

7/12/24

to: Devoted Health, Inc via fax (877) 358-0711

For your convenience, a copy of this document (complete with all attachments) is posted on the Internet at:

[https://www.mkgappraisal.com/devoted\\_fax01.pdf](https://www.mkgappraisal.com/devoted_fax01.pdf)

I mailed a standard appeal from the 80014 post office, in Aurora, CO, on 5/28/24 (exhibit #3, attached). Post Office tracking shows that the appeal arrived at the 55121 Post Office in Eagan, MN, on 5/31/24. The Post Office says the item was "available for pickup" on 5/31/24. See exhibit #2 attached.

If the Post Office is correct, it means that Devoted Health had 15 days to pick up my letter at the 55121 Post Office in Eagan, MN. Devoted Health was unwilling or unable to pick up (receive) my letter.

With this fax, I am requesting that Devoted Health (formally) receive my standard appeal dated 5/28/24, and then formally respond to the standard appeal.



Philip Rice  
11268 E Linvale Dr  
Aurora, CO 80014

Member Number: D5SYZR  
Medicare Number: 1EW2-V29-FQ90  
phil.rice@mkgappraisal.com  
(720) 282-3376

Exhibits:

- 1) Post Office receipt dated 5/28/24
- 2) Screen Shot dated 7/12/24 - Post Office Tracking (9589 0710 5270 1335 3029 41)
- 3) Standard Appeal dated 5/28/24, 3 pages with 2 attachments, 5 pages total

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

C:\Temp\devoted\complaint  
fax\_01.txt



GATEWAY  
2500 S ABILENE ST  
AURORA, CO 80014-9998  
(800)275-8777

Product	Qty	Unit Price	Price
05/28/2024			05 19 PM
First-Class Mail® Letter	1	\$0.92	\$0.92
Saint Paul, MN 55121 Weight: 0 lb 1.10 oz Estimated Delivery Date Mon 06/03/2024 Certified Mail® \$4.40 Tracking #: 9589 0710 5270 1335 3029 41			
<b>Total</b>			<b>\$5.32</b>
First-Class Mail® Letter	1	\$0.92	\$0.92
Waltham, MA 02453 Weight: 0 lb 1.10 oz Estimated Delivery Date Mon 06/03/2024			
First-Class Mail® Letter	1	\$0.92	\$0.92
Waltham, MA 02453 Weight: 0 lb 1.10 oz Estimated Delivery Date Mon 06/03/2024			
First-Class Mail® Letter	1	\$0.92	\$0.92
Saint Paul, MN 55121 Weight: 0 lb 1.10 oz Estimated Delivery Date Mon 06/03/2024			
First-Class Mail® Letter	1	\$0.92	\$0.92
Aurora, CO 80013 Weight: 0 lb 1.10 oz Estimated Delivery Date Fri 05/31/2024			
<b>Grand Total:</b>			<b>\$9.00</b>
Credit Card Rent			\$9.00
Card Name: VISA Account #: XXXXXXXXXXXX1189 Approval #: 028623 Transaction #: 750 AID: A0000000031010 Chip AL: Visa Credit PIN: Not Required			

9589 0710 5270 1335 3029 41

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Saint Paul, MN 55121

Certified Mail Fee	\$4.40
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00



Postage	\$0.92
<b>Total Postage and Fees</b>	<b>\$5.32</b>

Sent To \_\_\_\_\_  
 Street and Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_  
 PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit [www.usps.com](http://www.usps.com) USPS Tracking or call 1-800-222-1811.

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Preview your Mail  
 Track your Packages  
 Sign up for FREE @  
<https://informedelivery.usps.com>

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience.  
 Go to: <https://postalexperience.com/Pos>  
 or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 070494-0118  
 Receipt #: 840-5800007-3-8970870-2  
 Clerk: 2

Screen Shot dated 7/12/24

Tracking Number:

**9589071052701335302941**

 Copy  Add to Informed Delivery

### Latest Update

This is a reminder to pick up your item before June 14, 2024 or your item will be returned on June 15, 2024. Please pick up the item at the SAINT PAUL, MN 55121 Post Office.

Get More Out of USPS Tracking:

 [USPS Tracking Plus®](#)

### Delivery Attempt

**Reminder to pick up your item before June 14, 2024**

SAINT PAUL, MN 55121  
June 5, 2024

### Available for Pickup

EAGAN  
3145 LEXINGTON AVE S  
EAGAN MN 55121-4201  
M-F 0900-1700; SAT 0900-1300  
May 31, 2024, 11:08 am

### Arrived at Post Office

SAINT PAUL, MN 55121  
May 31, 2024, 9:25 am

### Arrived at USPS Regional Destination Facility

SAINT PAUL MN NETWORK DISTRIBUTION CENTER  
May 30, 2024, 9:58 am

### In Transit to Next Facility

May 29, 2024

### Arrived at USPS Regional Origin Facility

DENVER CO DISTRIBUTION CENTER  
May 28, 2024, 10:38 pm

### USPS in possession of item

AURORA, CO 80014  
May 28, 2024, 5:17 pm

### Hide Tracking History

[What Do USPS Tracking Statuses Mean?](#)

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?"

Gabrial 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





1810



**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:** AJXHCEGAR

**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

Name and last name:

Philip Rice

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  
 Record number: 982562  
 Trace number: 308053  
 Transaction reference number: 206205716 CHIP  
 Transaction identifier: 304037754362067  
 Application Label: Visa Credit  
 TC: A5A0E7BA2F5A6B20  
 TVR: 0080008000  
 AID: A0000000031010

Transaction type: PURCHASE  
 Date/time: 02/06/2024 01:57 PM MST  
 Type: Visa  
 Account number: XXXXXXXXXXXXX1189  
 Cardholder name: PHILIP G RICE  
 Patient identifier: 1066478

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

**Total Payment Amount**

**\$112.50**