



ABC Insurance Company
301 Main Street, Suite 100
Nashville, TN 37212

March 13, 2019

XYZ Hospital
Attn: Patient Billing Department
123 Main Street
Nashville, TN 37205

VIA PRIORITY MAIL 124589654656

Notice of Claim Review Findings

Re:	Patient Name:	John Doe
	Insurance ID:	45846598-4578
	Encounter:	65987458996
	Claim:	36554569985
	Date of Birth:	01/01/1950
	Facility:	XYZ Hospital
	Date of Service:	04/26/2017 - 06/19/2017
	Total Charges:	\$516,654.16

Dear Sir or Madam:

After review of this claim, ABC Insurance Company ("Payer") has identified certain line items, detailed below, that require additional information or clarification to complete the processing of this claim. Payer has reimbursed, or will soon reimburse, XYZ Hospital ("Provider") for the uncontested portion of the claim pursuant to the applicable contractual terms.

This letter details Payer's findings based on review of the itemized bill submitted. As the Provider, you have 30 days to review and respond with supporting documentation formalized as a dispute. Formal disputes must include explanations that clarify the charges in question. Please send all formal disputes to:

Appeals/Reconsiderations/Claim Disputes

email: reconsiderations@ABCinsurance.com

fax: 555-845-5413

mail: ABC Insurance Company
Attn: Appeals Department
301 Main Street, Suite 100
Nashville, TN 37212

Denied Items:

- Charges indicated below are for respiratory and/or ventilatory support and exceed 24 hours on a single date of service which per Payer's provider manual are not payable.

AEROSOL, DAILY	Units	Billed Charges	Adjusted Billed Charges	Adjustments
05/29/2017	1	\$453.77	\$0.00	\$453.77
06/06/2017	1	\$453.77	\$0.00	\$453.77
06/07/2017	1	\$453.77	\$0.00	\$453.77
Total	3	\$1,361.31	\$0.00	\$1,361.31

- Charges indicated below are for routine services, which have been unbundled from underlying room and board and/or procedure charges and per Payer's provider manual are not separately payable.

BREATHING EXER 15MIN	Units	Billed Charges	Adjusted Billed Charges	Adjustments
05/24/2017	3	\$106.17	\$0.00	\$106.17
05/26/2017	3	\$106.17	\$0.00	\$106.17
05/27/2017	3	\$106.17	\$0.00	\$106.17
05/28/2017	3	\$106.17	\$0.00	\$106.17
05/31/2017	1	\$35.39	\$0.00	\$35.39
06/01/2017	3	\$106.17	\$0.00	\$106.17
06/02/2017	1	\$35.39	\$0.00	\$35.39
06/02/2017	2	\$70.78	\$0.00	\$70.78
06/03/2017	3	\$106.17	\$0.00	\$106.17
06/05/2017	3	\$106.17	\$0.00	\$106.17
06/06/2017	3	\$106.17	\$0.00	\$106.17
06/07/2017	3	\$106.17	\$0.00	\$106.17
06/08/2017	3	\$106.17	\$0.00	\$106.17
06/09/2017	2	\$70.78	\$0.00	\$70.78
06/13/2017	3	\$106.17	\$0.00	\$106.17
Total	39	\$1,380.21	\$0.00	\$1,380.21

- Charges indicated below are for capital/reusable equipment, which have been unbundled from underlying room and board and/or procedure charges, and per Payer's provider manual are not separately payable.

HYPOTHERMIA UNIT	Units	Billed Charges	Adjusted Billed Charges	Adjustments
06/01/2017	1	\$110.03	\$0.00	\$110.03
06/02/2017	1	\$110.03	\$0.00	\$110.03
06/03/2017	1	\$110.03	\$0.00	\$110.03
06/04/2017	1	\$110.03	\$0.00	\$110.03
06/05/2017	1	\$110.03	\$0.00	\$110.03
06/06/2017	1	\$110.03	\$0.00	\$110.03
06/07/2017	1	\$110.03	\$0.00	\$110.03
06/08/2017	1	\$110.03	\$0.00	\$110.03
06/09/2017	1	\$110.03	\$0.00	\$110.03
06/10/2017	1	\$110.03	\$0.00	\$110.03
06/11/2017	1	\$110.03	\$0.00	\$110.03
06/12/2017	1	\$110.03	\$0.00	\$110.03
06/13/2017	1	\$110.03	\$0.00	\$110.03
06/14/2017	1	\$110.03	\$0.00	\$110.03
06/15/2017	1	\$110.03	\$0.00	\$110.03
06/16/2017	1	\$110.03	\$0.00	\$110.03
06/17/2017	1	\$110.03	\$0.00	\$110.03
06/18/2017	1	\$110.03	\$0.00	\$110.03
06/19/2017	1	\$110.03	\$0.00	\$110.03
Total	19	\$2,090.57	\$0.00	\$2,090.57

LA MATTRESS	Units	Billed Charges	Adjusted Billed Charges	Adjustments
06/01/2017	1	\$113.85	\$0.00	\$113.85
06/02/2017	1	\$113.85	\$0.00	\$113.85
06/03/2017	1	\$113.85	\$0.00	\$113.85
06/04/2017	1	\$113.85	\$0.00	\$113.85
06/05/2017	1	\$113.85	\$0.00	\$113.85
06/06/2017	1	\$113.85	\$0.00	\$113.85
06/07/2017	1	\$113.85	\$0.00	\$113.85
06/08/2017	1	\$113.85	\$0.00	\$113.85
06/09/2017	1	\$113.85	\$0.00	\$113.85
06/10/2017	1	\$113.85	\$0.00	\$113.85
06/11/2017	1	\$113.85	\$0.00	\$113.85
06/12/2017	1	\$113.85	\$0.00	\$113.85
06/13/2017	1	\$113.85	\$0.00	\$113.85
06/14/2017	1	\$113.85	\$0.00	\$113.85
06/15/2017	1	\$113.85	\$0.00	\$113.85
06/16/2017	1	\$113.85	\$0.00	\$113.85
06/17/2017	1	\$113.85	\$0.00	\$113.85
06/18/2017	1	\$113.85	\$0.00	\$113.85
06/19/2017	1	\$113.85	\$0.00	\$113.85
Total	19	\$2,163.15	\$0.00	\$2,163.15

REAGENT STRIPS	Units	Billed Charges	Adjusted Billed Charges	Adjustments
04/29/2017	2	\$134.48	\$0.00	\$134.48
04/30/2017	4	\$268.96	\$0.00	\$268.96
05/01/2017	3	\$201.72	\$0.00	\$201.72
05/02/2017	3	\$201.72	\$0.00	\$201.72
05/03/2017	3	\$201.72	\$0.00	\$201.72
05/04/2017	1	\$67.24	\$0.00	\$67.24
05/05/2017	3	\$201.72	\$0.00	\$201.72
05/06/2017	3	\$201.72	\$0.00	\$201.72
05/07/2017	4	\$268.96	\$0.00	\$268.96
05/08/2017	4	\$268.96	\$0.00	\$268.96
05/09/2017	4	\$268.96	\$0.00	\$268.96
05/10/2017	4	\$268.96	\$0.00	\$268.96
05/11/2017	2	\$134.48	\$0.00	\$134.48
05/12/2017	4	\$268.96	\$0.00	\$268.96
05/13/2017	4	\$268.96	\$0.00	\$268.96
05/14/2017	4	\$268.96	\$0.00	\$268.96
05/15/2017	4	\$268.96	\$0.00	\$268.96
05/16/2017	4	\$268.96	\$0.00	\$268.96
05/17/2017	4	\$268.96	\$0.00	\$268.96
05/18/2017	4	\$268.96	\$0.00	\$268.96
05/19/2017	5	\$336.20	\$0.00	\$336.20
05/20/2017	3	\$201.72	\$0.00	\$201.72
05/21/2017	2	\$134.48	\$0.00	\$134.48
05/22/2017	4	\$268.96	\$0.00	\$268.96
05/23/2017	4	\$268.96	\$0.00	\$268.96
05/24/2017	4	\$268.96	\$0.00	\$268.96
05/25/2017	5	\$336.20	\$0.00	\$336.20
05/26/2017	4	\$268.96	\$0.00	\$268.96
05/27/2017	4	\$268.96	\$0.00	\$268.96
05/28/2017	4	\$268.96	\$0.00	\$268.96
05/29/2017	3	\$201.72	\$0.00	\$201.72
05/30/2017	4	\$268.96	\$0.00	\$268.96
05/31/2017	4	\$268.96	\$0.00	\$268.96
06/01/2017	4	\$268.96	\$0.00	\$268.96
06/02/2017	4	\$268.96	\$0.00	\$268.96
06/03/2017	4	\$268.96	\$0.00	\$268.96
06/04/2017	4	\$268.96	\$0.00	\$268.96
06/05/2017	4	\$268.96	\$0.00	\$268.96
06/06/2017	4	\$268.96	\$0.00	\$268.96
06/07/2017	4	\$268.96	\$0.00	\$268.96
06/08/2017	4	\$268.96	\$0.00	\$268.96
06/09/2017	5	\$336.20	\$0.00	\$336.20

06/10/2017	5	\$336.20	\$0.00	\$336.20
06/11/2017	5	\$336.20	\$0.00	\$336.20
06/12/2017	4	\$268.96	\$0.00	\$268.96
06/13/2017	2	\$134.48	\$0.00	\$134.48
06/14/2017	3	\$201.72	\$0.00	\$201.72
06/15/2017	1	\$67.24	\$0.00	\$67.24
06/16/2017	1	\$67.24	\$0.00	\$67.24
Total	175	\$11,767.00	\$0.00	\$11,767.00

Billed Charges	\$516,654.16
(less Adjustments)	\$18,762.24
Adjusted Billed Charges	\$497,891.92

Regards,

Sally Smith, Sr. Resolution and Appeals Specialist
ABC Insurance Company