ASHP

American Specialty Health Plans

Response Form

PO Box 509002
San Diego, CA 92150-9002
(800) 972-4226
Fax (877) 427-4777

P|C

Batch # 165265 Provider # 54967

Treatment Form Number: 8108650

Confidential Health Information Notice: *The information in this fax may contain personal health information. It is being faxed to you after appropriate authorization from the patient has been obtained or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain this information in a safe, secure, and confidential manner. Re-disclosure without additional patient consent, or as permitted by law, is prohibited.*

Patient's Name: TIFFANY ANDERSON	*Patient's Health Plan ID Number* 0007891964 01 1
Health Plan KAISER PERMANENTE	*Employer Group Number:* 000000 0030305@CHIO5
James Gerard, DC 515 S Fairmont, Ste B LODI CA 95240	*Received Date* 06/28/2007 *Returned Date* 06/28/2007 *Fax Number* 1-209/368-9005

Procedure	Subm	App	Procedure	Subm	App	CPT Codes			
New Pt Exam	0	0	DME	0	0				
Est Pt Exam	1	1	Cervical X-Ray	0	0				
OV/Adjustment	6	4	Lumbar X-Ray	0	0				
Therapies	4	4	Thoracic X-Ray	0	0				
Submitted: 03/21/2007 - 05/21/2007			Other-Xray	0	0				
Approved 03/21/2007 - 05/21/2007			Lab	0	0				

ICD-9 Code: 729 2 — Services approved on this response form are for the condition described by this ICD-9 code. Please note that when billing, you must submit claims with all ICD-9 codes documented to the highest level of specificity per HIPAA coding standards.

Clinical Service Manager: Administrative Review
Phone Ext ·

This response is not a guarantee of payment; final payment is subject to group benefit limits and member eligibility.

This facsimile notification will serve as written notice and a mailed copy will not follow

If you would like to discuss the submitted services decision above, there are 3 options

- For questions concerning any clinical modifications or denials, you may contact the Clinical Service Manager noted on this form at 800-972-4226 or submit additional information and/or clarification on a Reconsideration form
- Questions concerning administrative modifications or denials should be directed to a Provider Services representative at 800-972-4226
- You may contact the Clinical Service Manager and request an appeal or submit your appeal in writing, within 365 days of the Returned Date above, to the address above, attention Appeals Coordinator

Your patient has been notified of this decision and has been advised of the member appeal process available under the terms of his/her health benefit plan

Note: All clinical decisions are made by appropriately licensed Clinical Service Managers. Decisions to approve only clinically necessary services are made considering all pertinent historical, examination and outcomes data submitted for review. Clinical Service Managers are not provided any type of incentive to modify or deny services. A general overview of clinical guidelines may be found within the Provider Operations manual or on www.ashcompanies.com
Did you Know? You can verify member eligibility, submit and check the status of treatment submissions and claims on the Internet! Incentives are available to providers who use our internet services. Many other benefits exist when using electronic transactions. Just go to www.ashcompanies.com and click on ASHLINK to find out more and how to register

Denied – write off 5/3/07 took to long to write report

The following is the clinical rationale on which the decision was based and was also provided to your patient:

This is in response to a reconsideration of services submitted by your provider. The request for a reconsideration of services submitted by your provider was not received within 30 days of the last date of the treatment plan period or within 30 days of the receipt of the response form. If any non-approved services have already been provided, you are not responsible for the charges, including member co-payments, unless you agreed with your provider in writing and in advance of the service that you would be financially responsible for payment

The following is for your information and was not included in the patient response:

This is in response to a Reconsideration and reflects the total number of services approved both as part of the initial request and the reconsideration (363)