From: American Specialty Health



C-31-06 8:03ja

Batch # 160702

Provider #

54967

PO Box 509002 San Diego, CA 92150-9002 (800) 972-4228

Response Form

Fax (877) 427-4777

authorization from th	e patient t	es been	e: The information is obtained or under circure, and confidential ma	matences	that	do not require	patien	at authorization You	the recipient, a	are obigeten "	
Patient's Name TIFFANY ANDERSON						Patient's Health Plan ID Number 11 078975-64 (
Health Plan KAISER PERMANENTE						Employer Group Number 000000 C 3030 GCH14					
James Gerard, DC 515 s Fairmont, Ste B LODI CA 952						Received Date Returned Date Fex Number 1-			(/31/2006 (/31/2006 -205/333-5202		
Procedure	Sopon	/ del	Procedure	Pulpin Y	BAR	IIIIX	1111	37893////	11112		
New Pt Exam	0	0	DME	0	þ						
Est Pt Exam	0	0	Cervical X-Ray	0	0						
OV/Adjustment	8	8	Lumber X-Ray	0	0						
Therapies	0	0	Thoracle X-Ray	0	0						
Submitted.09/18/2006 - 10/18/2008			Other-Xray	0	0						
Approved: 09/18	/2006 - 10	Lab	0	0							
ICD-9 Code: 72	92		a approved on this real I limit claims with all IC							ota that vita : Illing, you ing stancers	
Chnical Service Manager: K Bergeron, D C Phone Ext : 3628						This response is not a guarantee of payn ent; final pay ment ls ะ ป ว ร ป บ group benefit tirrats and การเกษอง อโราย์เห็ว					
For questions con- or submit addition. Questions concer You may contact the address above, atternoon to the properties of the address above, atternoon to the address and the address attended to the address att	discuss the cerning ar al informat ring admir the Clinica entron Appo entron entron Appo entron Appo e	e submitte lly clinical lon and/or listrative i Service I leals Coor l of this di le made b linical, exer	ecision and has been a	ove, there is, you ma oneiderate a should b on appeal advised of d Clinical addta suba	y con on for e dire or sub the m	3 optons tact the Clinic m octed to a Prov omit your appea nember appeal ce Managers of for review C	al Servi	ce Manager noted of the control of t	on this form at 8 we attickly 972-42 ye of the Returns the terrors of black color cally necess are no provided a	OC-972-42-6 233 ed Date acine to he ear health bere to an ear/services in inche ear/type of incoming to	

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

ASHLINK to find out more and how to register

REMINDER As of July 1st, 2006, the effective date for the ASH treatment form waiver program is channing from the 12-min 1 period of January 1st to December 31st to July 1st - June 30th each year For 2006, this means the treatment form waiver period is start over on July 1st. This will allow Contracted providers to submit claims for services under the Treatment Form Waiver beginning with dates of service on or after July 1st 2006 for all payors that utilize the Treatment Form Waiver Program. This car significant is calue your paperwork requirements for the remainder of 2006. For additional information, please refer to letter usin to you. In April 2.1.5 addressing this amendment to the Provider Services Agreement, or contact Provider Relations @ 800/97 2-4226 Option 4 1117)

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This is in response to a Reconsideration and reflects the total number of services approved, not addition all services (365)

