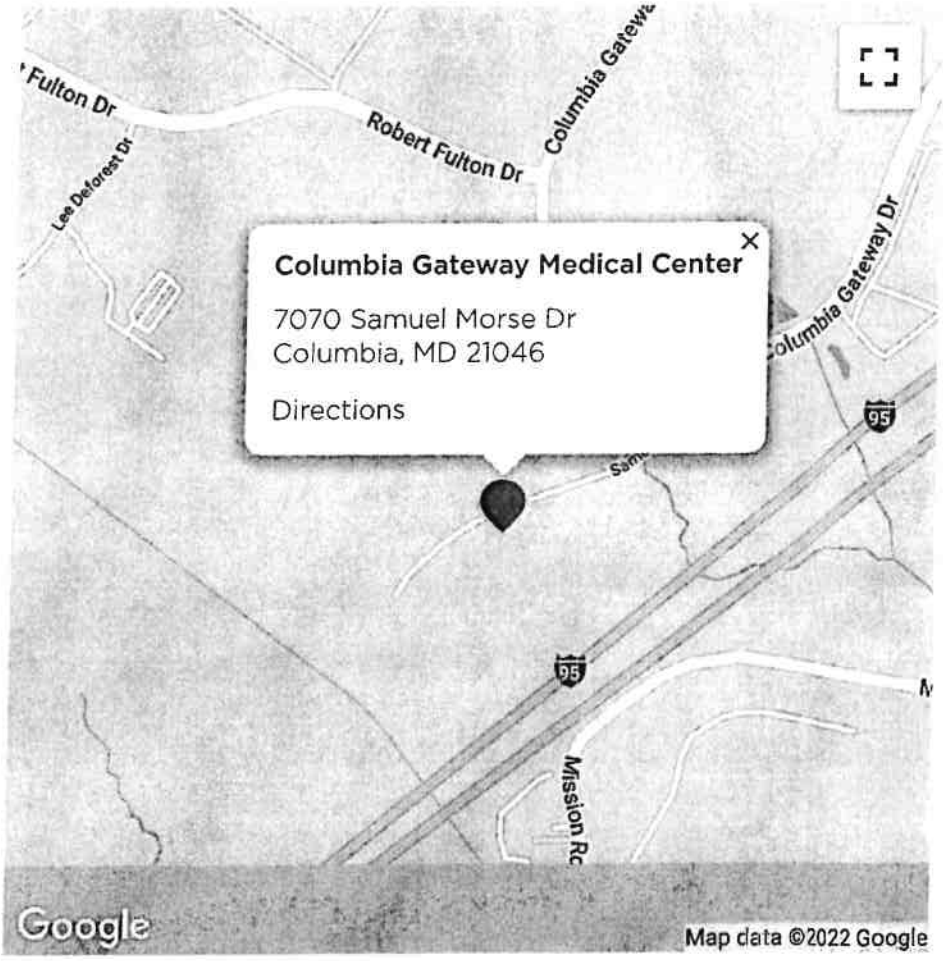
Kaiser Permanente facility

7070 Samuel Morse Dr
Columbia, MD 21046

Directions

410-309-4600

Skip map



Hours | Phone numb... | **Services at a...**

Resources

Driving Directions

Available services

Pharmacy services

Unavailable services

No emergency services
No urgent care services
No after-hours services

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

About this facility

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Plans accepted at this facility

Signature Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Related links

Learn more about how to properly and safely dispose of unwanted or

expired medication.

Virginia Medicaid

See photos

Take tour

Pharmacy services

+ Pharmacy

Departments and specialties

+ Allergy Shots

+ Behavioral Health

+ Family Practice

+ Internal Medicine

+ Laboratory

+ Newborn Care Center

+ Obstetrics/Gynecology

+ Pediatrics

+ Pharmacy

+ Radiology

Show less

Services and amenities

+ Diabetes Education

+ Member Services

+ New Member Orientation

+ Nutrition and Diabetes Education

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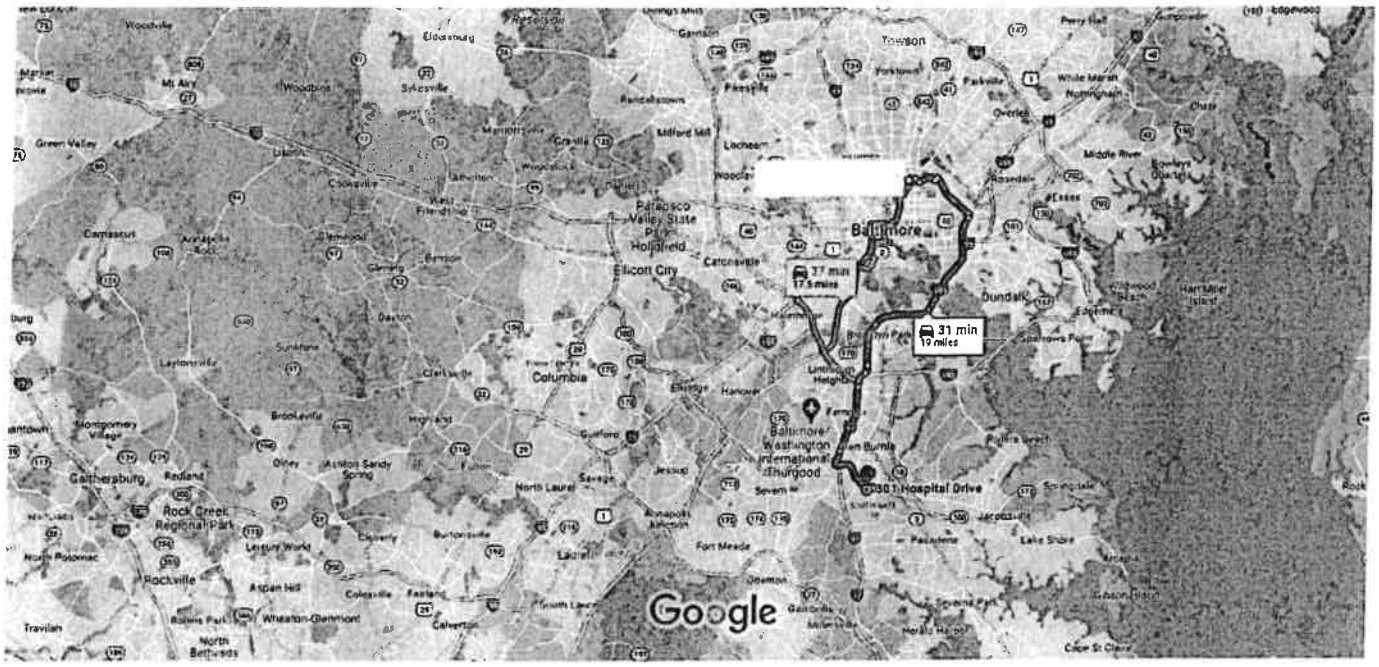
Kaiser Permanente uses the same quality, member experience, or cost-related measures to select practitioners and facilities in Marketplace Silver-tier plans as it does for all other Kaiser

Google Maps

Baltimore, MD 21218 to 301 Hospital Drive, Glen Burnie, MD

Drive 19.0 miles, 31 min



Map data ©2022 Google 2 mi

via I-895 S Fastest route, the usual traffic ⚠ This route has tolls.	31 min 19.0 miles	ER only
via MD-295 S Some traffic, as usual	37 min 17.5 miles	
via I-97 S Some traffic, as usual	37 min 19.1 miles	

Explore 301 Hospital Dr

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Baltimore Washington Medical Center

Plan Hospital

Affiliated facility*

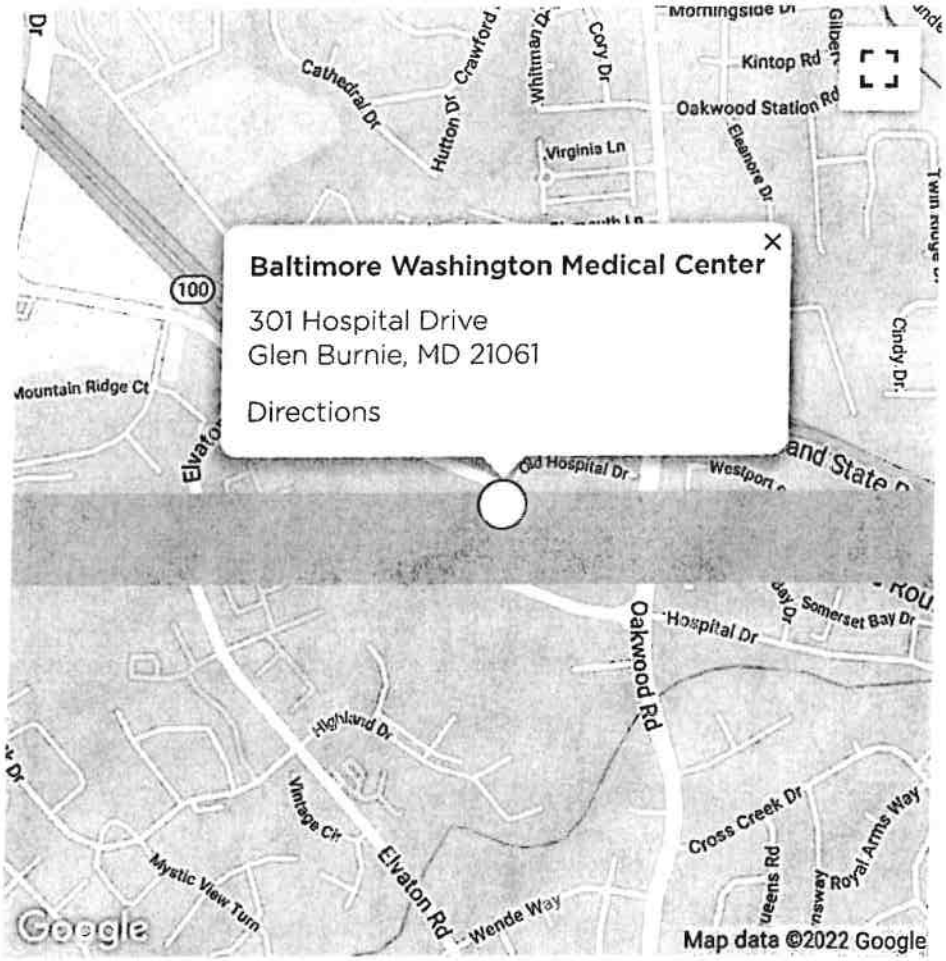
*Costs may vary

301 Hospital Drive
Glen Burnie, MD 21061

Directions

410-787-4000

Skip map



Hours | Phone numb... | **Services at a...**

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

Available services

Emergency service

Unavailable services

No urgent care services
No after-hours services
No pharmacy services

About this facility

University of Maryland affiliate

Kaiser Permanente works with a core group of hospitals to create a seamless transition between your outpatient and inpatient care. Not all hospitals can be part of the Kaiser Permanente core group. To qualify, each has been carefully evaluated - and is regularly reassessed - for the quality of care, comfort, and services it provides.

Website: https://www.umms.org/bwmc ↗

Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Emergency care

+ Emergency

Departments and specialties

+ Emergency

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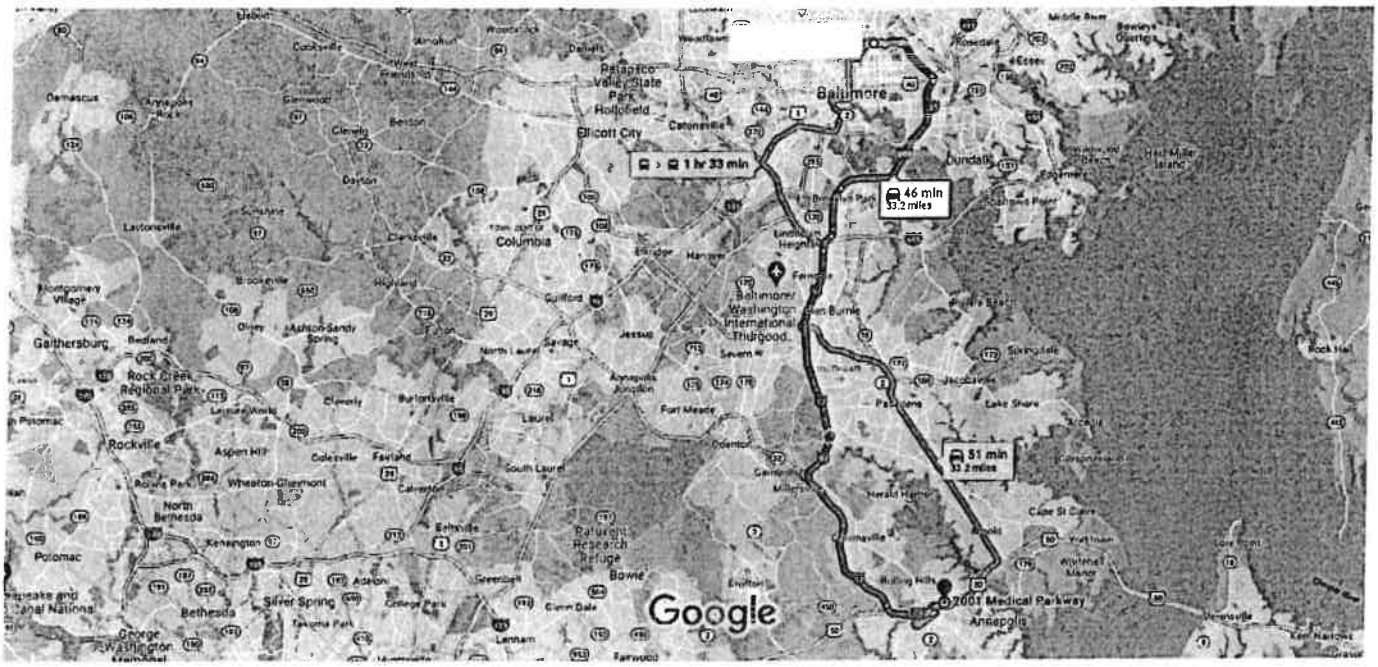
Google Maps

Baltimore, MD 21218 Drive 33.2 miles, 46 min to 2001 Medical Pkwy, Annapolis, MD 21401



Map data ©2022 Google 2 mi

⚠ We don't have the most recent timetables for this area.

ER only

via I-97 S — 46 min, 33.2 miles
Fastest route, the usual traffic
⚠ This route has tolls.

via MD-2 S — 51 min, 33.2 miles

3:19 PM—4:52 PM — 1 hr 33 min
CityLink GREEN · 210

Explore 2001 Medical Pkwy

KAISER PERMANENTE®

Anne Arundel Medical Center

Plan Hospital

Affiliated facility*

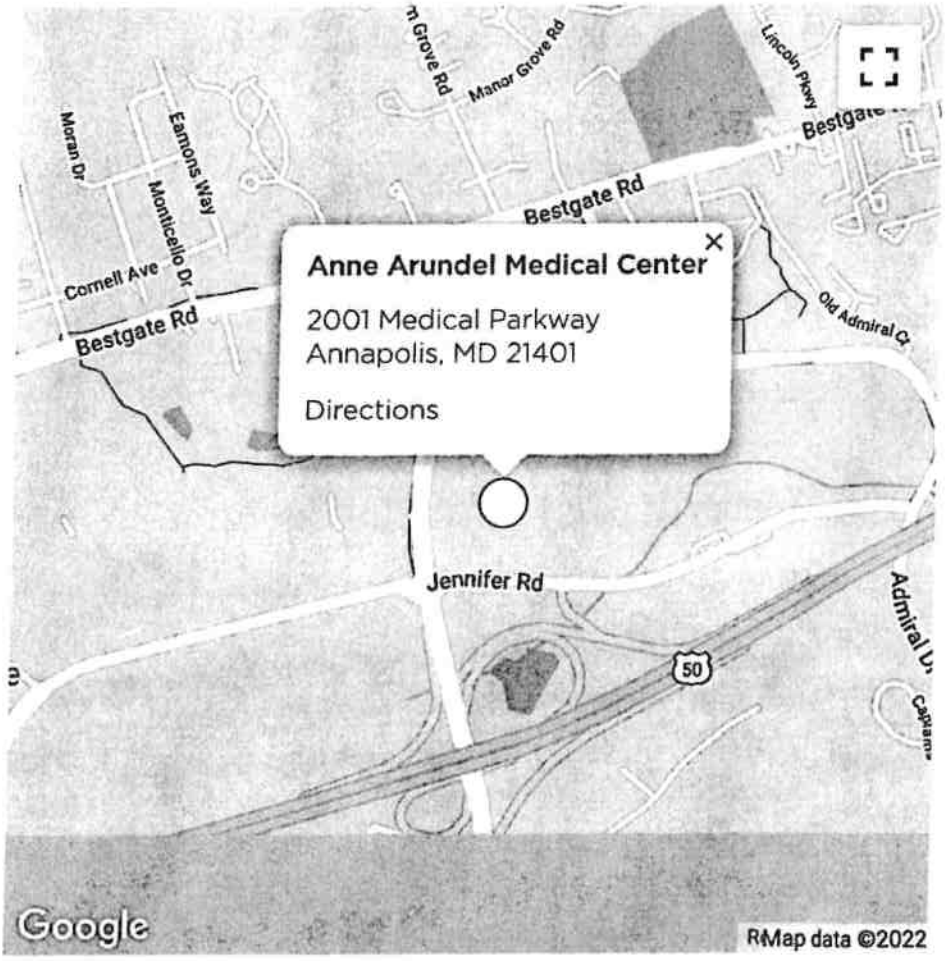
*Costs may vary

2001 Medical Parkway
Annapolis, MD 21401

Directions

443-481-1000

Skip map



Hours | Phone numb... | **Services at a...**

Available services

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

Emergency service

Unavailable services

No urgent care services
No after-hours services
No pharmacy services

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askAAMC.org ↗

Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Emergency care

+ Emergency

Departments and specialties

+ Emergency

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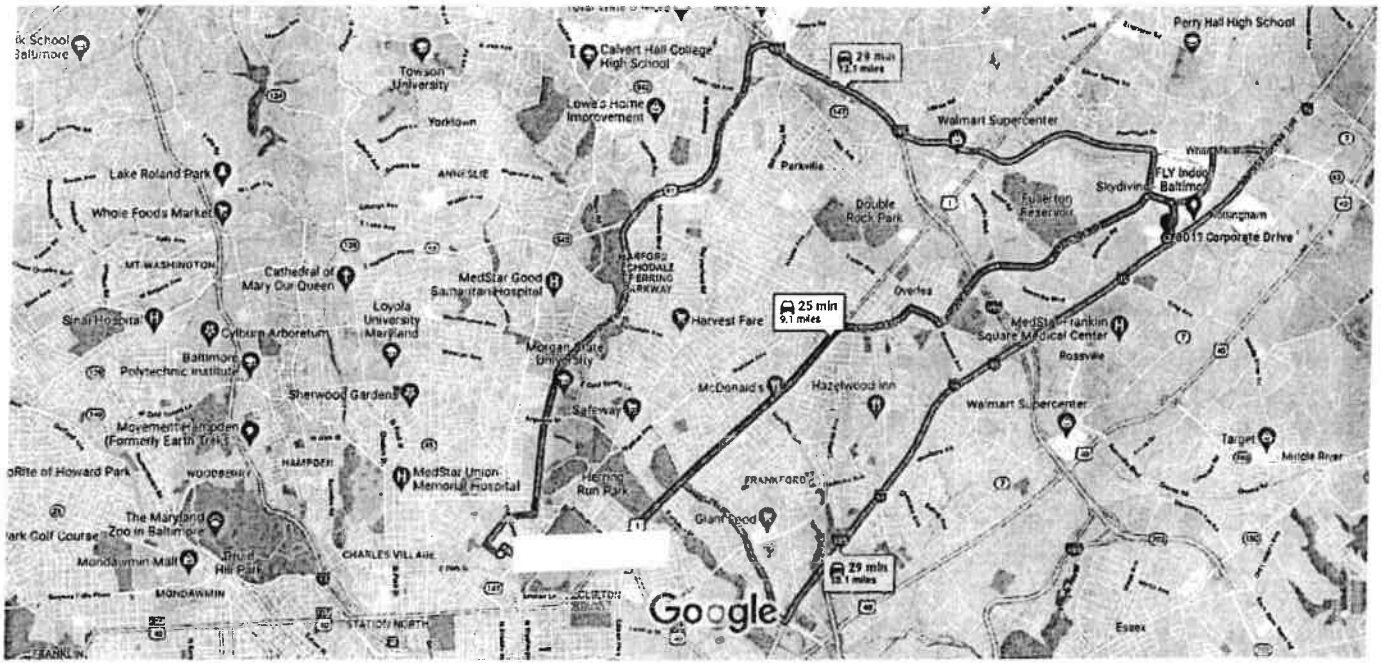
Google Maps

, Baltimore, MD 21218 to 8019 Corporate Drive, Nottingham, MD

Drive 9.1 miles, 25 min



Map data ©2022 1 mi

via Belair Rd	Fastest route, lighter traffic than usual	25 min 9.1 miles
via Perring Pkwy	Some traffic, as usual	29 min 12.1 miles
via I-95 Express Toll		29 min 13.1 miles

Physical therapy only

Explore 8019 Corporate Dr

Restaurants Hotels Gas stations Parking Lots More

KAISER PERMANENTE®

Kaiser Permanente Nottingham Rehabilitation Center

Other

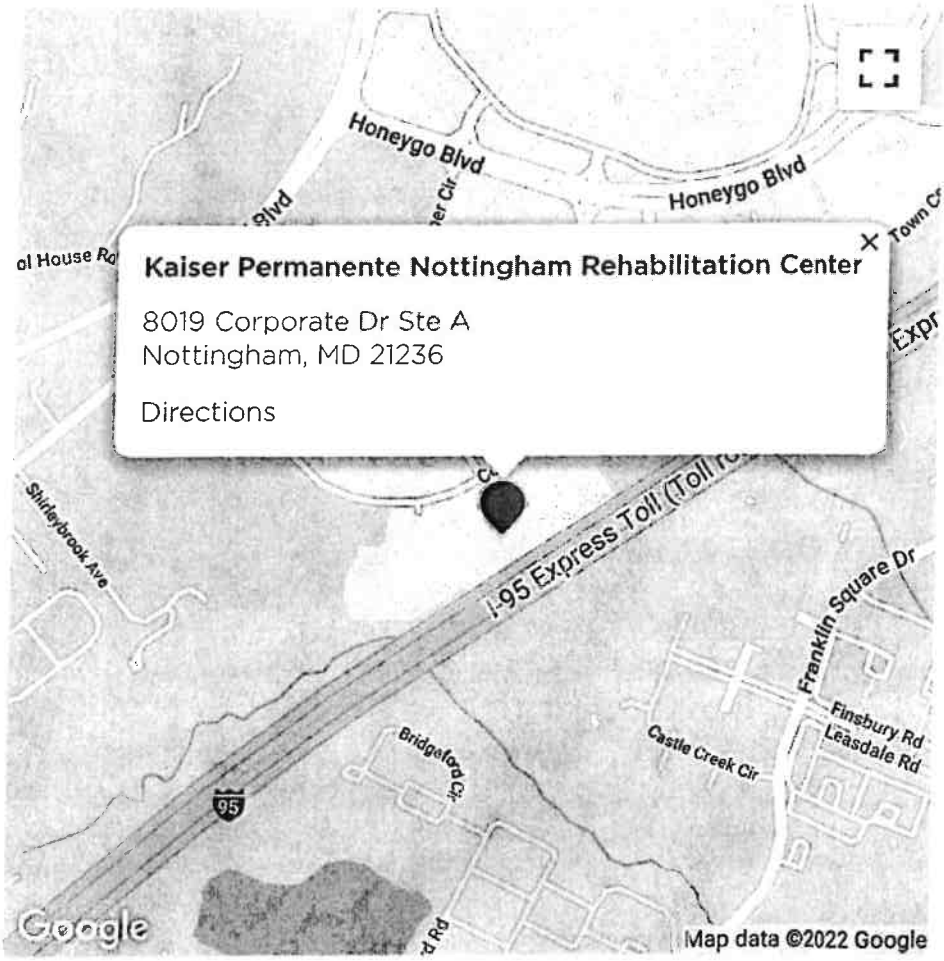
Kaiser Permanente facility

8019 Corporate Dr Ste A
Nottingham, MD 21236

Directions

410-933-7628

Skip map



Hours | Phone numb... | **Services at a...**

Find out about

What is emergency and urgent care?

Help with finding doctors and locations

Hospital quality and accreditation

Glossary

Unavailable services

No emergency services
No urgent care services
No after-hours services
No pharmacy services

Plans accepted at this facility

Signature

Select

KPIF

Medicare Advantage

Flexible Choice - Option 1

Maryland Medicaid

Virginia Medicaid

Departments and specialties

+ Physical Therapy

To find:

- a Kaiser Permanente provider's office hours, search our facility directory

NAME: **SS#:**
REGARDING:

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	October 18, 1995	**STATUS:**	Part Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist #M21/174-2464

FUND RULE:
"**Anesthesia Services**
The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

SUMMARY:

Date(s) of Service:	August 2, 2021
Claim(s) Received:	August 10 2021
Claim(s) Denied:	August 13, 2021
Appeal Received:	December 7, 2021

The **provider,** Johns Hopkins University, is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist) for the participant's son (DOB: 8-25-2006). The provider states that they received payment for only a portion of their contracted rate for anesthesia services.

Fund records indicate Johns Hopkins University submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's son's surgical procedure on August 2, 2021. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan, based on CareFirst's pricing of these charges. The Fund office denied the claim for the CRNA.

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

JHU Anesthesia and Critical Care Medicine
PO Box 64382
Baltimore, MD 21264

December 7, 2021

Patient Name:
Patient Policy #
Date of Service: 08/02/21
JHU Invoice # J1290061600
ICN # BKWN40

Attention: **Appeals Department**

This Appeal letter is in reference to date of service **08/02/21** that was submitted by Johns Hopkins Department of Anesthesiology and Critical Care Medicine for your member . The procedure code billed was **01250 QX** for a total amount due of **$900.00.**

Our claim was denied by your office for lifetime benefit maximum has been reached for this service/benefit category.

You paid **$957.71** on the MD claim under ICN BKWN68, but denied the CRNA claim. Our **Contracted Rate** of **$352.10** for the CRNA claim and $1,197.14 total **$1,549.24,** which you only paid a total of **$957.71.**

Additional information is attached.

Given the facts stated above, I am asking that you honor this appeal and reverse your original decision and reimburse The Department of Anesthesiology and Critical Care Medicine for the services rendered.

Respectfully,

Julia Demopoulos
Collections Specialist

Office: 410-933-5473
Fax: 410-367-2508
Jdemopo1@jhmi.edu

ASSOCIATED ADMINISTRATORS LLC
SEE PAPER REMIT
WLB, XX 12345

Payer ID: 13788

Payment Made To:
JOHNS HOPKINS UNIVERSITY
PO Box 64382
Baltimore, MD 212644382

EXPLANATION OF BENEFITS

This document is not a bill. Please retain a copy of this document for your own records.

Payment Information
Method: Check
Check/EFT Number: 02029646
Amount: 1947.14
Date: 08-18-2021

Taxpayer ID: 520595110
National Provider ID: 1740286418

Claim Number: BKWN40
Claim Date: 08-02-2021

Patient Account Number: J1290061600
Patient:

Service Dates		Procedure	Billed	Allowed	Remarks	Provider	Copay	Deduct.	Co-Insur.	Other	Not	Other Adjustment		Benefit
From	To	Code	Amount	Amount		Discount				Insurance	Covered	Amount	Reason	Amount
08-02-2021	08-02-2021	HC:01250 QX	900.00	0.00								900.00	16	0.00

General Claim Adjustments

Total Billed Amount: 900.00 Patient Responsibility: 0.00 Total Benefit Amount: 0.00

Adjustment Reason Codes
16: Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) This change effective 11/1/2013: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

(MRN: JH74065313) DOB:

Anesthesia Summary - [JH74065313] Male 14 y.o.

Current as of 08/02/21 0950

Height: Not recorded
Weight: 43.2 kg (95 lb 3.8 oz) (08/02/21)
BMI: Not recorded
NPO Status: Not recorded
Allergies: BLUEBERRY, PLUM

Anesthesia Record:
[JH74065313] Male
08/02/21
ZBOR 402 / JHH ZBOR 4

Procedures: TENOTOMY, ADDUCTOR, HIP (Bilateral)1RELEASE, TENDON, HIP iliopsoas lengthening (Bilateral)1OSTEOTOMY, FEMUR, DISTAL extension derotation osteotomies (Bilateral)1RELEASE, HAMSTRING +/- (Bilateral)
Responsible Provider: Shivani Mayank Patel, MD
Surgeons: Ranjit Abraham Varghese, MBBS
Anesthesia Type: general
Age: 14 y.o.
Weight: 43.2 kg (95 lb 3.8 oz)
ASA Status: 2

Preprocedure Vitals

Current as of 08/02/21 0950

BP:
Resp: 20
Temp: 37 °C (98.6 °F)
Height:
BMI:
Last edited 08/02/21 0947 by TR

Pulse: 74
SpO2: 99

Weight: 43.2 kg (95 lb 3.8 oz) (08/02/21)
IBW:

Preop Administered Meds from 12/06/2021 1201 to 12/07/2021 1201

None

Preprocedure Note

Last edited 08/02/21 0949 by Philip Charles Carullo, MD
Date of Service 08/02/21 0944
Status: Signed

Peds Anesthesia Pre-evaluation Note

Reason for visit:
is a 14 y.o. male is scheduled with Surgeon(s):
Ranjit Abraham Varghese, MBBS for Procedure(s):
TENOTOMY, ADDUCTOR, HIP
RELEASE, TENDON, HIP iliopsoas lengthening
OSTEOTOMY, FEMUR, DISTAL extension derotation osteotomies
RELEASE, HAMSTRING +/-

NPO:
No data recorded

ROS/Hx
HPI: is a 14 year old male with autism, developmental delay, CP with seizures, segmental hemangioma of the right face and eyelid, who presents today for bilateral femur osteotomies with hamstring release.

History of PONV. Easy MV and intubation in prior anesthetics.

Anesthesia History
(-) history of anesthetic complications
(-) family history of anesthetic complications
(+) PONV

Growth and Development
(+) developmental delay
Developmental delay type: global delay

GU/Renal/Gyn
Normal GU/renal/gyn review

Hepatic
Normal hepatic review

(MRN: JH74065313) DOB:

Neurology
(+) seizures
(+) hypertonia
(+) cerebral palsy

Cardiovascular
Normal cardiovascular review

Bronchopulmonary
Normal bronchopulmonary review

Gastrointestinal
Normal gastrointestinal review

Endocrine/Metabolic
Normal endocrine/metabolic review

Hematology Oncology
Normal hematology oncology review

Psych
(+) developmental delays

Musculoskeletal
(+) hypertonia

PMH/Problem list:

Patient Active Problem List

Diagnosis	Code
• Exotropia, intermittent	H50.30
• Scar	L90.5
• Hemangioma of skin and subcutaneous tissue	D18.01
• Reflux	IMO0001
• Regurgitation and rechewing of food	R11.10
• Feeding problem	R63.3
• Hemangioma	D18.00
• Acquired melanocytic nevus	D22.9
• Pes planovalgus	Q66.6
• Other cerebral palsy	G80.8
• Left foot pain	M79.672
• Glaucoma suspect, right	H40.001

Past surgical history

Past Surgical History:

Procedure	Laterality	Date
• ACHILLES TENDON LENGTHENING *Procedure: ACHILLES TENDON LENGTHENING; Surgeon: Ranjit Abraham Varghese, MBBS; Location: JHH ZBOR 4; Service: Pediatric Orthopedics; Laterality: Bilateral;*	Bilateral	3/5/2018
• ADENOIDECTOMY		2013
• bitten by a dog and need stiches in his face 1/25/2014		1/25/2014
• CALCANEAL SLIDE OSTEOTOMY *Procedure: CALCANEAL SLIDE OSTEOTOMY; Surgeon: Ranjit Abraham Varghese, MBBS; Location: JHH ZBOR 4; Service: Pediatric Orthopedics; Laterality: Bilateral;*	Bilateral	3/5/2018
• ESOPHAGOGASTRODUODENOSCOPY *at UMMS atrophic duodenal mucosa; histology mid esoph with up to 12 eos per PHF and distal esoph with up to 15 eos per HPF; antrum, bulb and duodenum unremarkable*		4/17/14
• ESOPHAGOGASTRODUODENOSCOPY *at UMMS grossly normal; distal and mid esophagus with no diagnostic abnormalities; antrum, bulb and duodenum with no abnormalities*		6/24/14
• GASTRIC FUNDOPLICATION *Nissen*		9/2014
• STRABISMUS SURGERY *BLR rec. 8.0mm*	Bilateral	8/3/2010
• TIBIO TALO CALCANEAL FUSION *Procedure: TIBIO TALO CALCANEAL FUSION---TALONAVICULAR FUSION; Surgeon: Ranjit Abraham Varghese, MBBS; Location: JHH ZBOR 4; Service: Pediatric Orthopedics; Laterality: Bilateral;*	Bilateral	3/5/2018

Medications

(MRN: JH74065313) DOB:

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking	Authorizing Provider
acetaminophen (TYLENOL) 325 mg/10.15 mL	Take 10.23 mLs (327.5918 mg per dose) by mouth every 4 (four) hours.	3/8/18			Rebecca Patrice Campbell, PA-C
cloNIDine HCl (CATAPRES) 0.1 MG tablet	TAKE 2 BL AS DIRECTED EVERY NIGHT	5/24/18			Historical Provider
CLONIDINE HCL ORAL	Take by mouth.				Historical Provider
DIASTAT ACUDIAL 5-7.5-10 mg rectal kit	INSERT 10MG INTO RECTUM AS NEEDED FOR SEIZURE LONGER THEN 5 MINUTES AS DIRECTED.	8/28/17			Historical Provider
diAZEPam (VALIUM) 2 MG tablet	Take 1 tablet before leaving home and 1 tablet immediately before procedure	7/18/18			Bernard Cohen, MD
diAZEPam (VALIUM) 5 mg/5 mL (1 mg/mL) oral solution	1.5 mLs (1.5 mg per dose) by G-Tube route every 6 (six) hours.	3/8/18			Rebecca Patrice Campbell, PA-C
gabapentin (NEURONTIN) 250 mg/5 mL solution	Take by mouth 3 (three) times daily.				Historical Provider
glycerin adult suppository	Place 1 suppository rectally.				Historical Provider
lansoprazole (PREVACID SOLUTAB) 30 MG disintegrating tablet	Take 30 mg by mouth.	12/6/18			Historical Provider
lidocaine 15%-prilocaine 6%-phenylephrine 0.25% in vaseline Oint topical	Apply to affected areas of face 2 hours before procedure	7/18/18			Kalane Anoush Habeshian, MD
OXcarbazepine (TRILEPTAL) 300 mg/5 mL (60 mg/mL) suspension	GIVE 7ML BY MOUTH TWICE A DAY.	8/28/17			Historical Provider
polyethylene glycol (MIRALAX) 8.5 g Pwpk packet	Take 8.5 g by mouth daily. Patient not taking: Reported on 11/5/2018	3/8/18			Rebecca Patrice Campbell, PA-C
risperiDONE (RISPERDAL) 0.5 MG tablet	Take 0.75 mg by mouth. Reported on 9/7/2017				Historical Provider
risperiDONE (RISPERDAL) 1 mg/mL oral solution	GIVE 0.75ML BY MOUTH EVERY MORNING AND 0.5ML EVERY NIGHT AS DIRECTED.	8/28/17			Historical Provider
tretinoin (RETIN-A) 0.025 % topical cream	Apply small amount to face every other night and increase to nightly as tolerated	7/18/18			Kalane Anoush Habeshian, MD
triamcinolone (ARISTOCORT) 0.1 % topical cream	Apply topically 2 (two) times daily.	3/8/18			Historical Provider

Current Facility-Administered Medications Ordered in Epic

Medication	Dose	Route	Frequency	Provider	Last Rate/Dose
• midazolam (VERSED) 2 mg/mL syrup 20 mg	20 mg	Oral	Once	Philip Charles Carullo, MD	
• OXcarbazepine (TRILEPTAL) 300 mg/5 mL (60 mg/mL) suspension 480 mg	480 mg	Oral	Once	Philip Charles Carullo, MD	
• scopolamine (TRANSDERM-SCOP) patch 1 patch	1 patch	Transdermal	Once	Philip Charles Carullo, MD	

Allergies

Allergies/Adverse Reactions/Intolerances

Allergen	Reactions
• Blueberry	
• Plum	

(MRN: JH74065313) DOB:

History:

Birth History
- Birth Weight: 2.296 kg (5 lb 1 oz)
- Gestation Age: 36 wks

Family History

	Relation	Age of Onset
• Myopia	Mother	
• Myopia	Father	

Social History

Tobacco Use
- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics
- Alcohol use: Not on file
- Drug use: Not on file

Vital signs

BP	
Temp	
Pulse	
Resp	
SpO2	

LDA

Peripheral IV (Peds) 12/05/18 Left Forearm 20 G (1 mo)

G Tube Gastrostomy (Active)

Physical exam

Airway
Normal airway exam
Mallampati class: unable to assess
Mouth opening: adequate mouth opening
Neck range of motion: full

Dental
Normal dental exam

Neurological
normal neurological exam
(-) depressed level of consciousness
(+) abnormal muscle tone

Anterior Fontanelle
Normal anterior fontanelle exam

Musculoskeletal
(+) contracture

Cardiovascular
Normal cardiovascular exam
Rhythm: regular
Rate: normal

HEENT
Normal HEENT exam

Pulmonary
Normal pulmonary exam
Patient's breath sounds clear to auscultation.
(-) Decreased breath sounds

(MRN: JH74065313) DOB:

Abdominal
Normal abdominal exam
Abdomen: soft

Skin
Normal skin exam
Skin: warm
Capillary refill: brisk (< 3 secs)

Current Code Status
Code status:
Update Needed

Lab Results
Chem Panel
No results found for requested labs within last 30 days.

CBC
No results found for requested labs within last 30 days.

RESPIRATORY PATHOGEN PANEL + SARS COV-2 NAT NP SWAB
Results in Past 30 Days

Result Component	Current Result	Ref Range	Previous Result	Ref Range
COVID-19 NAT, Nasal Swab Asymptomatic	No RNA Detected (7/30/2021)		Not in Time Range	

VIRAL PANEL , PCR , QUANT
No results found for requested labs within last 30 days.

No results found for requested labs within last 30 days.

Diagnostic Studies
XR Pelvis 1 or 2 VWS
Narrative, Indication: Cerebral palsy.

Exam: XR PELVIS 1 OR 2 VWS

Findings:
Pelvis, one view, limited comparison from December 1, 2010. Patient is now approaching skeletal maturity. Hips are located with slight **superior lateral uncovering of** the left again seen. Otherwise grossly unremarkable.
Impression: **Impression: Hips** are located, minimal superior lateral uncovering left capital epiphysis. Pelvic ring grossly unremarkable. Follow-up as chemically indicated See above.

Images and interpretation personally reviewed by: Donna Magid, MD

Blood Status

Active Orders
There are no active orders in the following types: Discern Blank Protocols

Assessment/Plan

FINAL ATTESTATION ASSESSMENT
I have reviewed the medical history, medications, allergies, results of any necessary pre-anesthesia tests and anesthesia history and examined the patient and have: **No changes**
ASA score: **2**
NPO guildelines met
Anesthesia Plan: **general**

ERAS Protocol: none, or not listed
Airway Plan: **Endotracheal tube and LMA**
Induction Plan: **Inhalational**
Pre-op Anesthesia Plan: PO midazolam

(MRN: JH74065313) DOB:

Patient Reviewed
Review items: vitals, current medications, relevant labs, relevant imaging/studies, LDAs and summary
Post-op Plan: **PACU**
Post-op Pain Management Plan: **epidural analgesia**
Agree with pre-op discussion

Consent

Postprocedure Note

Last edited 08/02/21 1830 by Samuel Myerowitz Vanderhoek, MD
Date of Service 08/02/21 1830
Status: Signed

Ranjit Abraham Varghese, MBBS
Phone Number: 410-955-9217
Procedure(s):
TENOTOMY, ADDUCTOR, HIP
RELEASE, TENDON, HIP iliopsoas lengthening
OSTEOTOMY, FEMUR, DISTAL extension derotation osteotomies
RELEASE, HAMSTRING +/-
Shivani Mayank Patel, MD

Anesthesia Events:
Respiratory:
Breathing is spontaneous through patient airway and is unlabored
Respiratory rate within acceptable range and baseline pattern
Oxygen saturation greater than 94% or comparable to baseline
Cardiovascular:
Blood pressure acceptable or within baseline range
Pulse rate within acceptable range and rhythm regular or baseline
Hydration stable, drainage appropriate for procedure
Neurological:
Awake, alert, appropriately conversant or baseline
Temperature within normal limits
Pain:
Pain control satisfactory or baseline
Gastrointestinal:
Nausea and vomiting control satisfactory

PACU discharge criteria met

Comments: No apparent anesthetic complications. VSS. Stable for transfer to floor.

Last Vitals

Vitals	Value	Taken Time
BP	104/57	08/02/21 1815
Temp	36.7 °C (98.1 °F)	08/02/21 1737
Pulse	90	08/02/21 1828
Resp	89	08/02/21 1828
SpO2	100 %	08/02/21 1828

Vitals shown include unvalidated device data.

Vitals	Value	Taken Time
Pain Rating: FLACC - Face	0	08/02/21 1755
Pain Rating: FLACC - Legs	0	08/02/21 1755
Pain Rating: FLACC - Activity	0	08/02/21 1755

(MRN: JH74065313) DOB:

Pain Rating: FLACC - Cry	0	08/02/21 1755
Pain Rating: FLACC - Consolability	0	08/02/21 1755

PACU Administered Meds from 12/06/2021 1201 to 12/07/2021 1201

None

Encounter Notes

All notes

Anesthesia Preprocedure Evaluation (1)

8/2/2021 9:44 AM Philip Charles Carullo, MD (Anesthesiology)

Anesthesia Postprocedure Evaluation (1)

8/2/2021 6:30 PM Samuel Myerowitz Vanderhoek, MD (Anesthesiology)

Anesthesia Procedure Notes (2)

8/2/2021 11:29 AM Epidural Block from Philip Charles Carullo, MD (Anesthesiology)

8/2/2021 11:11 AM Peripheral IV from James Courtney Fackler, MD (Critical Care Medicine)

Additional Documentation

Admission Report — Linked Surgery: TENOTOMY, ADDUCTOR, HIP

Flowsheets: Devices Testing Template, Lines/Drains/Airways, Anesthesia Monitors/Equipment, Positioning, Intake/Output, Assess, Agents

SmartForms: JHH OR CR CASE ENTRY QUESTIONAIRE

Encounter Info: History, Allergies

Checklist

Flowsheet Row — Most Recent Value

Monitor	Nerve Stimulator
Equipment	Gas Humidifier
NIBP	Arm
NIBP Laterality	Left
Leads	4
Temp Source 1	Nasopharyngeal

Prescription Medications

Within last 14 days from 08/02/21

	Last Taken	Last Updated
cloNIDine HCl (CATAPRES) 0.1 MG tablet	Taking at Unknown time	07/18/19 1306
CLONIDINE HCL ORAL	Taking at Unknown time	07/18/19 1306
DIASTAT ACUDIAL 5-7.5-10 mg rectal kit	Not Taking at Unknown time	07/18/19 1306
glycerin adult suppository	Taking at Unknown time	07/18/19 1306
lansoprazole (PREVACID SOLUTAB) 30 MG disintegrating tablet	Taking at Unknown time	07/18/19 1306

Problem List

Current as of 08/02/21 0950

Exotropia, intermittent	Scar
Hemangioma of skin and subcutaneous tissue	Reflux
Regurgitation and rechewing of food	Feeding problem
Hemangioma	Acquired melanocytic nevus
Pes planovalgus	Other cerebral palsy
Left foot pain	Glaucoma suspect, right

Anesthesia History

No specialty history recorded

Other Medical History

Laboratory test	Laboratory test
H/O upper GI x-ray series	Seizure
Cerebral palsy	Developmental delay
Autism	Hemangioma of face
Strabismus	

Family History

Problem	Relation	Age of Onset
Myopia	Mother	
Myopia	Father	

Family Status - Relation	Status	Age at Death
Mother		
Father		

Substance History

Smoking Status: Never Smoker

Smokeless Tobacco Status: Never Used

Alcohol use: Not Asked

Drug use: Not Asked

Surgical History

bitten by a dog and need stiches in his face 1/25/2014	ADENOIDECTOMY

(MRN: JH74065313) DOB:

	Last Taken	Last Updated
lidocaine 15% -prilocaine 5% -phenylephrine 0.25% in vaseline Oint topical		
OXcarbazepine (TRILEPTAL) 300 mg/5 mL (60 mg/mL) suspension	Taking at Unknown time	07/18/19 1306
polyethylene glycol (MIRALAX) 8.5 g PwPk packet	Not Taking at Unknown time	07/18/19 1306
risperiDONE (RISPERDAL) 0.5 MG tablet	Taking at Unknown time	07/18/19 1306
risperiDONE (RISPERDAL) 1 mg/mL oral solution	Taking at Unknown time	07/18/19 1306
tretinoin (RETIN-A) 0.025 % topical cream		
triamcinolone (ARISTOCORT) 0.1 % topical cream	Taking at Unknown time	07/18/19 1306
acetaminophen (TYLENOL) 325 mg/10.15 mL	Taking at Unknown time	07/18/19 1306
diAZEPam (VALIUM) 2 MG tablet		
diAZEPam (VALIUM) 5 mg/5 mL (1 mg/mL) oral solution	Taking at Unknown time	07/18/19 1306
gabapentin (NEURONTIN) 250 mg/5 mL solution	Taking at Unknown time	07/18/19 1306

ESOPHAGOGASTRODUODENOSCOPY	ESOPHAGOGASTRODUODENOSCOPY
GASTRIC FUNDOPLICATION	STRABISMUS SURGERY
CALCANEAL SLIDE OSTEOTOMY	TIBIO TALO CALCANEAL FUSION
ACHILLES TENDON LENGTHENING	

Inpatient Medications

No medications found

Preprocedure Patient Summary

Hematology Labs

(Last 365 days)

	08/03 0907
Hemoglobin	9.8 ↓
Hematocrit	28.9 ↓
Plt	174
WBC	7.63
RBC	3.33 ↓
MCV	86.8

(MRN: JH74065313) DOB:

Charges Sent

Total sent charges: $31,199.29

Item	Item ID	Type	Quantity	Charge
1. STAPLER SKIN PROX WIDE LF Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	PXW35	Supplies And Drugs	1	14.27
2. ADHES TISSUE DERMABOND MINI .36ML Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	DHVM12	Supplies And Drugs	2	38.86
3. TRAY ORTHO MINOR GOR Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	SOP4AMGJHH	Supplies And Drugs	1	107.09
4. TRAY BASIC BASIN Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	SUT4ABBJH7	Supplies And Drugs	1	41.72
5. BLADE SAGITTAL THIN 20 WIDE Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	2108-109-003	Supplies And Drugs	1	62.83
6. TRAY SURESTEP W/O CATH 350 ML Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	304400A	Supplies And Drugs	1	23.34
7. BIT DRILL CALIBRATED 3.2MM Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	01-1200-0041	Supplies And Drugs	1	443.08
8. BIT DRILL 3.2MM Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	01-1200-0051	Supplies And Drugs	1	737.94
9. GUIDEWIRE 2.4MM Current Status: Filed - Resolute Hospital Billing Charge Code: 27290012 Description: HC GUIDE WIRE Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	01-1200-0050	Supplies And Drugs	3	1,305.50
10. ADOLESCENT LINE TO LINE CHISEL Current Status: Filed - Resolute Hospital Billing Charge Code: 27811111 Description: HC IMPLANT ONE-TIME SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL	N/A	Supplies And Drugs	1	1,793.91
11. PLATE BLADE ADOLESCENT 90 DEG 45*6MM 4H - SNA	1075748	Implants	1	1,986.92

MRN: JH74065313) DOB:

Item	Item ID	Type	Quantity	Charge
Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc				
12. PLATE BLADE ADOLESCENT 90 DEG 45*6MM 4H - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075750	Implants	1	1,986.92
13. SCREW NON LOCKING CORTICAL T20 4.5*30MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075752	Implants	2	205.95
14. SCREW NON LOCKING CORTICAL T20 4.5*28MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075754	Implants	1	102.97
15. SCREW NON LOCKING CORTICAL T20 4.5*26MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075755	Implants	1	102.97
16. SCREW PEDILOC 24MM 4.5MM BONE FEMUR PROX - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075756	Implants	1	424.11
17. SCREW LOCKING 4.5*38MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075757	Implants	1	424.11
18. SCREW NON LOCKING CORTICAL T20 4.5*28MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075758	Implants	2	205.95
19. SCREW NON LOCKING CORTICAL T20 4.5*32MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075759	Implants	1	102.97
20. SCREW NON LOCKING CORTICAL T20 4.5*30MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075760	Implants	1	102.97
21. SCREW NON LOCKING CORTICAL T20 4.5*26MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001	1075761	Implants	1	102.97

(MRN: JH74065313) DOB:

Item	Item ID	Type	Quantity	Charge
Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc				
22. 4.5MM X 46MM LOCKING SCREW Current Status: Filed - Resolute Hospital Billing Charge Code: 27811111 Description: HC IMPLANT ONE-TIME SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	1075762	Implants	1	424.11
23. ZBOR 402 Current Status: Filed - Resolute Hospital Billing Charge Code: 36000001 Description: HC OR PROCEDURE PRICE PER MINUTE Cost Center: JHH ZBOR - PEDIATRICS	703046	Room	405	14,608.35
24. Anesthesia Time Current Status: Filed - Resolute Hospital Billing Charge Code: 37000001 Description: HC ANESTHESIOLOGY PRICE PER MINUTE Cost Center: JHH ANESTH OPERATIONS	N/A	Anesthesia Time	405	3,438.45
25. SCREW LOCKING 4.5*26MM - SN/A Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1082238	Implants	1	424.11
26. PLATE BLADE CANN DEG 90 6*40MM 6H - SN/A Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1082240	Implants	1	1,986.92

OR/Anesthesia Charges Sent

Total sent charges: $31,199.29

Item	Item ID	Type	Quantity	Charge
1. STAPLER SKIN PROX WIDE LF Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	PXW35	Supplies And Drugs	1	14.27
2. ADHES TISSUE DERMABOND MINI .36ML Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	DHVM12	Supplies And Drugs	2	38.86
3. TRAY ORTHO MINOR GOR Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	SOP4AMGJHH	Supplies And Drugs	1	107.09
4. TRAY BASIC BASIN Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	SUT4ABBJH7	Supplies And Drugs	1	41.72
5. BLADE SAGITTAL THIN 20 WIDE Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000	2108-109-003	Supplies And Drugs	1	62.83

MRN: JH74065313) DOB:

Item	Item ID	Type	Quantity	Charge
Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc				
6. TRAY SURESTEP W/O CATH 350 ML Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	304400A	Supplies And Drugs	1	23.34
7. BIT DRILL CALIBRATED 3.2MM Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	01-1200-0041	Supplies And Drugs	1	443.08
8. BIT DRILL 3.2MM Current Status: Filed - Resolute Hospital Billing Charge Code: 27290000 Description: HC STERILE SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	01-1200-0051	Supplies And Drugs	1	737.94
9. GUIDEWIRE 2.4MM Current Status: Filed - Resolute Hospital Billing Charge Code: 27290012 Description: HC GUIDE WIRE Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	01-1200-0050	Supplies And Drugs	3	1,305.50
10. ADOLESCENT LINE TO LINE CHISEL Current Status: Filed - Resolute Hospital Billing Charge Code: 27811111 Description: HC IMPLANT ONE-TIME SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL	N/A	Supplies And Drugs	1	1,793.91
11. PLATE BLADE ADOLESCENT 90 DEG 45*6MM 4H - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075748	Implants	1	1,986.92
12. PLATE BLADE ADOLESCENT 90 DEG 45*6MM 4H - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075750	Implants	1	1,986.92
13. SCREW NON LOCKING CORTICAL T20 4.5*30MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075752	Implants	2	205.95
14. SCREW NON LOCKING CORTICAL T20 4.5*28MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075754	Implants	1	102.97
15. SCREW NON LOCKING CORTICAL T20 4.5*26MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075755	Implants	1	102.97

(MRN: JH74065313) DOB:

Item	Item ID	Type	Quantity	Charge
16. SCREW PEDILOC 24MM 4.5MM BONE FEMUR PROX - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075756	Implants	1	424.11
17. SCREW LOCKING 4.5*38MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075757	Implants	1	424.11
18. SCREW NON LOCKING CORTICAL T20 4.5*28MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075758	Implants	2	205.95
19. SCREW NON LOCKING CORTICAL T20 4.5*32MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075759	Implants	1	102.97
20. SCREW NON LOCKING CORTICAL T20 4.5*30MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075760	Implants	1	102.97
21. SCREW NON LOCKING CORTICAL T20 4.5*26MM - SNA Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1075761	Implants	1	102.97
22. 4.5MM X 46MM LOCKING SCREW Current Status: Filed - Resolute Hospital Billing Charge Code: 27811111 Description: HC IMPLANT ONE-TIME SUPPLY Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHH ZBOR Inv Loc	1075762	Implants	1	424.11
23. ZBOR 402 Current Status: Filed - Resolute Hospital Billing Charge Code: 36000001 Description: HC OR PROCEDURE PRICE PER MINUTE Cost Center: JHH ZBOR - PEDIATRICS	703046	Room	405	14,608.35
24. Anesthesia Time Current Status: Filed - Resolute Hospital Billing Charge Code: 37000001 Description: HC ANESTHESIOLOGY PRICE PER MINUTE Cost Center: JHH ANESTH OPERATIONS	N/A	Anesthesia Time	405	3,438.45
25. SCREW LOCKING 4.5*26MM - SN/A Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN Cost Center: JHH GOR - MED/SURG SUPPL Inventory Location: JHHS Non Stock Inventory Loc	1082238	Implants	1	424.11
26. PLATE BLADE CANN DEG 90 6*40MM 6H - SN/A Current Status: Filed - Resolute Hospital Billing Charge Code: 27890001 Description: HC ANCHOR/SCREW BN/BN TIS/BN	1082240	Implants	1	1,986.92

MRN: JH74065313) DOB:

Item	Item ID	Type	Quantity	Charge
Cost Center: JHH GOR - MED/SURG SUPPL				
Inventory Location: JHHS Non Stock Inventory Loc				

Anesthesia Charges Sent

Item	Item ID	Type	Quantity	Charge
There are no sent charges.				

NPO Values

8/1/2021 2201 - 8/2/2021 1051

	8/2/2021 0955
Date of Last Clear Liquid:	08/01/21
Time of Last Clear Liquid:	2000
Date of Last Solid:	08/01/21
Time of last solid:	2000

Consult Notes

Consults by Kelly Cole, CRNP at 8/2/2021 7:31 PM

Author:	Kelly Cole, CRNP	Author Type:	Nurse Practitioner	Filed:	8/2/2021 7:40 PM
Note Status:	Attested	Cosign:	Cosigned by Constance Lucille Monitto, MD at 8/2/2021 9:27 PM	Date of Service:	8/2/2021 7:31 PM
Editor:	Kelly Cole, CRNP (Nurse Practitioner)				

Consult Orders:

1. Consult to Pediatric Pain - Service Pager [449999341] ordered by Michael S Rocca, MD at 08/02/21 1039

Attestation signed by Constance Lucille Monitto, MD at 8/2/2021 9:27 PM (Updated)

Attending Supplemental Note:

I have seen and examined the patient on 8/2/2021 on evening rounds.

I agree with the findings and plan of care as documented by the Nurse Practitioner.

Additional comments on history:

14 year old male with autism, developmental delay, CP with seizures, segmental hemangioma of the right face and eyelid (PHACE syndrome) and h/o pes planovalgus s/p bilateral calcaneal lengthening, talo-navicular fusion and gastrocnemius lengthening who today underwent bilateral femur osteotomies with hamstring release. Uncomplicated surgery under general anesthesia.

Postoperatively Logan is awake in PACU. VSS, unlabored respirations. Bilateral LE casts. Epidural catheter in place. Scopolamine patch noted behind left ear.

Additional comments on assessment/plan:

We recommend postoperative analgesia with
Continuous epidural analgesia containing: Ropivacaine
Supplemented with acetaminophen and ketorolac for non-opioid analgesia and diazepam for muscle spasm management.
PRN IV/PO opioid available for breakthrough pain.

Of note, Logan is also ordered for his home qhs dose of gabapentin as well as risperdone and clonidine.

PEDIATRIC PAIN SERVICE CONSULTATION

MRN: JH74065313
DOB:
Weight: 43.2 kg (95 lb 3.8 oz)

Referring Attending: Ranjit Abraham Varghese,*
Referring Attending Service: Pediatric orthopedic surgery

Consulting Attending: Dr. Constance Monitto

MRN: JH74065313) DOB:

Consulting Provider: Kelly Cole CRNP

Consult Orders (From admission, onward)

	Ordered
Consult to Pediatric Pain - Service Pager Once Complete	08/02/21
Provider: Jhh Service Pager For Ped Pain Service Consult	1039

Question	Answer	Comment
Details:	s/p bilateral femoral osteotomies	
Primary team contact and callback number	pediatric orthopaedics	

Chief Complaint: Acute surgical BLE pain

History of Present Illness:

Patient is a 14 y/o caucasian male with h/o CP, autism, epilepsy, and developmental delay. presents for a scheduled surgery. Now s/p bilateral adductor tenotomy, femoral derotational osteotomy and bilateral hamstring release.

Patient is very comfortable resting in the PACU, with no s/s of pain. Per father, his pain signs include crying, biting his hand, vocalizing and facial expressions.

Behaviorally, patient is 0/10 during post-operative exam.

Review of Systems:

Review of Systems
Constitutional:
Global developmental delay
Gastrointestinal: Negative for nausea and vomiting.
Skin: Negative for itching and rash.

Past Medical History:

Diagnosis	Date
• Autism	
• Cerebral palsy	
• Developmental delay	
• H/O upper GI x-ray series *12/2014 intact Nissen fundoplication. Normal upper GI tract anatomy. No GER.*	
• Hemangioma of face	
• Laboratory test *7/8/2014 lytes normal, creat 0.38, AST 19, ALT 14, alk phos 164, alb 4.1*	
• Laboratory test *1/2015 gastric emptying scan ordered by Dr. Howard Kader at UMMS: solid scan with early rapid emptying with 50% gastric content emptied by 30 min followed by slow progressive emptying with significant residual gastric contents at 120 min. T 1/2 93 min.*	
• Seizure	
• Strabismus	

Past Surgical History:

Procedure	Laterality	Date
• ACHILLES TENDON LENGTHENING *Procedure: ACHILLES TENDON LENGTHENING; Surgeon: Ranjit Abraham Varghese, MBBS; Location: JHH ZBOR 4; Service: Pediatric Orthopedics; Laterality: Bilateral;*	Bilateral	3/5/2018
• ADENOIDECTOMY		2013
• bitten by a dog and need stiches in his face 1/25/2014		1/25/2014
• CALCANEAL SLIDE OSTEOTOMY *Procedure: CALCANEAL SLIDE OSTEOTOMY; Surgeon: Ranjit Abraham Varghese, MBBS; Location: JHH ZBOR 4; Service: Pediatric Orthopedics; Laterality: Bilateral;*	Bilateral	3/5/2018
• ESOPHAGOGASTRODUODENOSCOPY *at UMMS atrophic duodenal mucosa; histology mid esoph with up to 12 eos per PHF and distal esoph with up to 15 eos per HPF; antrum, bulb and duodenum unremarkable*		4/17/14
• ESOPHAGOGASTRODUODENOSCOPY *at UMMS grossly normal; distal and mid esophagus with no diagnostic abnormalities; antrum, bulb and duodenum with no abnormalities*		6/24/14
• GASTRIC FUNDOPLICATION		9/2014

(MRN: JH74065313) DOB:

Nissen		
• STRABISMUS SURGERY	Bilateral	8/3/2010
BLR rec. 8.0mm		
• TIBIO TALO CALCANEAL FUSION	Bilateral	3/5/2018

Procedure: TIBIO TALO CALCANEAL FUSION---TALONAVICULAR FUSION; Surgeon: Ranjit Abraham Varghese, MBBS; Location: JHH ZBOR 4; Service: Pediatric Orthopedics, Laterality: Bilateral;

Family History

• Myopia	Mother
• Myopia	Father

Social History:

Social History

• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol use:	Not on file

Allergies/Adverse Reactions/Intolerances

- Blueberry
- Plum

Current Active Diagnosis List:

Patient Active Problem List

Diagnosis	Code
• Exotropia, intermittent	H50.30
• Scar	L90.5
• Hemangioma of skin and subcutaneous tissue	D18.01
• Reflux	IMC0001
• Regurgitation and rechewing of food	R11.10
• Feeding problem	R63.3
• Hemangioma	D18.00
• Acquired melanocytic nevus	D22.9
• Pes planovalgus	Q66.6
• Other cerebral palsy	G80.8
• Left foot pain	M79.672
• Glaucoma suspect, right	H40.001
• Cerebral palsy	G80.9
• Contracture of muscle of lower extremity, bilateral	M62.461, M62.462

acetaminophen (TYLENOL) 650 MG/20.3 ML oral suspension 650 mg
ceFAZolin (ANCEF) 100 mg/mL inj dilution 1,000 mg
dextrose 5 % and sodium chloride 0.45 % infusion
diazePAM (VALIUM) oral solution 2 mg
Or
diazePAM (VALIUM) injection 2 mg
Epidural pediatric ropivacaine 0.1 % (1 mg/mL) in 250 mL NS
ketorolac (TORADOL) 15 mg/mL injection 21.6 mg
morphine (PF) injection 2 mg
naloxone (NARCAN) 0.4 mg/mL injection 0.08 mg
ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg
oxyCODONE (ROXICODONE) (1 mg/mL) oral solution 4 mg
scopolamine (TRANSDERM-SCOP) patch 1 patch

Pain Documentation:

PCA/EPIDURAL/PNC/INTRATHECAL (last 24 hours)

PCA/Epidural/PNC/Intrathecal

1 (MRN: JH74065313) DOB:

Row Name	08/02/21 1737	[illegible]
Atypical Lines Epidural Block Lumbar		
Properties	Placement Date: 08/02/21 Placement Time: 1131 , created via procedure documentation Description (Comment): Epidural Block Placement Location: Lumbar Securement Device: Adhesive closure;Transparent dressing	
Dressing Status	Original surgical dressing intact	Original surgical dressing intact
Site Assessment	Dry;Intact	Clean, Dry, Intact soon drainage on the tape
Line Status/Care	Infusing	Infusing
Dressing Type	Transparent	Transparent
Analgesic Infusion Device System Check	Yes	Yes

Row Name	08/02/21 1737
Pain Assessment	
Patient Asleep - No Scoring Possible	Yes

Row Name	08/02/21 0647	08/02/21 1755	[illegible]	08/02/21 1953
FLACC (Face, Legs, Activity, Crying, Consolability)				
Pain Rating: FLACC - Face	0	0	0	0
Pain Rating: FLACC - Legs	0	0	0	0
Pain Rating: FLACC - Activity	0	0	0	0
Pain Rating: FLACC - Cry	0	0	0	0
Pain Rating: FLACC - Consolability	0	0	0	0
Score: FLACC	0	0	0	0
Pain Intervention(s)	—	—	—	Distraction;Medication (See eMAR);Rest
Patient's Stated Pain Goal	—	—	—	No pain

Row Name	08/02/21 1737	[illegible]	08/02/21 1933
Epidural pediatric ropivacaine 0.1 % (1 mg/mL) in 250 mL NS - Atypical Lines Epidural Block Lumbar			
Action	New Syringe/Cartridge/Bag	Handoff	Handoff
Continuous Infusion Rate (mL/hr)	*10.8 mL/hr	*10.8 mL/hr	*10.8 mL/hr
Dose (mL)	—	—	—
Lockout Interval (min)	—	—	—
Max Doses per Hour	—	—	—
Reservoir Volume (mL)	244	229.6	225.3
Total Amount Given (mg)	—	14.4	4.25
Pump Cleared	Yes	Yes	Yes
Pump to catheter connections checked	Yes	Yes	Yes
Volume Infused (mL)	—	14.4 mL	4.25 mL

Vital signs in last 24 hours:
Temp: 36.4 °C (97.5 °F), Heart Rate: 95, Resp: 20, BP: 126/54, SpO2: 100 %, O2 Device: None-room air, O2 Flow Rate (L/min): 6 L/min

Physical Exam
Vitals reviewed.
Constitutional:
General: He is not in acute distress.
HENT:

(MRN: JH74065313)

Nose: No congestion.
Eyes:
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Abdominal:
General: There is no distension.
Musculoskeletal:
Comments: **BLE long leg casts**
Skin:
General: Skin is dry.
Neurological:
Comments: **Global delay**

Neurologic Exam

Intravenous catheter patent and infusing

Epidural site without erythema or swelling and Epidural location: Lumbar

Results/Diagnostic Studies:
No results found for: WBC, HGB, HCT, PLT, LABPT, PTT, INR, NEUTROABSMAN, NA, K, CO2, CL, ANIONGAP, GLU, BUN, BCR, AST, LIDOCAEPI

Assessment

Acute surgical BLE pain following bilateral derotational femoral osteotomy, bilateral hamstring release and bilateral adductor tenotomy.

Recommendations:
I have reviewed the home medication list. This child will benefit from comprehensive multimodal pain management with the following:

Continuous epidural analgesia containing: Ropivacaine

We have also ordered the following adjunct medications to help with pain management: Acetaminophen, Ketorolac and Diazepam

We have ordered the following medications to help with side effect management: Diphenhydramine as needed, Ondansetron as needed and Sennosides daily for constipation prevention

We plan to transition to enteral analgesics once tolerating diet as appropriate.

Electronic Signature:
Kelly Cole, CRNP

Cc: Ranjit Abraham Varghese,*

Medical Decision Making:

Review and summarize past medical records

Discuss the patient with another provider
I discussed the patient's treatment plan with the: Patient's family

Responsible Staff 03/02/21

Name	Role	Begin	End
James Courtney Fackler, MD	PEDS ANE	1051	1645
Vania Milnes, CRNA	CRNA	1627	1747
Shivani Mayank Patel, MD	ANE	1645	1747

(MRN: JH74065313) DOB

Medications

ropivacaine (PF) (NAROPIN) injection 0.2%	49 mL
lidocaine-EPINEPHrine (PF) (XYLOCAINE w/ EPI) 1.5 %-1:200,000 injection	3 mL
ceFAZolin (ANCEF) injection	2,592 mg
ROCURonium (ZEMURON) injection	70 mg
dexamethasone (DECADRON) injection 4 mg/mL	4 mg
sugammadex (BRIDION) injection	160 mg
ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg	4 mg
lactated ringers infusion	1,500 mL
Plasma-Lyte infusion	600 mL

Blood Products

None

Intraprocedure I/O Totals

None

Anesthesia Events

8/2/2021	
1050	STOP-ID
1051	Anesthesia Start
1051	Start Data Collection
1051	Pre Anesthesia Assessment
1106	Induction
1111	Intubation
1119	Anesthesia Time Out
1122	Anesthesia Procedure Start
1129	Anesthesia Ready
1129	Anesthesia Procedure Finish
1208	Incision Time
1343	Break Start
1550	Closure Beginning
1644	Attending Handoff
1731	Extubation
1736	Stop Data Collection
1747	Anesthesia Stop
1747	Post Anesthesia Handoff

Lines, Drains, and Airways

Type	Placement	Removal
Peripheral IV (Peds)	03/05/18 0000 by Thea Andrea T Sarmiento	08/04/21 0317 by Katherine Hoban, RN
Surgical Incision	03/05/18 1601 by Mikee Andres	
Surgical Incision	03/05/18 1601 by Mikee Andres	
GI Tube (Peds)	03/05/18 2259	
Peripheral IV (Peds)	08/02/21 0000 by Anna Lou Paniza, RN	08/06/21 1720 by Kimberly Holtzner, RN
Peripheral IV	08/02/21 1111 by James Courtney Fackler, MD	08/04/21 0300 by Katherine Hoban, RN
ETT	08/02/21 1111 by James Courtney Fackler, MD	08/02/21 1731 by Yael Shinar, MD
Urinary Catheter (Peds)	08/02/21 1130 by Jezreel S Siarez, RN	08/06/21 0651 by Nneka Omoefe, RN
Atypical Lines	08/02/21 1131 by James Courtney Fackler, MD	
Surgical Incision	08/02/21 1238 by Jezreel S Siarez, RN	
Surgical Incision	08/02/21 1238 by Jezreel S Siarez, RN	
Surgical Incision	08/02/21 1321 by Jezreel S Siarez, RN	
Surgical Incision	08/02/21 1428 by Jezreel S Siarez, RN	
Surgical Incision	08/02/21 1602 by Maria Ransel Yu Palatino	
Surgical Incision	08/02/21 1602 by Maria Ransel Yu Palatino	

Attestation Information

Staff Name	Attestation Type
James Courtney Fackler, MD	Medical Direction
James Courtney Fackler, MD	Handoff by Provider
Shivani Mayank Patel, MD	Medical Direction

MRN: JH74065313) DOB:

Staff Name	Attestation Type
Shivani Mayank Patel, MD	Final Attestation

Allergies

Current as of 08/02/21 0950

Blueberry, Plum

Preprocedure Vitals

Current as of 08/02/21 0950

BP:
Pulse: 74
Resp: 20
SpO2: 99
Temp: 37 °C (98.6 °F)
Height:
Weight: 43.2 kg (95 lb 3.8 oz) (08/02/21)
BMI:
IBW:
Last edited 08/02/21 0947 by TR

FAX

JOHNS HOPKINS
MEDICINE

To: **Appeals Dept**
Company:
Fax: 410-683-7725
Phone:

From: **Julia Demopoulos**
Department: Department of Anesthesiology and Pain Management
Fax: 410-367-2508
Phone:

NOTES: ICN: BKWN40

ATTENTION:

Date and time of transmission: Tuesday, December 7, 2021
Number of pages including this coversheet: 23

P514401400Q

202108193306

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

Return Service Requested

MIXED AADC 210
3275 0.5234 MB 0.436
63

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

UFCW PARTICIPATING EMPLOYERS **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call
(800) 638-2972

Statement Date: 08/18/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #:			**Patient:**						**Patient Acct. #:**		
Provider:			**Employee:**						**Employee #:**		
07/29/21-07/29/21	99215 95	160.00	43.31	A1	116.69	0.00	M	80	93.35	0.00	23.34
TOTALS		160.00	43.31		116.69	0.00			93.35	0.00	23.34

Total Plan Pays:	93.35
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	93.35

Claim #: BKWN40			**Patient:**						**Patient Acct. #:**		
Provider: HOPKINS UNIVERSITY JOHNS			**Employee:**						**Employee #:**		
08/02/21-08/02/21	01250 QX	900.00	900.00	A1	0.00	0.00		0	0.00	0.00	900.00
TOTALS		900.00	900.00		0.00	0.00			0.00	0.00	900.00

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

Claim #: BKWN68			**Patient:**						**Patient Acct. #:**		
Provider: HOPKINS UNIVERSITY JOHNS			**Employee:**						**Employee #:**		
08/02/21-08/02/21	01250 QY	4,800.00	3,602.86	A1	1,197.14	0.00	M	80	957.71	0.00	239.43
TOTALS		4,800.00	3,602.86		1,197.14	0.00			957.71	0.00	239.43

Total Plan Pays:	957.71
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	957.71

Payment To	Amount	Check Number
KENNEDY KRIEGER INST ASSOC	93.35	2029709
JOHNS HOPKINS UNIVERSITY	0.00	2029646
JOHNS HOPKINS UNIVERSITY	957.71	2029646

Claim #	Code	Description
BKSX11	A1	$43.31 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $1644.51. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $1644.51. CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.
BKWN40	A1	CERTIFIED REGISTERED NURSE ANESTHETIST NOT COVERED. SPD PG. 107 CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.
BKWN68	A1	$3602.86 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $2011.52. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $2011.52. CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA

ENV 3275 2 OF 2 F

Explanation of Benefits - This is NOT a Bill
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UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Statement Date: 08/18/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility

In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.
*** This is not a bill. It is an explanation of benefits payable under your medical plan. Please keep this form for your records. Plan provisions specify that you must be eligible (see "Eligibility" in your SPD), that services must be covered (see "Covered Services" and "Exclusions" in your SPD), and that claims must be submitted properly (see "Claims Filing and Review in your SPD). A participant may appeal a total or partial denial of benefits by writing to the Board of Trustees within 60 days of notice of denial. For more on the appeal procedure, see the Appeal Rights printed at the bottom of this document.

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Description** 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 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 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. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes its final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

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).

	Amount Charged	Not Covered	Amount Allowed	Deductible	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	5,860.00	4,546.17	1,313.83	0.00	1,051.06	0.00	1,162.77

United Food and Commercial Workers Unions
And Participating Employers
Health And Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

JHU Anesthesia & Critical Care Medicine
Attn: Julia Demopoulos, Collections Specialist
PO BOX 64382
Baltimore, MD 21264

Date: December 7, 2021

COPY

Name:
Claim #: BKWN40
Date of Service: August 2, 2021

Dear Ms. Demopoulos:

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,

Shawn Sannie

Shawn Sannie, Appeals Department
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

cc:

NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	September 9, 1991	**STATUS:**	Full Time
PLAN:	Y		

ISSUE: Hospital/Medical – Certified Registered Nurse Anesthetist #M21/171-8916

FUND RULE:

"**Anesthesia Services**

The Fund covers the services of a Certified Registered Nurse Anesthetist ('CRNA') when administering anesthesia, but only if an anesthesiologist is not also administering anesthesia. If you receive anesthesia and the Fund is billed for the services of both a CRNA and an anesthesiologist for the same operation, the Fund will pay only the anesthesiologist, not the CRNA. Services of a CRNA are only covered if an anesthesiologist has not billed the Fund."
(Plan Y SPD, July 2018, Page 107)

SUMMARY:

Date(s) of Service:	August 2, 2021
Claim(s) Received:	August 6, 2021
Claim(s) Denied:	August 12, 2021
Appeal Received:	November 2, 2021

The **provider,** Johns Hopkins University, is appealing the denial of a claim for a CRNA (Certified Registered Nurse Anesthetist). The provider states that they received payment for only a portion of their contracted rate for anesthesia services.

Fund records indicate Johns Hopkins University submitted claims for both an anesthesiologist and a CRNA that provided anesthesia services during the participant's surgical procedure on August 2, 2021. The Fund office paid the claim for the anesthesiologist, up to the limits of the Plan, based on CareFirst's pricing of these charges. The Fund office denied the claim for the CRNA.

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

COMMENTS:

JOHNS HOPKINS
SCHOOL OF MEDICINE

JHU Anesthesia and Critical Care Medicine
PO Box 64382
Baltimore, Maryland 21264

November 02, 2021

Patient Name:
Patient Policy #:
Date of Service: 08/02/21
JHU Invoice # J1289844810
ICN # BKVF14

Attention: **Appeals Department**-CareFirst BCBS TPA

This Appeal letter is in reference to date of service **08/02/21** that was submitted by Johns Hopkins Department of Anesthesiology and Critical Care Medicine for your member . The procedure code billed was **00731 QX QS** for a total amount due of **$720.00**

Our claim was denied by your office for lifetime benefit maximum has been reached for this service/benefit category.

You were set to pay **$209.25** on the MD claim under **ICN BLMJ19**, but denied the CRNA claim. Our **Contracted Rate** of **$261.56** for both claims totals **$523.12**, which you were only going to pay a total of **$209.25.**

Additional information is attached.

Given the facts stated above, I am asking that you honor this appeal and reverse your original decision and reimburse The Department of Anesthesiology and Critical Care Medicine for the services rendered.

Respectfully,

Tanika Barnes
Collections Specialist
Department of Anesthesiology and Critical Care Medicine

Office: 410-933-5485

Fax: 410-367-2508

tbarne30@jhmi.edu

Health Insurance Claim Form

CAREFIRST BC/BS TPA
PO BOX 981633

EL PASO, TX 79998-1633

CARRIER

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)
						X

1a. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
	/ M [ ] F [X]	

5. PATIENT'S ADDRESS (No., Street)	6. PATIENT'S RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
	Self [X] Spouse [ ] Child [ ] Other [ ]	

CITY	STATE	8. RESERVED FOR NUCC USE	CITY	STATE
	MD			

ZIP CODE	TELEPHONE (Include Area Code)		ZIP CODE	TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED	11. INSURED'S POLICY GROUP OR FECA NUMBER
		W32R

a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S BIRTH DATE / SEX
	YES [ ] NO [X]	/ M [ ] F [ ]

b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
	YES [ ] NO [X]	

c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
	YES [ ] NO [X]	CAREFIRST BC/BS TPA

d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
UNITED HEALTHCARE CHOICE/CHO		YES [X] NO [ ] If yes, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE ON FILE DATE 08 02 2021	SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, PREGNANCY (LMP)	15. OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
08 02 2021 QUAL 431	QUAL	FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT
DNGERARD E MULLIN	1891746996	FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	$ CHARGES
	YES [ ] NO [X]	000

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0	22. RESUB. CODE	ORIGINAL REF. NO.
A. E6609 B. C. D. E. F. G. H. I. J. K. L.	23. PRIOR AUTHORIZATION NUMBER	

PHYSICIAN AND SUPPLIER INFORMATION

	24A. DATES OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SVC.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. FAM PLAN	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	ZZANES MINUTES 29 1014 - 1043 08 02 21	22		00731	QK QS	A	1200.00	29		G2 NPI	0001 1740286418
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
52-0595110 [ ] [X]	J1289844800	YES [X] NO [ ]	$ 1200.00	$ 0.00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
SIGNED BOBBY RAY BURCHES JR DATE 08 04 2021	JOHNS HOPKINS BAYVIEW MEDI 4940 EASTERN AVENUE BALTIMORE MD 212242735 a. 1790700904 b	JOHNS HOPKINS UNIVERSITY PO BOX 64382 BALTIMORE MD 212644382 a. 1740286418 b G24485

NUCC Instruction Manual available at: www.nucc.org

RECEIVED
NOV 02 2021
APPEALS DEPT

ASSOCIATED ADMINISTRATORS LLC
SEE PAPER REMIT
WLB, XX 12345

EXPLANATION OF BENEFITS

This document is not a bill. Please retain a copy of this document for your own records.

Payer ID: 13788

Payment Made To:
JOHNS HOPKINS UNIVERSITY
PO Box 64382
Baltimore, MD 212644382

Payment Information
Method: Check
Check/EFT Number: 02029646
Amount: 1947.14
Date: 08-18-2021

Taxpayer ID: 520595110
National Provider ID: 1740286418

Claim Number: BKVF14
Claim Date: 08-02-2021

Patient Account Number: J1289844810
Patient:

Service Dates		Procedure	Billed	Allowed	Remarks	Provider	Copay	Deduct.	Co-Insur.	Other	Not	Other Adjustment		Benefit
From	To	Code	Amount	Amount		Discount				Insurance	Covered	Amount	Reason	Amount
08-02-2021	08-02-2021	HC:00731 QX:QS	720.00	0.00								720.00	16	0.00

General Claim Adjustments

Total Billed Amount:	720.00	Patient Responsibility:	0.00	Total Benefit Amount:	0.00

Adjustment Reason Codes
16: Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) This change effective 11/1/2013: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

FAX

JOHNS HOPKINS MEDICINE

To: **CareFirst BCBS TPA**
Company:
Fax: 410-683-7725
Phone:

From: **Tanika Barnes**
Department: JHU Anesthesia and Critcal Care Medicine
Fax: 410-367-2508
Phone: 410-933-5485

NOTES: Please review the attached documents

ATTENTION:

Date and time of transmission: Tuesday, November 2, 2021
Number of pages including this coversheet: 04

P514401400Q

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

Return Service Requested

MIXED AADC 210
3280 0.5234 MB 0.436
63

202108193306

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Statement Date: 08/18/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #:											
Provider:			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
08/02/21-08/02/21	43239	874.00	540.46	A1	333.54	0.00	M	80	266.83	0.00	66.71
TOTALS		874.00	540.46		333.54	0.00			266.83	0.00	66.71

Total Plan Pays:	266.83
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	266.83

Claim #:	BKVF14										
Provider:	HOPKINS UNIVERSITY JOHNS		**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
08/02/21-08/02/21	00731 QX	720.00	720.00	A1	0.00	0.00		0	0.00	0.00	720.00
TOTALS		720.00	720.00		0.00	0.00			0.00	0.00	720.00

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

Claim #:											
Provider:			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
07/30/21-07/30/21	0306	75.00	0.75	A1	74.25	0.00	M	100	74.25	0.00	0.00
07/30/21-07/30/21	0306	25.00	0.25	A1	24.75	0.00	M	100	24.75	0.00	0.00
TOTALS		100.00	1.00		99.00	0.00			99.00	0.00	0.00

Total Plan Pays:	99.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	99.00

Claim #:											
Provider:			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
01/22/20-01/22/20	J2778	3,000.00	0.00	A1	3,000.00	78.62	M	80	1,120.08	1,217.02	0.00
TOTALS		3,000.00	0.00		3,000.00	78.62			1,120.08	1,217.02	0.00

Total Plan Pays:	2,337.10
Less COB Adjustment:	1,217.02
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	1,120.08

Claim #:											
Provider:			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
01/15/20-01/15/20	92250	99.00	0.00		99.00	0.00	M	80	53.55	25.65	0.00
01/15/20-01/15/20	99214 25	175.00	0.00		175.00	0.00	M	80	109.35	30.65	0.00
TOTALS		274.00	0.00		274.00	0.00			162.90	56.30	0.00

Total Plan Pays:	219.20
Less COB Adjustment:	56.30
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	162.90

Claim #:											
Provider:			**Patient:**						**Patient Acct. #:**		
			Employee:						**Employee #:**		
12/18/19-12/18/19	67028 RT	300.00	0.00		300.00	0.00	M	80	99.41	140.59	0.00

P514401400Q

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Statement Date: 08/18/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
TOTALS		300.00	0.00		300.00	0.00			99.41	140.59	0.00

Total Plan Pays:	240.00
Less COB Adjustment:	140.59
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	99.41

Claim #: / Provider:		Patient: Employee:			Patient Acct. #: Employee #:					
12/27/19-12/27/19	99213	238.00	0.00	238.00	0.00	M	80	74.83	115.57	0.00
TOTALS		238.00	0.00	238.00	0.00			74.83	115.57	0.00

Total Plan Pays:	190.40
Less COB Adjustment:	115.57
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	74.83

Claim #: / Provider:		Patient: Employee:			Patient Acct. #: Employee #:					
01/13/20-01/13/20	99243	310.00	0.00	310.00	0.00	M	80	123.01	124.99	0.00
TOTALS		310.00	0.00	310.00	0.00			123.01	124.99	0.00

Total Plan Pays:	248.00
Less COB Adjustment:	124.99
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	123.01

Payment To	Amount	Check Number
JOHNS HOPKINS UNIVERSITY	266.83	2029644
JOHNS HOPKINS UNIVERSITY	0.00	2029646
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	99.00	2029553
JOHNS HOPKINS HEALTH CARE	1,120.08	2029578
JOHNS HOPKINS HEALTH CARE	162.90	2029578
JOHNS HOPKINS HEALTH CARE	99.41	2029578
JOHNS HOPKINS HEALTH CARE	74.83	2029578
JOHNS HOPKINS HEALTH CARE	123.01	2029578

Claim #	Code	Description
BKSW67	A1	$540.46 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $821.67. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $1111.67. CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.
BKVF14	A1	CERTIFIED REGISTERED NURSE ANESTHETIST NOT COVERED. SPD PG. 107 CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.
BKVF37	A1	$0.75 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT
	A1	$0.25 DISCOUNTED BY CAREFIRST. YOU DO NOT OWE THIS AMOUNT CAREFIRST BLUECROSS BLUESHIELD PROVIDES NO ADMINISTRATIVE OR CLAIMS PAYMENT SERVICES & DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS. NO BENEFITS ARE AVAILABLE FROM BLUE

P514401400Q

202108193106

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

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Statement Date: 08/18/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
				CROSS BLUE SHIELD PLANS & LICENSEES OUTSIDE OF THE CAREFIRST BLUESHIELD SERVICE AREA In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.						
BKYT18	A1			YOUR INDIVIDUAL $200.00 ANNUAL DEDUCTIBLE HAS BEEN SATISFIED. MSP PROCESSING FOR SERVICES RENDERED BY SIDNEY SCHECHET. NPI:1659714707 PATIENT RESPONSIBILITY IS $0.00. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $784.28. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $1833.98.						
				In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.						
BKYT22				MSP PROCESSING FOR SERVICES RENDERED BY SIDNEY SCHECHET. NPI:1659714707 PATIENT RESPONSIBILITY IS $0.00. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $839.08. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $1888.78.						
				In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.						
BKYT24				MSP PROCESSING FOR SERVICES RENDERED BY SIDNEY SCHECHET. NPI:1659714707 PATIENT RESPONSIBILITY IS $0.00. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $3827.65. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $5951.66.						
				In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.						
BKYT26				MSP PROCESSING FOR SERVICES RENDERED BY MARK LINZER. NPI:1083978282 PATIENT RESPONSIBILITY IS $0.00. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $3875.25. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $5999.26.						
				In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.						
BKYT28				MSP PROCESSING FOR SERVICES RENDERED BY HALCYEANE DARDAINE. NPI:1356599740 PATIENT RESPONSIBILITY IS $0.00. YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $901.08. YOUR COMBINED FAMILY OUT OF POCKET TOTAL IS $1950.78.						
				In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.						
				*** This is not a bill. It is an explanation of benefits payable under your medical plan. Please keep this form for your records. Plan provisions specify that you must be eligible (see "Eligibility" in your SPD), that services must be covered (see "Covered Services" and "Exclusions" in your SPD), and that claims must be submitted properly (see "Claims Filing and Review in your SPD). A participant may appeal a total or partial denial of benefits by writing to the Board of Trustees within 60 days of notice of denial. For more on the appeal procedure, see the Appeal Rights printed at the bottom of this document.						

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Statement Date: 08/18/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Description** 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 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 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. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes its final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

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).

	Amount Charged	Not Covered	Amount Allowed	Deductible	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	5,816.00	1,261.46	4,554.54	78.62	1,946.06	1,654.47	786.71

United Food and Commercial Workers Unions
And Participating Employers
Health And Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

JHU Anesthesia & Critical Care Medicine
Attn: Tanika Barnes - Collections Specialist
PO BOX 64382
Baltimore, MD 21264

Date: November 2, 2021

Name:
Claim #: BKVF14
Date of Service: August 2, 2021

Dear Ms. Barnes:

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,

Shawn Sannie

Shawn Sannie, Appeals Department
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

cc:

NAME: **SS#:**

UFCW Unions and Participating Employers Health and Welfare Fund

EMPLOYER:	Shoppers Food	**LOCAL:**	27
DATE OF HIRE:	June 21, 1988	**STATUS:**	Full Time
PLAN:	JSS2		

ISSUE: Hospital/Medical – Coordination of Benefits with Medicare-ESRD #M21/169-9067

FUND RULE:
"**Eligibility**

[...] Benefits for eligible participants disabled 24 months or more or eligible for Medicare because of End Stage Renal Disease are provided through Medicare. Your Fund coverage is automatically converted to a Medicare Supplemental Program which covers some of the costs associated with Medicare coverage. You must enroll for Medicare by contacting the Social Security Administration. [...]"
(Plan JSS2 SPD, Page 29)

"**Coordination of Benefits**

[...] Medicare also becomes primary once it has been determined by Medicare that you have had End Stage Renal Disease (ESRD) for 30 months. During the 30-month interval, if you are working, the Plan is primary."
(Plan JSS2 SPD, Page 44)

SUMMARY:

Date(s) of Service:	January 9, 2021 through November 13, 2021
Claim(s) Received:	March 10, 2021 through November 30, 2021
Claim(s) Denied:	December 21, 2021
Appeal Received:	October 12, 2021

The **provider,** DaVita, Inc. (d/b/a Landover Dialysis), is appealing for payment of dialysis claims that were denied.

Fund records indicate the participant began dialysis treatment on or about March 28, 2018. Based upon the date dialysis began, the participant would have become entitled to Medicare due to End Stage Renal Disease (ESRD) on January 1, 2021. Pursuant to the terms of the Plan, Medicare became the participant's primary carrier effective January 1, 2021 (33 months after he became entitled to Medicare). As of January 1, 2021, the UFCW Unions and Participating Employers Health and Welfare Fund is the secondary payer. Claims received by the Fund on behalf of the participant, for services rendered on and after January 1, 2021, have been pended and denied when copies of Medicare's payment EOBs (Explanations of Benefits) have not been received.

The provider states in the appeal that the participant has not enrolled in any Medicare coverage to date, and therefore, it is in the provider's opinion that the Fund is responsible for primary payment.

After the appeal was received, the Fund office mailed letters to the participant on October 13, 2021 and October 28, 2021, requesting clarification as to why he hasn't enrolled in Medicare coverage. The Fund office also called the participant on December 16, 2021 and left a voicemail message for a return call. To date, there has been no response from the participant.

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

DaVita, Inc.
15271 Laguna Canyon Road
Irvine, CA 92618

September 13, 2021

UFCW Unions H&W Fund
Attn: Appeal and Grievances
911 Ridgebrook Road
Sparks, MD 21152-9451

Re:	First Level Appeal - Demand for payment of claims for dialysis services
Member:	
Policy #:	
Group #:	W32R
Tax ID:	952977916
Dates of Service:	Multiple – See Table Below
Billed Amount:	Multiple – See Table Below

Dear Sir or Madam;

UFCW Union H&W Fund (UFCW) has incorrectly denied payment for the below-mentioned claims because UFCW believes the patient has Medicare as primary coverage. **Please note the patient has not enrolled in ANY Medicare coverage to date.**

The patient is not enrolled in any Medicare coverage during this DOS therefore Medicare is not the patient's primary coverage. As the patient does not have Medicare and UFCW is not a secondary payer for the purpose of coordinating benefits, UFCW is liable for full contract rates in accordance with the contract between DaVita Inc. and Carefirst Blue Cross Blue Shield effective 06/01/2007.

Per the Agreement, UFCW is responsible to pay $738.00 for CPT Code 90999 Revenue Code 821. Therefore, DaVita requests that UFCW reprocess and pay *all claims per the below list* accordingly.

DaVita also hereby reserves its rights to raise any and all arguments and claims available under applicable law with respect to the matters set forth herein. This letter is written without waiver of or prejudice to DaVita's rights or remedies, all of which are expressly reserved.

* * * * *

Provider Claim #	Start DOS	End DOS	Billed Amount	Paid Amount	Balance Due
117675858101	1/9/2021	1/14/2021	$24,710.95	$0.00	$2,387.50
117684605101	1/16/2021	1/21/2021	$32,076.90	$0.00	$2,474.25
117920405101	2/2/2021	2/6/2021	$32,766.90	$0.00	$2,561.00
117936329101	2/9/2021	2/13/2021	$34,146.90	$0.00	$2,734.50
118193165101	3/2/2021	3/6/2021	$33,956.10	$0.00	$2,734.50
118206217101	3/9/2021	3/13/2021	$34,640.20	$0.00	$2,734.50
118221082101	3/16/2021	3/20/2021	$34,640.20	$0.00	$2,734.50
118276883101	3/23/2021	3/30/2021	$48,079.55	$0.00	$3,686.00
118457804101	4/1/2021	4/6/2021	$35,459.35	$0.00	$2,734.50
118478161101	4/8/2021	4/13/2021	$34,430.95	$0.00	$2,734.50
118493031101	4/15/2021	4/20/2021	$32,512.20	$0.00	$2,774.50
118739568101	5/8/2021	5/13/2021	$32,548.55	$0.00	$2,734.50
118759316101	5/15/2021	5/20/2021	$32,374.15	$0.00	$2,734.50
119023738101	6/8/2021	6/12/2021	$32,374.15	$0.00	$2,734.50
119032096101	6/15/2021	6/17/2021	$23,543.75	$0.00	$1,823.00
119243251101	6/22/2021	6/29/2021	$46,181.15	$0.00	$3,646.00
119293133101	7/15/2021	7/20/2021	$22,977.20	$0.00	$1,823.00
119494165101	7/22/2021	7/31/2021	$57,791.80	$0.00	$3,819.50
119531077101	8/3/2021	8/7/2021	$34,640.20	$0.00	$2,734.50
119548178101	8/10/2021	8/14/2021	$33,699.00	$0.00	$2,734.50

Please do not hesitate to contact **Angel Baltazar** at any time with any follow up questions or concerns.

Thank you for the reconsideration.

Angel Baltazar
Commercial Insurance Analyst
Phone: (949) 930-6843
E-mail: angel.baltazar@davita.com

DaVita.
Kidney Care

Patient Name:
Patient MPI: 2044384
Facility: LANDOVER DIALYSIS (03759)

00210206784513223421001O

PATIENT AUTHORIZATION & FINANCIAL RESPONSIBILITY

Purpose:

The purpose of this document is to confirm my choice to receive dialysis services at the listed facility and that I will be personally responsible for payments and other services I receive through DaVita. Further, I am assigning rights to payments from my insurer and authorizing DaVita to obtain the necessary information to obtain such payments.

Please read the following statements carefully.

By signing this Patient Acknowledgement, Authorization and Financial Responsibility Form ("Form"), I acknowledge and understand the following:

1. I am personally responsible for payment for dialysis treatments and other services that I receive from DaVita or its subsidiaries or affiliates (collectively, "DaVita") at or through the above listed dialysis facility ("Facility"), or any other facility which is managed or operated by DaVita.
   a. My financial responsibility will be at the full billed charges for the facility where I receive care (available for my review upon request) unless my insurance carrier has negotiated a lower rate with DaVita.
   b. My financial responsibility for my treatments continues until my primary and (if applicable) secondary insurance carriers reimburse DaVita for such services, or DaVita releases me from such responsibility.
2. I acknowledge that I have the right to choose any healthcare provider, company or dialysis service provider. I may change health care providers, including dialysis service providers, at any time.
3. By receiving education on DaVita facilities available for my treatment of ESRD from DaVita, I am under no obligation to receive treatment from DaVita or its affiliates.
4. I may consult with DaVita insurance counselors or social workers concerning my health insurance options and related matters. DaVita does not guarantee the comprehensiveness or completeness of the education provided on health insurance options. Any information that is provided to me by DaVita is based on a good faith understanding of the rights and obligations associated with each health insurance plan, and is not a representation made by DaVita as to how the plan will ultimately cover or pay for health care services.
5. I acknowledge that it is always my decision whether to apply for coverage. It is my responsibility to research my insurance options and select the plan that I determine best meets my financial and health care needs.
6. DaVita cannot and will not provide any benefit or inducement to me in exchange for applying for or obtaining a specific insurance coverage.

DaVita.
Kidney Care

Patient Name:
Patient MPI: 2044384
Facility: LANDOVER DIALYSIS (03759)

00210206784513223421002O

PATIENT AUTHORIZATION & FINANCIAL RESPONSIBILITY

In return for Facility's treatment and services, I agree to the following:

1. **Authorization**. I authorize DaVita, its affiliates and those acting on their behalf to:
   a. Obtain my insurance, employee benefit plan, insurance plan (including Medicare, Medicaid, and Social Security Administration), union trust fund, or similar plan ("Plan") information and financial information from my physician, the hospital from which I was referred, and my insurer/payor (including agents, administrators, or representatives), including, without limitation, benefits and coverage information.
   b. Obtain my healthcare coverage and benefits information including the benefits booklet, plan document, summary plan description, from the Plan or Plans which provide my health care coverage.
      i. If my Plan is sponsored by my employer, I understand that my employer may learn of my treatment at DaVita when DaVita requests my healthcare coverage and benefits information.
      ii. If DaVita is unable to obtain the necessary benefits information and documents from my Plan or employer, then I agree to obtain such information and documents and provide them to DaVita.
   c. When necessary for insurance claims, release my confidential medical information and/or personal financial information to my insurer/payor (including copies of medical records).
   d. Call or text me at the telephone number I provided to them using an automatic telephone dialing system and/or a prerecorded message, even if the number I provided is a cell phone.
2. **Insurance Payment**. I agree to assist DaVita in obtaining treatment authorization and payment for my treatment from my insurance plan, carrier and/or government program. If I am unable to obtain insurance coverage or pay for my treatment out of pocket, then I will apply for appropriate benefits under any federal or state programs (including Medicare, Medicaid, state kidney fund programs, etc.) for which I may be eligible.
3. **Patient Deductible and Co-payment**. I agree to pay my annual deductible, coinsurance, co-payments, or any other related costs associated with my treatment. Except when a patient has completed DaVita's Patient Financial Evaluation Policy application, DaVita will not waive any co-pays, co-insurance, or other patient responsibility.
4. **Treatment Authorization**. I understand that if a treatment authorization is required by my insurer or payor and DaVita cannot obtain it by the time of my third dialysis treatment (or my third dialysis treatment after the expiration of a treatment authorization), DaVita may ask me to (a) pay in cash prior to receiving any additional dialysis treatment, or (b) transfer to a non-DaVita dialysis center (a list of centers will be provided prior to transfer).
5. **Assignment of Benefits; Lien**. I understand that DaVita must be paid for the care that it provides to me. In order to facilitate payment, I give DaVita the right to seek payment from any Plan in my name. I assign to DaVita all of my rights to any payment due to me (or my estate) under any Plan, for services, drugs or supplies provided by DaVita to me. This assignment includes any claims or rights that I may have arising out of a Plan's failure to pay claims, including statutory penalties, interest, and tort claims. The purpose of this assignment is, in part, to create an assignment of benefits under ERISA or any other applicable law. I also hereby designate DaVita as a beneficiary under any Plan and Direct Plans that any payment should be made to and sent directly to DaVita. If I receive any payment directly from any Plan for services, drugs or supplies provided to me by DaVita, including insurance checks, I agree to immediately endorse and forward such payment to DaVita.
   I agree not to assign my benefits under any Plan to any other person or firm for services, drugs or supplies provided to me by DaVita. If I fail to perform any of my obligations under this provision, I understand that DaVita may pursue collections and legal action against me. In this case, I shall be responsible for the costs of collection (including reasonable attorney's fees) that are incurred by DaVita.

DaVita.
Kidney Care
Patient Name:
Patient MPI: 2044384
Facility: LANDOVER DIALYSIS (03759)

00210206784513223421003l

PATIENT AUTHORIZATION & FINANCIAL RESPONSIBILITY

6. **Collection of Benefits / Legal Action**. I agree to assist and cooperate fully with DaVita to obtain payment from any Plan for services, drugs or supplies provided to me by DaVita. This includes, if DaVita requests, my participation as a plaintiff in any litigation or arbitration arising from a dispute between DaVita and any Plan relating to any payment that is alleged by DaVita to be due for services, drugs or supplies provided to me by DaVita. By agreeing to participate as a plaintiff, I am not obligating myself to pay any attorney fees. I understand that if DaVita recovers attorney fees in such litigation, DaVita will use such fees to offset the cost of the litigation.

7. **Authorized Representative**. I hereby authorize DaVita (including their attorneys and/or representatives) to act on behalf of me and my estate, in pursuing a benefit claim, appeal of an adverse benefit determination, and litigation or arbitration to collect amounts due from any Plan for treatment provided by DaVita. I hereby authorize DaVita and its attorneys to pursue all available legal rights and remedies that they deem appropriate in order to collect from the Plans or any other source for such services, drugs or supplies, and to pursue claims arising from a Plan's failure to pay for such services, drugs or supplies. I hereby agree to assist DaVita in acting in this capacity.

8. **Change of Information**. I agree to promptly notify Facility and/or DaVita of any changes to the following within 2 business days of the change: my employment, insurance coverage, financial status, or my personal information (e.g., address, last name, etc.).

9. **Involuntary discharge**. According to DaVita policies and procedures, DaVita may initiate procedures to involuntarily discharge me if I do not have insurance coverage , do not have or am not complying with the terms of a self-pay agreement, or do not qualify for financial assistance under DaVita's Patient Financial Evaluation policy. Prior to discharge, DaVita will make good faith efforts to help me resolve any payment issues. I understand that DaVita also may initiate procedures to involuntarily discharge me if a discharge is necessary for my welfare or that of other patients. If I am involuntarily discharged from the Facility, DaVita will transfer me to a non-DaVita center. All discharges and transfers will be pursuant to DaVita's policies and procedures, applicable regulatory requirements, and the ESRD Network requirements.

10. **Transfer**. DaVita may transfer me to another facility if the Facility I am treating at ceases to operate or my insurance coverage is out-of-network with the Facility. Any transfer will be pursuant to DaVita's policies and procedures, applicable regulatory requirements, and the ESRD Network requirements.

The Patient Acknowledgment, Authorization, and Responsibility Form is effective while I am receiving treatment from DaVita and thereafter, until DaVita is paid in full for services, drugs and supplies provided to me by DaVita, or the claim by DaVita for payment is settled or withdrawn. I understand that if I do not fulfill the above terms and conditions, DaVita may pursue payment from me directly and/or involuntarily discharge and transfer me to another non-DaVita dialysis center. If any part of this form is deemed unenforceable, the remaining provisions shall remain in full force and effect. I understand I can hire an attorney at my own expense to represent me in connection with this Form.

The Patient Acknowledgment, Authorization, and Responsibility Form has been read and fully explained to me and my questions relating to the consent (if any) have been fully answered to my satisfaction.

By my signature below, I acknowledge and agree to the terms and conditions contained in this Form.

Print Representative Name: (If Applicable)

Date: 2/28/20

Patient or Representative Signature

RECEIVED
OCT 12 2021
AA, LLC

DaVita, Inc.
15271 Laguna CanyonRoad
Irvine, CA 92618

December 27, 2021

UFCW Unions H&W Fund
Attn: Appeal and Grievances
911 Ridgebrook Road
Sparks, MD 21152-9451

Re:	Second Level Appeal - Demand for payment of claims for dialysis services
Member:	
Policy #:	
Group #:	W32R
Tax ID:	952977916
Dates of Service:	Multiple – See Table Below
Billed Amount:	Multiple – See Table Below

Dear Sir or Madam;

UFCW Union H&W Fund (UFCW) has incorrectly denied payment for the below-mentioned claims because UFCW believes the patient has Medicare as primary coverage. **Please note the patient has not enrolled in ANY Medicare coverage to date.**

The patient is not enrolled in any Medicare coverage during this DOS therefore Medicare is not the patient's primary coverage. **As the patient does not have Medicare and UFCW is not a secondary payer for the purpose of coordinating benefits, UFCW is liable for full contract rates in accordance with the contract between DaVita Inc. and Carefirst Blue Cross Blue Shield effective 06/01/2007.**

Per the Agreement, UFCW is responsible to pay $738.00 for CPT Code 90999 Revenue Code 821. Therefore, DaVita requests that UFCW reprocess and pay *all claims per the below list* accordingly.

DaVita also hereby reserves its rights to raise any and all arguments and claims available under applicable law with respect to the matters set forth herein. This letter is written without waiver of or prejudice to DaVita's rights or remedies, all of which are expressly reserved.

* * * * *

Provider Claim #	Start DOS	End DOS	Billed Amount	Paid Amount	Balance Due
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118221082101	3/16/2021	3/20/2021	$34,640.20	$0.00	$2,734.50
118276883101	3/23/2021	3/30/2021	$48,079.55	$0.00	$3,686.00
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118478161101	4/8/2021	4/13/2021	$34,430.95	$0.00	$2,734.50
118493031101	4/15/2021	4/20/2021	$32,512.20	$0.00	$2,774.50
118739568101	5/8/2021	5/13/2021	$32,548.55	$0.00	$2,734.50
118759316101	5/15/2021	5/20/2021	$32,374.15	$0.00	$2,734.50
119023738101	6/8/2021	6/12/2021	$32,374.15	$0.00	$2,734.50
119032096101	6/15/2021	6/17/2021	$23,543.75	$0.00	$1,823.00
119243251101	6/22/2021	6/29/2021	$46,181.15	$0.00	$3,646.00
119293133101	7/15/2021	7/20/2021	$22,977.20	$0.00	$1,823.00
119494165101	7/22/2021	7/31/2021	$57,791.80	$0.00	$3,819.50
119531077101	8/3/2021	8/7/2021	$34,640.20	$0.00	$2,734.50
119548178101	8/10/2021	8/14/2021	$33,699.00	$0.00	$2,734.50

Please do not hesitate to contact **Angel Baltazar** at any time with any follow up questions or concerns.

Thank you for the reconsideration.

Angel Baltazar
Commercial Insurance Analyst
Phone: (949) 930-6843
E-mail: angel.baltazar@davita.com

DaVita.
Kidney Care

Patient Name:
Patient MPI: 2044384
Facility: LANDOVER DIALYSIS (03759)

00210206784513223421001O

PATIENT AUTHORIZATION & FINANCIAL RESPONSIBILITY

Purpose:

The purpose of this document is to confirm my choice to receive dialysis services at the listed facility and that I will be personally responsible for payments and other services I receive through DaVita. Further, I am assigning rights to payments from my insurer and authorizing DaVita to obtain the necessary information to obtain such payments.

Please read the following statements carefully.

By signing this Patient Acknowledgement, Authorization and Financial Responsibility Form ("Form"), I acknowledge and understand the following:

1. I am personally responsible for payment for dialysis treatments and other services that I receive from DaVita or its subsidiaries or affiliates (collectively, "DaVita") at or through the above listed dialysis facility ("Facility"), or any other facility which is managed or operated by DaVita.
   a. My financial responsibility will be at the full billed charges for the facility where I receive care (available for my review upon request) unless my insurance carrier has negotiated a lower rate with DaVita.
   b. My financial responsibility for my treatments continues until my primary and (if applicable) secondary insurance carriers reimburse DaVita for such services, or DaVita releases me from such responsibility.
2. I acknowledge that I have the right to choose any healthcare provider, company or dialysis service provider. I may change health care providers, including dialysis service providers, at any time.
3. By receiving education on DaVita facilities available for my treatment of ESRD from DaVita, I am under no obligation to receive treatment from DaVita or its affiliates.
4. I may consult with DaVita insurance counselors or social workers concerning my health insurance options and related matters. DaVita does not guarantee the comprehensiveness or completeness of the education provided on health insurance options. Any information that is provided to me by DaVita is based on a good faith understanding of the rights and obligations associated with each health insurance plan, and is not a representation made by DaVita as to how the plan will ultimately cover or pay for health care services.
5. I acknowledge that it is always my decision whether to apply for coverage. It is my responsibility to research my insurance options and select the plan that I determine best meets my financial and health care needs.
6. DaVita cannot and will not provide any benefit or inducement to me in exchange for applying for or obtaining a specific insurance coverage.

DaVita.
Kidney Care

Patient Name:
Patient MPI: 2044384
Facility: LANDOVER DIALYSIS (03758)

00210206784513223421 0020

PATIENT AUTHORIZATION & FINANCIAL RESPONSIBILITY

In return for Facility's treatment and services, I agree to the following:

1. Authorization. I authorize DaVita, its affiliates and those acting on their behalf to:
   a. Obtain my insurance, employee benefit plan, insurance plan (including Medicare, Medicaid, and Social Security Administration), union trust fund, or similar plan ("Plan") information and financial information from my physician, the hospital from which I was referred, and my insurer/payor (including agents, administrators, or representatives), including, without limitation, benefits and coverage information.
   b. Obtain my healthcare coverage and benefits information including the benefits booklet, plan document, summary plan description, from the Plan or Plans which provide my health care coverage.
      i. If my Plan is sponsored by my employer, I understand that my employer may learn of my treatment at DaVita when DaVita requests my healthcare coverage and benefits information.
      ii. If DaVita is unable to obtain the necessary benefits information and documents from my Plan or employer, then I agree to obtain such information and documents and provide them to DaVita.
   c. When necessary for insurance claims, release my confidential medical information and/or personal financial information to my insurer/payor (including copies of medical records).
   d. Call or text me at the telephone number I provided to them using an automatic telephone dialing system and/or a prerecorded message, even if the number I provided is a cell phone.
2. Insurance Payment. I agree to assist DaVita in obtaining treatment authorization and payment for my treatment from my insurance plan, carrier and/or government program. If I am unable to obtain insurance coverage or pay for my treatment out of pocket, then I will apply for appropriate benefits under any federal or state programs (including Medicare, Medicaid, state kidney fund programs, etc.) for which I may be eligible.
3. Patient Deductible and Co-payment. I agree to pay my annual deductible, coinsurance, co-payments, or any other related costs associated with my treatment. Except when a patient has completed DaVita's Patient Financial Evaluation Policy application, DaVita will not waive any co-pays, co-insurance, or other patient responsibility.
4. Treatment Authorization. I understand that if a treatment authorization is required by my insurer or payor and DaVita cannot obtain it by the time of my third dialysis treatment (or my third dialysis treatment after the expiration of a treatment authorization), DaVita may ask me to (a) pay in cash prior to receiving any additional dialysis treatment, or (b) transfer to a non-DaVita dialysis center (a list of centers will be provided prior to transfer).
5. Assignment of Benefits; Lien. I understand that DaVita must be paid for the care that it provides to me. In order to facilitate payment, I give DaVita the right to seek payment from any Plan in my name. I assign to DaVita all of my rights to any payment due to me (or my estate) under any Plan, for services, drugs or supplies provided by DaVita to me. This assignment includes any claims or rights that I may have arising out of a Plan's failure to pay claims, including statutory penalties, interest, and tort claims. The purpose of this assignment is, in part, to create an assignment of benefits under ERISA or any other applicable law. I also hereby designate DaVita as a beneficiary under any Plan and Direct Plans that any payment should be made to and sent directly to DaVita. If I receive any payment directly from any Plan for services, drugs or supplies provided to me by DaVita, including insurance checks, I agree to immediately endorse and forward such payment to DaVita.

   I agree not to assign my benefits under any Plan to any other person or firm for services, drugs or supplies provided to me by DaVita. If I fail to perform any of my obligations under this provision, I understand that DaVita may pursue collections and legal action against me. In this case, I shall be responsible for the costs of collection (including reasonable attorney's fees) that are incurred by DaVita.

DaVita.
Kidney Care
Patient Name:
Patient MPI: 2044384
Facility: LANDOVER DIALYSIS (03759)

00210206784513223421003 1

PATIENT AUTHORIZATION & FINANCIAL RESPONSIBILITY

6. **Collection of Benefits / Legal Action**. I agree to assist and cooperate fully with DaVita to obtain payment from any Plan for services, drugs or supplies provided to me by DaVita. This includes, if DaVita requests, my participation as a plaintiff in any litigation or arbitration arising from a dispute between DaVita and any Plan relating to any payment that is alleged by DaVita to be due for services, drugs or supplies provided to me by DaVita. By agreeing to participate as a plaintiff, I am not obligating myself to pay any attorney fees. I understand that if DaVita recovers attorney fees in such litigation, DaVita will use such fees to offset the cost of the litigation.

7. **Authorized Representative**. I hereby authorize DaVita (including their attorneys and/or representatives) to act on behalf of me and my estate, in pursuing a benefit claim, appeal of an adverse benefit determination, and litigation or arbitration to collect amounts due from any Plan for treatment provided by DaVita. I hereby authorize DaVita and its attorneys to pursue all available legal rights and remedies that they deem appropriate in order to collect from the Plans or any other source for such services, drugs or supplies, and to pursue claims arising from a Plan's failure to pay for such services, drugs or supplies. I hereby agree to assist DaVita in acting in this capacity.

8. **Change of Information**. I agree to promptly notify Facility and/or DaVita of any changes to the following within 2 business days of the change: my employment, insurance coverage, financial status, or my personal information (e.g., address, last name, etc.).

9. **Involuntary discharge**. According to DaVita policies and procedures, DaVita may initiate procedures to involuntarily discharge me if I do not have insurance coverage , do not have or am not complying with the terms of a self-pay agreement, or do not qualify for financial assistance under DaVita's Patient Financial Evaluation policy. Prior to discharge, DaVita will make good faith efforts to help me resolve any payment issues. I understand that DaVita also may initiate procedures to involuntarily discharge me if a discharge is necessary for my welfare or that of other patients. If I am involuntarily discharged from the Facility, DaVita will transfer me to a non-DaVita center. All discharges and transfers will be pursuant to DaVita's policies and procedures, applicable regulatory requirements, and the ESRD Network requirements.

10. **Transfer**. DaVita may transfer me to another facility if the Facility I am treating at ceases to operate or my insurance coverage is out-of-network with the Facility. Any transfer will be pursuant to DaVita's policies and procedures, applicable regulatory requirements, and the ESRD Network requirements.

The Patient Acknowledgment, Authorization, and Responsibility Form is effective while I am receiving treatment from DaVita and thereafter, until DaVita is paid in full for services, drugs and supplies provided to me by DaVita, or the claim by DaVita for payment is settled or withdrawn. I understand that if I do not fulfill the above terms and conditions, DaVita may pursue payment from me directly and/or involuntarily discharge and transfer me to another non-DaVita dialysis center. If any part of this form is deemed unenforceable, the remaining provisions shall remain in full force and effect. I understand I can hire an attorney at my own expense to represent me in connection with this Form.

The Patient Acknowledgment, Authorization, and Responsibility Form has been read and fully explained to me and my questions relating to the consent (if any) have been fully answered to my satisfaction.

By my signature below, I acknowledge and agree to the terms and conditions contained in this Form.

RECEIVED
JAN 18 2022
AA, LLC

Print Representative Name: _____ (If Applicable)

Date: 2/26/20

Patient or Representative Signature

P5144014005

202112234304

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

Return Service Requested

LANDOVER DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW PARTICIPATING EMPLOYERS — **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call (800) 638-2972

Claim #: BDXY30
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 117675858101
Provider: LANDOVER DIALYSIS

ENV 995 2 OF 9 F

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	01/09/21-01/09/21	0270	116.35	116.35	A1	0.00	0.00		0	0.00	0.00	116.35
	01/12/21-01/12/21	0270	349.05	349.05	A1	0.00	0.00		0	0.00	0.00	349.05
	01/14/21-01/14/21	0270	349.05	349.05	A1	0.00	0.00		0	0.00	0.00	349.05
	01/12/21-01/12/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	01/14/21-01/14/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	01/12/21-01/12/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	01/14/21-01/14/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	01/09/21-01/09/21	0636	174.40	174.40	A1	0.00	0.00		0	0.00	0.00	174.40
	01/12/21-01/12/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	01/14/21-01/14/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	01/09/21-01/09/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	01/12/21-01/12/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	01/14/21-01/14/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
		TOTALS	24,710.95	24,710.95		0.00	0.00			0.00	0.00	24,710.95

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
LANDOVER DIALYSIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

Explanation of Benefits - This is NOT a Bill
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UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BDXY30
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 117675858101
Provider: LANDOVER DIALYSIS

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 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 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. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes its final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

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).

P514401400S

202112234304

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

Return Service Requested

LANDOVER DIALYSIB
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BFBT81
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 117684605101
Provider: HEALTHCARE RENAL DVA

3 OF 11 F

ENV 6884

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	01/16/21-01/16/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	01/19/21-01/19/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	01/21/21-01/21/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	01/16/21-01/16/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	01/19/21-01/19/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	01/21/21-01/21/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	01/16/21-01/16/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	01/19/21-01/19/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	01/21/21-01/21/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	01/16/21-01/16/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	01/19/21-01/19/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	01/21/21-01/21/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	01/16/21-01/16/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	01/19/21-01/19/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	01/21/21-01/21/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	01/16/21-01/16/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	01/19/21-01/19/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	01/21/21-01/21/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
		TOTALS	32,076.90	32,076.90		0.00	0.00			0.00	0.00	32,076.90

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
LANDOVER DIALYSIB	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BFBT81
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 117684605101
Provider: HEALTHCARE RENAL DVA

Appeal Rights

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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.**

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P514401400S

202112234304

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

Return Service Requested

LANCOVER DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW PARTICIPATING EMPLOYERS — **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call (800) 638-2972

Claim #: BDXY31
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 117920405101
Provider: HEALTHCARE RENAL DVA

ENV 6884 2 OF 11 F

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	02/02/21-02/02/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	02/04/21-02/04/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	02/06/21-02/06/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	02/02/21-02/02/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	02/04/21-02/04/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	02/06/21-02/06/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	02/02/21-02/02/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	02/04/21-02/04/21	0636	690.00	690.00	A1	0.00	0.00		0	0.00	0.00	690.00
	02/06/21-02/06/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/02/21-02/02/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/04/21-02/04/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/06/21-02/06/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/02/21-02/02/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	02/04/21-02/04/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	02/06/21-02/06/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	02/02/21-02/02/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/04/21-02/04/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/06/21-02/06/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
		TOTALS	32,766.90	32,766.90		0.00	0.00			0.00	0.00	32,766.90

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
LANCOVER DIALYSIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

Explanation of Benefits - This is NOT a Bill
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UFCW (A PARTICIPATING EMPLOYER) UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BDXY31
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 117920405101
Provider: HEALTHCARE RENAL DVA

Appeal Rights

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P5144014005

20211223-304

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

Return Service Requested

LARMOVEIR DIALYSIZL
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW PARTICIPATING EMPLOYERS — **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call (800) 638-2972

Claim #: BKPS03
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118125596101
Provider: HEALTHCARE RENAL DVA

7 OF 11 F

ENV 6884

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	02/16/21-02/16/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/18/21-02/18/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/20/21-02/20/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/16/21-02/16/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	02/18/21-02/18/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	02/20/21-02/20/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	02/16/21-02/16/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	02/18/21-02/18/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	02/20/21-02/20/21	0634	445.20	445.20	A1	0.00	0.00		0	0.00	0.00	445.20
	02/16/21-02/16/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/18/21-02/18/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/20/21-02/20/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/16/21-02/16/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/18/21-02/18/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/20/21-02/20/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/16/21-02/16/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	02/18/21-02/18/21	0636	261.60	261.60	A1	0.00	0.00		0	0.00	0.00	261.60
	02/20/21-02/20/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
		TOTALS	34,103.30	34,103.30		0.00	0.00			0.00	0.00	34,103.30

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
LARMOVEIR DIALYSIZL	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS03
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118125596101
Provider: HEALTHCARE RENAL DVA

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 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 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. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes its final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

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).

P514401400S

202112234304

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

Return Service Requested

LAMDOVER DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS02
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118125567101
Provider: HEALTHCARE RENAL DVA

ENV 6884

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	02/23/21-02/23/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/25/21-02/25/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/27/21-02/27/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	02/23/21-02/23/21	0270	349.05	349.05	A1	0.00	0.00		0	0.00	0.00	349.05
	02/25/21-02/25/21	0270	349.05	349.05	A1	0.00	0.00		0	0.00	0.00	349.05
	02/27/21-02/27/21	0270	349.05	349.05	A1	0.00	0.00		0	0.00	0.00	349.05
	02/23/21-02/23/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/25/21-02/25/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/27/21-02/27/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	02/23/21-02/23/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/25/21-02/25/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/27/21-02/27/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	02/23/21-02/23/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	02/25/21-02/25/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	02/27/21-02/27/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
		TOTALS	32,462.25	32,462.25		0.00	0.00			0.00	0.00	32,462.25

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
LAMDOVER DIALYSIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS02
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118125567101
Provider: HEALTHCARE RENAL DVA

Appeal Rights

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P5144014005

20211223430

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

Return Service Requested

LANDOVER DZALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPR99
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118610731101
Provider: HEALTHCARE RENAL DVA

4 OF 11 F

ENV 6884

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	04/22/21-04/22/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	04/26/21-04/26/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	04/27/21-04/27/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	04/29/21-04/29/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	04/22/21-04/22/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	04/27/21-04/27/21	0270	581.75	581.75	A1	0.00	0.00		0	0.00	0.00	581.75
	04/29/21-04/29/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	04/22/21-04/22/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	04/27/21-04/27/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	04/29/21-04/29/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	04/22/21-04/22/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	04/27/21-04/27/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	04/29/21-04/29/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	04/22/21-04/22/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	04/27/21-04/27/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	04/29/21-04/29/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	04/22/21-04/22/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	04/27/21-04/27/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	04/29/21-04/29/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	04/27/21-04/27/21	0636	790.00	790.00	A1	0.00	0.00		0	0.00	0.00	790.00
		TOTALS	37,478.55	37,478.55		0.00	0.00			0.00	0.00	37,478.55

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
LANDOVER DZALYSIS	0.00	NC	12/22/21

P514401400S

202112234304

ENV 6884 4 OF 11 B

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

UFCW PARTICIPATING EMPLOYERS **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call (800) 638-2972

Claim #: BKPR99
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118610731101
Provider: HEALTHCARE RENAL DVA

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

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P5144014008

20211223404

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

Return Service Requested

LAIGDOVER DIALYBIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS01
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118724683101
Provider: HEALTHCARE RENAL DVA

5 OF 11 F

ENV 6884

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	05/01/21-05/01/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/04/21-05/04/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/06/21-05/06/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/01/21-05/01/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	05/04/21-05/04/21	0270	581.75	581.75	A1	0.00	0.00		0	0.00	0.00	581.75
	05/06/21-05/06/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	05/01/21-05/01/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/04/21-05/04/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/06/21-05/06/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/01/21-05/01/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/04/21-05/04/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/06/21-05/06/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/01/21-05/01/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/04/21-05/04/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/06/21-05/06/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/01/21-05/01/21	0636	218.00	218.00	A1	0.00	0.00		0	0.00	0.00	218.00
	05/04/21-05/04/21	0636	218.00	218.00	A1	0.00	0.00		0	0.00	0.00	218.00
	05/06/21-05/06/21	0636	218.00	218.00	A1	0.00	0.00		0	0.00	0.00	218.00
	05/04/21-05/04/21	0636	790.00	790.00	A1	0.00	0.00		0	0.00	0.00	790.00
	TOTALS		32,286.95	32,286.95		0.00	0.00			0.00	0.00	32,286.95

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
LAIGDOVER DIALYBIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS01
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118724683101
Provider: HEALTHCARE RENAL DVA

In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

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 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 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. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes its final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

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).

P514401400S

20211223404

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

Return Service Requested

AEB0ET DIAISIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW PARTICIPATING EMPLOYERS — **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call (800) 638-2972

Claim #: BKPS05
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118851583101
Provider: HEALTHCARE RENAL DVA

ENV 6884 9 OF 11 F

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	05/22/21-05/22/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/25/21-05/25/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/27/21-05/27/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/29/21-05/29/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	05/22/21-05/22/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	05/25/21-05/25/21	0270	581.75	581.75	A1	0.00	0.00		0	0.00	0.00	581.75
	05/27/21-05/27/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	05/29/21-05/29/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	05/22/21-05/22/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/25/21-05/25/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/27/21-05/27/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/29/21-05/29/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	05/22/21-05/22/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/25/21-05/25/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/27/21-05/27/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/29/21-05/29/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	05/22/21-05/22/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/25/21-05/25/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/27/21-05/27/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/29/21-05/29/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	05/22/21-05/22/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	05/25/21-05/25/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	05/27/21-05/27/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	05/29/21-05/29/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	05/25/21-05/25/21	0636	790.00	790.00	A1	0.00	0.00		0	0.00	0.00	790.00

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

UFCW PARTICIPATING EMPLOYERS **UFCW UNIONS & PART. EMP. H&W**

If you have any questions, please call (800) 638-2972

Claim #: BKPS05
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 118851583101
Provider: HEALTHCARE RENAL DVA

TOTALS	43,095.95	43,095.95		0.00	0.00	0.00	0.00	43,095.95

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
AEBOET DIAISIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

Appeal Rights

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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.**

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P514401400S

202112234304

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

Return Service Requested

LANDOVER DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW PARTICIPATING EMPLOYER — UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call
(800) 638-2972

Claim #: BKRL54
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 119004230101
Provider: LANDOVER DIALYSIS

3 OF 9 F

ENV 995

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	06/01/21-06/01/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	06/03/21-06/03/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	06/05/21-06/05/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	06/01/21-06/01/21	0270	581.75	581.75	A1	0.00	0.00		0	0.00	0.00	581.75
	06/03/21-06/03/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	06/05/21-06/05/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	06/01/21-06/01/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	06/03/21-06/03/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	06/05/21-06/05/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	06/01/21-06/01/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	06/03/21-06/03/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	06/05/21-06/05/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	06/01/21-06/01/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	06/03/21-06/03/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	06/05/21-06/05/21	0636	3,085.20	3,085.20	A1	0.00	0.00		0	0.00	0.00	3,085.20
	06/01/21-06/01/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	06/03/21-06/03/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	06/05/21-06/05/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	06/01/21-06/01/21	0636	790.00	790.00	A1	0.00	0.00		0	0.00	0.00	790.00
		TOTALS	32,548.55	32,548.55		0.00	0.00			0.00	0.00	32,548.55

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
LANDOVER DIALYSIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKRL54
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 119004230101
Provider: LANDOVER DIALYSIS

In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

Appeal Rights

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P514401400S

20211223430

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

Return Service Requested

LAIMOVER DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS04
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 119263170101
Provider: HEALTHCARE RENAL DVA

ENV 6884 8 OF 11 F

Line	Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes	Allowed Amount	Deductible	Type	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
	07/01/21-07/01/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	07/03/21-07/03/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	07/06/21-07/06/21	0821	4,930.00	4,930.00	A1	0.00	0.00		0	0.00	0.00	4,930.00
	07/01/21-07/01/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	07/03/21-07/03/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	07/06/21-07/06/21	0270	465.40	465.40	A1	0.00	0.00		0	0.00	0.00	465.40
	07/01/21-07/01/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	07/03/21-07/03/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	07/06/21-07/06/21	0634	381.60	381.60	A1	0.00	0.00		0	0.00	0.00	381.60
	07/01/21-07/01/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	07/03/21-07/03/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	07/06/21-07/06/21	0636	1,380.00	1,380.00	A1	0.00	0.00		0	0.00	0.00	1,380.00
	07/01/21-07/01/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	07/03/21-07/03/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	07/06/21-07/06/21	0636	3,856.50	3,856.50	A1	0.00	0.00		0	0.00	0.00	3,856.50
	07/01/21-07/01/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	07/03/21-07/03/21	0636	305.20	305.20	A1	0.00	0.00		0	0.00	0.00	305.20
	07/06/21-07/06/21	0636	218.00	218.00	A1	0.00	0.00		0	0.00	0.00	218.00
		TOTALS	33,868.90	33,868.90		0.00	0.00			0.00	0.00	33,868.90

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
LAIMOVER DIALYSIS	0.00	NC	12/22/21

Line#	Code	Messages
01	A1	MUST RECEIVE EOB FROM PRIMARY CARRIER TO PROCESS CLAIM.SEE P 42 IN SPD In light of the ongoing COVID-19 national emergency, certain specified deadlines related to the submission of claims and appeals have been extended. The Plan will disregard the period between March 1,2020 and 60 days after the end of the COVID-19 declared national emergency.

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

UFCW UNIONS & PART. EMP. H&W

If you have any questions, please call (800) 638-2972

Claim #: BKPS04
Statement Date: 12/22/21
Employee Name:
Employee #:
Patient's Name:
Patient Acct#: 119263170101
Provider: HEALTHCARE RENAL DVA

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 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 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. If you wish to file suit based on a denial of a claim for benefits, you must do so within three years from the date on which the Board of Trustees makes its final decision on appeal. Additionally, if you wish to file suit against the Fund or the Trustees, you must file suit in the United States District Court for the District of Maryland.

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).

United Food and Commercial Workers Unions
And Participating Employers
Health And Welfare Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

FINAL REQUEST

Date: October 28, 2021

RE:
Appeal #: M21/169

Dear Mr. :

The Fund office received an appeal from DaVita regarding claims for services rendered from January 9, 2021 forward which are currently pending for a copy of Medicare's EOBs (Explanations of Benefits). DaVita has advised this office that you have not enrolled for Medicare coverage.

Based upon the information on file, our records indicate that Medicare-ESRD should have become your primary carrier effective January 1, 2021. If you have not applied for Medicare-ESRD coverage, **this office requires a letter from Medicare documenting that you have not enrolled, or why you are not eligible to enroll according to their rules.**

Please forward this information to the Fund office at the Sparks, Maryland address on the letterhead **within 14 days (by November 11, 2021).** You may also fax this information directly to the Appeals Department at (410) 683-7725. A self-addressed return envelope is included for your convenience.

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

Sincerely,

Shawn Sannie

Shawn Sannie, Appeals Department

cc: DaVita, Inc.
Attn: Angel Baltazar – Commercial Insurance Analyst
15271 Laguna Canyon Rd
Irvine, CA 92618

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Landover, Maryland 20785-2361
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(800) 638-2972
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Date: October 13, 2021

RE:
Appeal #: M21/169

Dear Mr. :

The Fund office received an appeal from DaVita regarding claims for services rendered from January 9, 2021 forward which are currently pending for a copy of Medicare's EOBs (Explanations of Benefits). DaVita has advised this office that you have not enrolled for Medicare coverage.

Based upon the information on file, our records indicate that Medicare-ESRD should have become your primary carrier effective January 1, 2021. If you have not applied for Medicare-ESRD coverage, **this office requires a letter from Medicare documenting that you have not enrolled, or why you are not eligible to enroll according to their rules.**

Please forward this information to the Fund office at the Sparks, Maryland address on the letterhead **within 14 days (by October 27, 2021).** You may also fax this information directly to the Appeals Department at (410) 683-7725. A self-addressed return envelope is included for your convenience.

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

Sincerely,

Shawn Sannie

Shawn Sannie, Appeals Department

cc: DaVita, Inc.
Attn: Angel Baltazar – Commercial Insurance Analyst
15271 Laguna Canyon Rd
Irvine, CA 92618