



Atrium Health

Joshua H Bates

Account: [REDACTED]

June 28, 2019

This is an itemization of the healthcare services for:

Patient: Bates, Joshua H

Admit Date: 07/09/18

Discharge Date: 07/10/18

Location: Carolinas Medical Center

Visit Coverages:
CONTINENTAL BENEFITS

Current Account Balance: \$28,155.65

Hospital Charges

Svc Dt	Code	Description	NDC	Qty	Amount
ANESTHESIA-GENERAL					
07/10/18	0370	HC ANESTHESIA TECHNICAL FEE PER UNIT		13	\$6,968.65
CT SCAN-GENERAL					
07/09/18	0352	HC CT ABDOMEN & PELVIS W/ CONTRAST (CT)		1	\$4,815.20
EKG/ECG (ELECTROCARDIOGRAM)-GENERAL					
07/09/18	0730	HC ELECTROCARDIOGRAM		1	\$400.10
EMERGENCY ROOM-GENERAL					
07/09/18	0450	HC ED VISIT LEVEL 5		1	\$2,960.75
IV THERAPY-GENERAL					
07/09/18	0260	HC IV INFUSION CONCURRENT		1	\$60.20
07/09/18	0260	HC IV INFUSION UP TO 1 HOUR		1	\$215.65
LABORATORY PATHOLOGY-GENERAL					
07/10/18	0312	HC GROSS & MICRO LEVEL III (HIST)		1	\$337.50
LABORATORY-GENERAL					
07/09/18	0301	HC BASIC METABOLIC PANEL		1	\$272.90
07/09/18	0301	HC POC TROPONIN I (POC)		1	\$314.70
07/09/18	0305	HC CBC AUTO W/AUTO DIF		1	\$208.80
07/09/18	0307	HC URINALYSIS AUTO W/O SCOPE		1	\$80.70
MEDICAL/SURGICAL SUPPLIES AND DEVICES-GENERAL					
07/10/18	0271	HC MANIFOLD 4 PORT STRYK NEPTUNE		1	\$67.25
07/10/18	0272	HC ADHESIVE DERMABOND LX6		1	\$70.00
07/10/18	0272	HC APPLIER CLIP LIGAMAX 5MM EL5ML		1	\$697.40

If you have any questions, please call (704)512-7171.

Si Ud no puede leer el contenido de esta en Ingles, por favor llamenos al (704)512-7171, opcion #2 Espanol.

Svc Dt	Code	Description	NDC	Qty	Amount
07/10/18	0272	HC CUTTER LINEAR 45 PSEE45A		1	\$1,458.50
07/10/18	0272	HC ENDOPATH 45 X 2.5 RELOAD (TR45W)		1	\$586.20
07/10/18	0272	HC L-WIRE HOOK MEGADYNE 0100		1	\$188.60
07/10/18	0272	HC RELOAD ECHELON 45 GST45B		1	\$695.70
07/10/18	0272	HC RELOAD ECHELON 45 GST45B		1	\$695.70
07/10/18	0272	HC RETRIEVAL SYSTEM CD001		1	\$190.00
07/10/18	0272	HC SCISSORS DETACH A TIP		1	\$167.20
07/10/18	0272	HC SLEEVE TROCAR 5MM X 75MM		1	\$480.50
07/10/18	0272	HC TROCAR 12MM XCEL B12LT		1	\$90.00
OPERATING ROOM SERVICES-GENERAL					
07/10/18	0360	HC SURGERY LEVEL 3 EA ADL 15 MINUTES		5	\$7,555.00
07/10/18	0360	HC SURGERY LEVEL 3 FIRST 30 MINUTES		1	\$7,929.70
PHARMACY-EXTENSION OF 025X-SINGLE SOURCE DRUG					
07/09/18	0636	HC CEFTRIAXONE 2GM/NS 100ML	00781320995	8	\$69.40
07/09/18	0636	HC FENTANYL CITRATE 100MCG/2ML AMP	00409909422	1	\$25.00
07/09/18	0636	HC PROPOFOL 200MG INJECTION	63323026929	40	\$40.00
07/10/18	0636	HC ENOXAPARIN 40MG/0.4ML SYRINGE	00075062040	4	\$20.00
07/10/18	0636	HC HYDROMORPHONE 2MG/2ML INJ	69374098302	1	\$25.00
07/10/18	0636	HC ONDANSETRON HCL 4 MG INJECTION	00409475503	4	\$45.00
PHARMACY-GENERAL					
07/09/18	0250	HC METRONIDAZOLE 500MG INJECTION	00338105548	1	\$45.00
07/09/18	0251	HC LIDOCAINE 2% MPF 5ML	63323020805	1	\$20.00
07/09/18	0251	HC ROCURONIUM BR 10MG/ML 5ML INJ	67457022805	1	\$20.00
07/09/18	0251	HC SUCCINYLCHOLINE 100MG SYRINGE	00409662902	1	\$42.50
07/09/18	0255	HC CT CONTRAST ISO 370 PER ML		120	\$56.40
07/09/18	0259	HC IBUPROFEN 600MG TABLET	63739068410	1	\$3.00
07/10/18	0251	HC ANES GLYCOPYRROLATE 0.2MG/ML 5ML	69374090305	1	\$82.50
07/10/18	0251	HC ANES NEOSTIGMINIE 1MG/ML 5ML	69374090205	10	\$82.50
07/10/18	0251	HC BUPIVACAINE 0.5%/EPI 1-200000 VL	00409904517	1	\$20.00
07/10/18	0258	HC D5 1/2NS KCL 20MEQ 1000ML	00264763500	10	\$107.65
07/10/18	0259	HC AMOXICILLIN 500MG CAPSULE	16714029903	1	\$3.00
07/10/18	0259	HC AMOXICILLIN 500MG CAPSULE	16714029903	1	\$3.00
07/10/18	0259	HC HYDROCODONE-APAP 5/325MG TAB	00406012362	1	\$5.00
RADIOLOGY-DIAGNOSTIC-GENERAL					
07/09/18	0324	HC DX CHEST 2 VIEWS (RD)		1	\$347.60
RECOVERY ROOM-GENERAL					
07/10/18	0710	HC RECOVERY PER MINUTE		46	\$963.70
SPECIALTY SERVICES-GENERAL					
07/09/18	0762	HC OBS PER MINUTE		70	\$154.00
07/10/18	0762	HC OBS PER MINUTE		152	\$334.40
07/10/18	0762	HC OBS PER MINUTE		541	\$1,190.20
Total Charges					\$41,211.75

Hospital Payments and Adjustments

Date	Description	Amount
10/12/18	Commercial Payments Coinsurance: 3,971.54	-\$8,944.56
10/23/18	PATIENT PAYMENT [REDACTED]	-\$140.00
06/27/19	PATIENT PAYMENT [REDACTED]	-\$3,971.54
Total Patient Payments and Adjustments		-\$4,111.54

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EXPLANATION OF BENEFITS

Forwarding Service Requested

Customer Service

If you have questions regarding this claim,
 please visit us online
www.continentalbenefits.com,
 or call us at (855) 289-8471.

Group Name: Diversant, LLC

*** THIS IS NOT A BILL ***

Patient: Joshua Bates

Date: July 9, 2018

Claim Finalized Date: 10/01/2018

Provider: CAROLINAS MEDICAL CENTER Rendering Provider: CAROLINAS MEDICAL CENTER				Patient Responsibility				NON-NETWORK		
Date of Service	Description	Billed Charges	Plan Allowed	Not Covered	Deductible	Co-Pay	Coinsurance	PAID Amount	PAID %	Remark Code
07/09-07/10/2018	Emergency Room	\$38,224.50	\$9,928.85	\$28,295.65	\$0.00	\$0.00	\$3,971.54	\$5,957.31	60%	AMP
07/09-07/10/2018	Emergency Room	\$2,987.25	\$2,987.25	\$0.00	\$0.00	\$0.00	\$0.00	\$2,987.25	100%	
	Gross Total	\$41,211.75	\$12,916.10	\$28,295.65	\$0.00	\$0.00	\$3,971.54	\$8,944.56		
	Other Insurance/Adjustment							\$0.00		
Patient: [REDACTED]								Amount Paid:	\$8,944.56	
Claim: [REDACTED]								Amount Patient May Owe Provider:	\$3,971.54	

Year to Date (YTD) SUMMARY - Patient		Not Covered	Out-of-Pocket (OOP)		Patient's Status	
NETWORK	Year to Date (YTD) Summary		Deductible	OOP	MOOP ¹	Remaining
NETWORK	Year to Date (YTD) Summary	\$0.00	\$2,000.00	\$6,350.00	\$6,350.00	\$0.00
NON-NETWORK	Year to Date (YTD) Summary	\$28,295.65	\$0.00	\$0.00	UNLIMITED	UNLIMITED

¹MOOP - Maximum Out-of-Pocket for Patient; Patient Responsibility amount are described in your benefits booklet; does not include "Not-Covered"

REMARKS

AMP A Medical Bill review was completed and identified non-covered services.

FINAL NOTICE

This is our final attempt to get you to pay your debt. Pay the balance owed or contact our office at 1-800-230-5892.

There is a service charge of \$20.00 on all returned checks.
Use return envelope for all correspondence.
This communication is from a debt collector.
This is an attempt to collect a debt and any information obtained will be used for that purpose.
Debt Collectors since 1986.

ACCOUNT INFORMATION

Patient, Creditor and Creditor Account	Service Date	Account #	Amount Due
JOSHUA H BATES - Carolinas Medical Center [REDACTED]	07/09/2018	[REDACTED]	\$28,155.65
TOTAL DUE			\$28,155.65

PAYMENT OPTIONS



Call: 1-800-230-5892



Pay online: payPRG.com
Security Code: 5445



Mail payment in enclosed envelope

To pay with Flex Spending or HSA plan, please contact us by phone or specify "Flex Pay" or "HSA" on your payment.

Detach the lower portion and return your payment in the envelope provided

PO BOX 427
Concord, NC 28026

IF PAYING BY CREDIT CARD, FILL OUT BELOW.

ZIP CODE	<input checked="" type="checkbox"/> VISA <input type="checkbox"/> <input checked="" type="checkbox"/> MasterCard	Flex Pay <input type="checkbox"/> HSA Plan <input type="checkbox"/>	CC#s (on back of card)
CC#			EXP. DATE
SIGNATURE	AMT PAID \$	BALANCE \$28,155.65	
Name as it appears on card		ACCOUNT # 25337935	

Joshua H Bates

PARAGON REVENUE GROUP
PO BOX 127
CONCORD, NC 28026-0127

January 16, 2020

Attn: Accounts Receivable
Provider Name: Carolinas Medical Center/Paragon Revenue Group

FORMAL NOTICE RE: DISPUTE OF BILLED CHARGES

Insured Name: Joshua Bates
Patient Name: Joshua Bates
Date of Service: 07/09/18-07/10/18
Claim Total Billed Amount: \$41,211.75

Account No.: [REDACTED]
Claim No.: [REDACTED]
Disputed Amount: 28,155.65
Claim Total Paid Amount: \$13,056.10

Accounts Receivable,

I am in receipt of your billing statement for the above referenced dates of service.

This letter is formal notice that the amounts identified above are in dispute.

Please accept this document as written permission to discuss the above account with Advanced Medical Pricing Solutions ("AMPS") and the law firm retained by them on my behalf which will be identified via separate correspondence. Please also accept this document as written permission to the release of my Protected Health Information, as permitted by 164.508(c)(1)(iv) of the privacy regulation issued pursuant to the Health Insurance Portability and Accountability Act to AMPS and the law firm retained on my behalf.

This letter is formal notice that I am disputing the accuracy and validity of the Disputed Charges under the federal Fair Credit Billing Act ("FCBA") and other applicable federal and state laws regarding, without limitation, consumer protection, fair billing and collection practices, unfair and deceptive trade practices, accord and satisfaction and implied covenants of good faith, fair dealing and reasonability (collectively "Applicable Law"). I am requesting that this matter be investigated, that the Bill be appropriately adjusted, that any finance and other fees related to the disputed amount be credited to my account, that I receive a revised billing statement as soon as possible. Until this matter is addressed and resolved in accordance with Applicable Law, no payments will be made on the Disputed Charges.

Pursuant to the FCBA, the Hospital is required to acknowledge this notice of dispute within 30 days and, within 90 days, must investigate the Disputed Charges and either adjust the charges on the account and send a corrected Bill or provide a written explanation of why the charges at issue are appropriately included in the Bill. Unless the Hospital appropriately follow the required procedures, Applicable Law prohibits any legal or other action to collect the disputed amounts or related charges. In addition, protections and procedures under other Applicable Law must also be followed.

If you have any additional questions, please contact AMPS at (800) 809-0513.

Sincerely,

Signature: _____

Date: ____ - ____ - ____