

5/28/24

ATTN: Appeals & Grievances  
Devoted Health, Inc  
Box 21327  
Eagan, MN 55121

This is a standard appeal.

My info:

Philip Rice  
11268 E Linvale Dr  
Aurora, CO 80014  
Member Number: D5SYZR  
Medicare Number: 1EW2-V29-FQ90

This appeal is submitted in accordance with the instructions found at:

<https://www.devoted.com/plan-documents/medical-coverage-rights/>

The very last part of the instructions say:

(quote)

What happens next?

We'll look into your complaint and have a response for you within 30 days.

(end quote)

I am requesting that Devoted Health send me (in the mail) written confirmation of receipt of this appeal. Please state the:

- 1) date received,
- 2) date the 30 day clock starts, and
- 3) deadline for the Devoted response

To be clear: I mean the date received to be the day that the Postal Service puts the item in the PO box at the 55121 Post Office. I interpret the "have a response for you" date to be the date that the US Postal Service takes possession.

If Devoted has some other definition of date received, or response date, please provide me with a written explanation of the method for calculating the 30 day deadline. Please be specific. If Devoted does not know the date they received this complaint, then please say so.

If I get no response to this request for written confirmation, I will take that to mean Devoted has accepted my definition of date of receipt, and agrees that the deadline for response is 30 days from receipt.

Reason for this appeal:

I visited my out of network doctor on 2/6/24. I paid the doctor's office in advance (before I saw the doctor) with my credit card. I paid \$112.50.

I mailed in a properly completed, and properly supported Reimbursement Form. I mailed the form on 2/8/24.

On 3/4/24, I called Devoted Member Services at (800) 338-6833. I spoke with Traviola Doe. When I asked about the status of my Reimbursement Form, she said:  
(quote)

"I do not have a claim on file", and

"Correspondence wise, I do not show that we have received a Reimbursement [Request Form]"

(end quote)

I then sent a 5 page document:

Cover Letter, plus 1 page reimbursement form in the amount of \$112.50, 1 page reimbursement form in the amount of \$52.50, 1 page receipt / proof of payment from my doctor's office for the \$112.50 credit card payment, plus 1 page copy of doctor's office statement in the amount of \$52.50. 5 pages total. All in the same envelope. Date mailed = 3/4/24.

On 4/12/24, I called Devoted Member Services. I spoke with Gabriel Doe. He confirmed that Devoted received my 5 page document. He stated it was received 3/13/24, which is 9 days after I mailed it.

Gabriel said:

The \$52.50 item needs "proof of payment". He confirmed that my the receipt for \$112.50 has been accepted. Only the \$52.50 needs proof of payment.

I asked: "are you willing to pay the \$112.50 in the mean time?"

Gabriel said:

"that should be already processed at this point. So again, that's still pending. That's under review by our claims department. This is a different thing for the \$52.50."

I said:

"I'm not trying to insult you, but, what I just heard from you, I put under the heading of BS. As far as the \$112 is concerned. Let me ask the question again. Are you willing to pay the \$112.50 in the mean time? Yes or no?"

Gabriel:

"Yes Mr Rice [with attitude]. I've already mentioned that. I've already mentioned that. [he said it twice] I've mentioned that it's under review now. You've already provided proof, so there wouldn't be a reason why we would deny it."

"Once we have proof of payment, it [the \$112.50] will go thru the process. Our claims [department] has to review that within 30 days. Once we receive a claim, 30 days from there, it has to be processed."

Phil:

"I'm talking about the \$112."

Gabriel:

"That's what I am talking about as well, sir. That's what I am talking about as well. [he said it twice]."

I pointed out to Gabriel that he just told me my \$112.50 reimbursement form was received on 3/14/24. Today's date is 4/13/24. From 3/14/24 to 4/13/24 = 30 days.

It is readily apparent that Gabriel has been spewing out BS. Gabriel is not a reliable source of information.

I received (in the mail) a Denial of Payment document dated 5/3/24. It shows 2 items. The first item listed says Date of Service is 2/6/24. The Second item says Date of Service is 3/2/24. For both items, the Service Code is N/A, Denial Code is 177, Description of Services is Dr Visit. There are no dollar amounts shown on the Denial of Payment document.

Denial Code 177 says:

(quote)

Proof of payment is required to complete this reimbursement request. Please submit proof of payment.

(end quote)

Devoted received my properly completed, and properly supported Reimbursement Form, in the amount of \$112.50. The denial of the \$112.50 does not make sense to me. Denial Code 177 does not explain the refusal to pay the \$112.50.

At a minimum, I am entitled to a better explanation.

I would like Devoted to either:

- 1) Admit that failing to make timely payment of the \$112.50 was a mistake,
- or
- 2) Provide me with a better explanation / justification for refusing to pay the \$112.50. Please be specific.

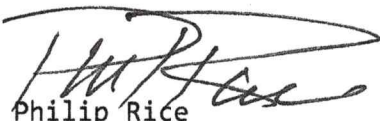
Evidence I want you to review:

Exhibits are printed on both sides of the paper.

Exhibit #1: Denial of Payment - page 1, document, dated 5/3/24.

Exhibit #2: Reimbursement form, in the amount of \$112.50. Dated signed 2/8/24.

Exhibit #3: Receipt/Proof of Payment, for the \$112.50. Date of service 2/6/24.



Philip Rice  
11268 E Linvale Dr  
Aurora, CO 80014

phil.rice@mkgappraisal.com  
(720) 282-3376

cc:  
Devoted Health, Corp HQ  
221 Crescent St, #202  
Waltham, MA 02453  
Attn: Todd Park  
Attn: Edward Y Park

Devoted Health  
Box 211037  
Eagan, MN 55121  
Attn: Larry Henry  
Chief Operating Officer

Lenny Morgan  
3616 S Fundy St  
Aurora, CO 80013

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C:\Temp\devoted\complaint  
appeal\_02\_short.txt



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**Important:** This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

## Notice of Denial of Payment

**Date:** 2024-05-03

**Member Number:** D5SYZR

**Name:** PHILIP RICE

**Claim Number:** AJXHICYEGAR

**Provider:** REFLECT HEALTH

### Your request was denied.

We've denied the payment of medical services/items listed below requested by you or your doctor:

Date of Service	Service Code	Denial Code (See explanation below)	Description of Service
2024-02-06	NA	177	DR VISIT
2024-03-02	NA	177	DR VISIT

### Why did we deny your request?

We denied the payment of medical services/items listed above because:

- **177** - Proof of payment is required to complete this reimbursement request. Please submit proof of payment.

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

Reimbursement form  
Get paid back for covered care

PROVIDE YOUR PERSONAL INFORMATION

First and last name:

Philip Rice

Birth date (mm/dd/yyyy):

04 25 1953

Member ID number:

D5SYZR

TELL US ABOUT WHAT YOU PAID FOR

Service or item:

Doctor

Date when you paid:

02 06 2024

How much you paid:

112.50

Type of purchase:  Covered healthcare  Dental care  Eyewear  Wellness Bucks

Other \_\_\_\_\_

Service or item:

Doctor

Date when you paid:

02 06 2024

How much you paid:

Type of purchase:  Covered healthcare  Dental care  Eyewear  Wellness Bucks

Other \_\_\_\_\_

Service or item:

Date when you paid:

How much you paid:

Type of purchase:  Covered healthcare  Dental care  Eyewear  Wellness Bucks

Other \_\_\_\_\_

SIGN THE FORM

Your signature:

*Philip Rice*

Today's date (mm/dd/yyyy):

02 08 2024

Don't forget to attach your supporting documents! See next page for details.

# Reflect Health

7720 S Broadway  
Suite 310  
LITTLETON, CO, 80122-2624  
(303) 584-5844

Approval code:	006310	Transaction type:	PURCHASE
Record number:	982562	Date/time:	02/06/2024 01:57 PM MST
Trace number:	308053	Type:	Visa
Transaction reference number:	206205716 CHIP	Account number:	XXXXXXXXXXXX1189
Transaction identifier:	304037754362067	Cardholder name:	PHILIP G RICE
Application Label:	Visa Credit	Patient identifier:	1066478
TC:	A5A0E7BA2F5A6B20		
TVR:	0080008000		
AID:	A0000000031010		

Subtotal: 112.50  
Sales Tax: 0.00

Total: 112.50

(customer copy)

## REFLECT HEALTH, LLC

*please send payments to:*  
REFLECT HEALTH, LLC  
PO BOX 32313  
BELFAST, ME 04915-0210  
*billing phone: (303) 357-2559*

*department of service:*  
Reflect Health  
7720 S BROADWAY  
LITTLETON, CO 80122-2624  
*dept phone: (303) 584-5844*

*printed*  
02/06/2024 01:57  
PM

GUARANTOR NAME AND ADDRESS  
PHILIP G RICE  
11268 E LINVALE DR  
AURORA, CO 80014

PATIENT #	PATIENT NAME	PROVIDER	DATE	DEPARTMENT
1066478	PHILIP G RICE	MATTHEW DHIEUX, PA	02/06/2024	Reflect Health
DOB.	TELEPHONE	CURRENT INSURANCE	CERTIFICATE#	AUTH#
04/25/1953	(214) 666-4321	*SELF PAY*		

### PAYMENTS ON 02/06/2024

Post Date	Date of Service	Diagnosis Codes	Procedure Code	Original Insurance Plan	Supervising Provider	Reason For Payment	Method of Payment	Amount
02/06/2024				*SELF PAY* (0)		Payment for Todays Service	MC/VISA *****1189	\$112.50
<b>Total Payment Amount</b>							<b>\$112.50</b>	