

Alysha Ramos

From: DoNotReplyNotify@vonagebusiness.com
Sent: Thursday, August 8, 2019 2:08 PM
To: Alysha Ramos
Subject: Outgoing Fax to 18662572323

VONAGE BUSINESS FAX DETAILED DELIVERY REPORT	
Attention	Alysha Ramos <aramos@spsrcm.com>
Job Number	
Sent By User	Alysha Ramos <aramos@spsrcm.com>
Entered Vonage System	08/08/2019 13:55
Report Generated	08/08/2019 14:07
Billing Code	80865
Subject	[REDACTED]
Page Count	16 (including cover sheet)

SUMMARY		
Sent: 16	Errors:	Cancelled:
Total: 16		

Destination	Status	Date	Time	Num. Retries
18662572323	SENT	08/08/2019	14:07	



NEW JERSEY PIP POST-SERVICE APPEAL FORM

TYPE OR PRINT LEGIBLY AND KEEP WITHIN THE LINES OF THE SPACE PROVIDED

1. DATE APPEAL SUBMITTED
8/8/2019

2. RECEIPT DATE OF ADVERSE DECISION
10/22/2018

CLAIM INFORMATION

3. INSURANCE COMPANY
Geico

4. CLAIM #

5. DATE OF LOSS
12/23/2017

PATIENT INFORMATION

6. LAST NAME

7. FIRST NAME

8. MIDDLE INITIAL

9. DATE OF BIRTH

10. ADDRESS (No. Street)

11. CITY

12. STATE

13. ZIP

PROVIDER/FACILITY INFORMATION

14. LAST NAME
Patti

15. FIRST NAME
James

16. FACILITY-OFFICE NAME
Edison Spine Center

17. SPECIALTY
Orthopaedic Surgery

18. TAX ID #
82-2033168

19. NPI #
1881-184885

20. ADDRESS (No. Street)
PO Box 40110

21. CITY
Newark

22. STATE
NJ

23. ZIP
07101

24. TELEPHONE # (Include Area Code)
855-777-1056 x 212

25. FAX # (Include Area Code)
(201) 526-6629

26. EMAIL ADDRESS
aramos@strategiccpsonline.com

27. PROVIDER AVAILABILITY DAYS OF WEEK:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
X X X X X

28. PROVIDER AVAILABILITY TIME OF DAY:

FROM TO
9am (est) 5pm (est)

DOCUMENTS INCLUDED

29. CHECK THOSE APPLICABLE BELOW (Include Proof of Receipt if Applicable)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> *ORIGINAL BILL (HCFA/UB) | <input checked="" type="checkbox"/> *EXPLANATION OF BENEFIT/PAYMENT | <input checked="" type="checkbox"/> *APPEAL RATIONALE NARRATIVE |
| <input type="checkbox"/> APTP DECISION/RESPONSE | <input type="checkbox"/> INDEPENDENT MEDICAL EXAM REPORT | <input type="checkbox"/> PEER REVIEW REPORT |
| <input type="checkbox"/> AUDIT REPORT | <input type="checkbox"/> NETWORK TERMINATION DOCUMENT | <input type="checkbox"/> PPO CONTRACT |
| <input checked="" type="checkbox"/> OTHER SUPPORTING DOCUMENTS (Describe): notes, pre-certs and mri | | |

POST-SERVICE APPEAL ISSUES

30. EOB ID
GC7550154

31. TOTAL BILL REIMBURSEMENT
\$85.01

32. EXPECTED BILL REIMBURSEMENT
\$385.01

33. **BILL LEVEL APPEAL CODE(S) 1-10
1-10

34. DATE(S) OF SERVICE

FROM						TO						35. CPT, HCPCS, NDC	36. LINE LEVEL REIMBURSE AMOUNT	37. LINE LEVEL EXPECTED REIMBURSE AMOUNT	38. **LINE LEVEL APPEAL CODE(S) A-S
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY				
10	1	18	10	1	18				80305		\$0.00	\$300.00	J,K,M,N		

* Indicates minimum documents required that must be included with the submission of this form with ADDITIONAL/NEW supporting records only
** Indicates sections that should be completed using the letter(s)/number(s) that correspond to the reason codes on the back of this form

EDISON SPINE CENTER
PO Box 40110
Newark, NJ 07101
W (201) 977-6245 \ F (201) 526-6629

August 8, 2019

Insurance Carrier: Geico
Patient: [REDACTED]
Provider: Edison Spine Center
Claim #: [REDACTED]
DOL: 12/23/2017
Appeal for DOS: 10/01/2018

To whom it may concern:

Please be advised that our office is formally appealing DOS 10/01/2018. The patient was involved in a MVA that took place on 12/23/2017. Patient suffered severe injuries to his neck and lower back. Patient had been treating conservatively but persists with continued complaints of pain in the cervical & lumbar spine, especially radiating pain to the upper and lower extremities. As such it is medically necessary for the patient to continue seeking the best avenue of treatment for a full recovery. Patient continues to discuss options available to him. Following the physical examination on 10/1/18 where pain was documented as "dull, throbbing, burning and shooting," the patient was prescribed 7.5 mg of meloxicam and 10 mg of cyclobenzaprine. As such it is necessary and medically indicated to perform drug screens to assure compliance and monitoring of proper medication use for those who may be diverting, supplementing or abusing the prescribed drugs.

As the patient's physician, James Patti, I have found that this course of care is in the best interest of the patient and is medically necessary. Denial of this treatment is absolutely not in the best interest of the patient. From a clinical standpoint, the patient's treating physician stand in the best position to determine what treatment is medically necessary. Within a reasonable degree of medical certainty to not allow this requested treatment is inappropriate and irresponsible. As such, please accept this letter as a formal appeal of your decision to not respond to the request for or not to allow treatment as set forth above.

Attached please find a copy of operative report, examination notes and any other studies performed, which fully support the necessity of the requested services. Please review the documentation and provide an immediate response to this appeal request.

Thank you for your prompt attention in this matter.



EOR #: GC7550154

EXPLANATION OF REVIEW

New Jersey

400001405501160101018000001

Receive Date : 10/22/2018 **Claim Number** : ██████████
Service Provider : EDISON SPINE CENTER PATTI, JAME **Date Of Loss** : 12/23/2017
Patient : ██████████
10 PARSONAGE RD STE 400
Edison, NJ 08837 336 SILZER ST
Case Number : Perth Amboy, NJ 08861
Billing Provider : EDISON SPINE CENTER **Patient Account #** :
Adjuster Name : Amie Clark
82-2033168 10 Parsonage Rd STE 400
Edison, NJ 08837 **Carrier** : GEICO
PO Box 9515
Dates Of Service : 10/01/2018 - 10/01/2018 Fredericksburg, VA 22403-9515

Diagnostic Codes **Description**
M50.22 Oth cerv disc displacement mid-cerv
M54.12 Radiculopathy cervical region

LINE	DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	10/01/18	99203	Office outpatient new 30 minutes	1.0	\$425.00	\$298.13	\$0.00	\$126.87	FS_NJ
2	10/01/18	80305	Drug test prsmv read direct optical obs pr date	1.0	\$300.00	\$300.00	\$0.00	\$0.00	NC66-1
Total Lines : 2						\$725.00	\$598.13	\$0.00	\$126.87

Reimbursement Amount : \$ 126.87
Previous Reimbursement Amount : \$ 0.00
Difference in Reimbursement Amount : \$ 0.00
Apportionment Amount : \$ 0.00
Less Deductible : \$ 0.00
Limited Benefits/Copay : \$ 0.00
EOR Check Amount : \$ 126.87

400001405501160101018000001

Claim Number [REDACTED]	Total Charges : \$725.00	EOR [REDACTED]
Billing Provider : EDISON SPINE CENTER		
Service Provider : EDISON SPINE CENTER PATTI, JAME		
Patient Name [REDACTED]	Dates of Service : 10/01/2018 - 10/01/2018	

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
FS_NJ	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.4.	1
NC66-1	The proposed treatment plan is not consistent with the clinically supported symptoms, diagnosis or indications of the injured person.	2

Comments: Questions regarding this review may be directed to:

Auto Injury Solutions, Inc.

P.O. Box 1247

Daphne, AL 36526

All BILL appeals MUST BE MAILED TO THE ABOVE ADDRESS

"No health care provider may demand or request any payment from any person in excess of those permitted by N.J.A.C. 11:3-29, and that no person is liable to any health care provider for any amount of money which results from charging of fees in excess of those permitted by N.J.A.C. 11:3-29, pursuant to N.J.S.A. 39:6A-4.6"

WARNING: N.J. Stat. 17:33A-6 states: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

ASSIGNMENT OF BENEFITS

Assignment of an Insured's/ Eligible Injured Person's rights to receive benefits for medically necessary treatment, durable medical equipment, tests or other services is prohibited except to licensed health care providers who must agree to:

- a. Fully Comply with GEICO's Decision Point Review Plan, including Precertification requirements,
- b. Comply with the terms and conditions of GEICO's Family Automobile Insurance Policy,
- c. Provide complete and legible medical records or other pertinent information when requested by us,
- d. Complete the "Internal Appeals Process" which shall be a condition precedent to the filing of a demand for Dispute Resolution for any issue related to bill payment, bill processing, Decision Point Review Request or Precertification requests. Completion of the internal appeal process means timely submission of an appeal, receipt of the response, and completion of the expiration of the forty five (45) calendar day waiting period for post-service appeals, prior to filing for alternate dispute resolution. Except for emergency care as defined in N.J.A.C. 11:3-4.2, any treatment that is the subject of the appeal that is performed prior to the receipt by the provider of the appeal decision shall invalidate the assignment of benefits.

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Claim Number	[REDACTED]	Total Charges	: \$725.00	EO	[REDACTED]
Billing Provider	: EDISON SPINE CENTER				
Service Provider	: EDISON SPINE CENTER PATTI, JAME				
Patient Name	[REDACTED]	Dates of Service	: 10/01/2018 - 10/01/2018		

- e. Submit disputes to Dispute Resolution pursuant to N.J.A.C. 11:3-5,
 - f. Submit to statements and/or Examinations Under Oath as often as deemed reasonable and necessary.
- Failure by the health care provider to comply with all the foregoing requirements will render any Assignment of Benefits null and void. Should the health care provider accept direct payment of benefits, the health care provider is required to hold harmless the Insured/ Eligible Injured Person and GEICO for any reduction of payment for services caused by the health care provider's failure to comply with the terms of the Insured's policy and this Plan. Should the assignee choose to retain an attorney to handle the Internal Appeals Process, they do so at their own expense.
- GEICO's Conditional Assignment of Benefits is the only valid assignment of benefits. The assignee agrees that GEICO has the right to reject, terminate or revoke the GEICO conditional Assignment of Benefits. An assignment of benefits may require GEICO's written consent.**

INTERNAL APPEAL PROCESS

"Services" is defined as performance or issuance of the requested medical procedure, treatment, diagnostic test, other service and/or durable medical equipment.

Pre-service Appeals:

A pre-service appeal is an appeal of a decision point review and/or precertification denial or modification prior to performance or issuance of the requested medical procedure, treatment, diagnostic test, or other service, and/or durable medical equipments.

If a health care provider disagrees with our determination related to Decision Point Review or Precertification of services, then the health care provider must submit a completed New Jersey PIP Pre-Service Appeal form for reconsideration of the decision. Medical necessity appeals of denial of Decision Point Review or Precertification requests must only be made as a pre-service appeal. The appeal must be submitted on the New Jersey PIP Pre-Service Appeal form and all fields 1-34 must be completed in order to be considered. If either the New Jersey PIP Pre-Service Appeal form is not submitted or if any fields on the New Jersey PIP Pre-Service Appeal form are not completed then the Appeal will be administratively denied. In addition, the original APTP form, APTP decision/response document, and Appeal rationale narrative document must be included with the submission of the New Jersey PIP Pre-Service Appeal form or the Pre-Service Appeal may be administratively denied.

To access the Internal Appeals Process, you must submit to AIS, Inc. a completed New Jersey PIP Pre-Service Appeal form, with all relevant supporting documentation, no later than thirty (30) calendar days after receipt of the written denial or modification of the requested services. The New Jersey PIP Pre-Service Appeal form can be obtained at: <http://www.geico.com/information/states/nj/personal-injury-protection/> (scroll down to Losses Occurring On or After October 1, 2012).

All pre-service appeals for reconsideration of a Decision Point Review or Precertification medical determination must include not only the basis for the appeal but also the medical criteria to support the dispute of a medical determination. Submission of information identical to the initial documentation submitted in support of the initial request shall not be accepted as a valid pre-service appeal request. A completed New Jersey PIP Pre-Service Appeal form must be submitted and responded to by the carrier prior to completion of the requested services that are the subject of the appeal. If a New Jersey PIP Pre-Service Appeal form is not submitted within thirty (30) calendar days after receipt of denial or modification of the requested services then the appeal is not valid and will not be considered. A pre-service appeal must be properly filed in accordance with the terms of the DPR Plan prior to the filing of any action against GEICO relating to any pre-service issue or decision made by GEICO and the filing of a pre-service appeal shall be a condition precedent to the filing of any action against GEICO.

Consistent with the terms of the Decision Point Review plan and the Assignment of Benefits provision, a health care provider proceeding under an Assignment of Benefits must utilize the Internal Appeals Process which shall be a condition precedent to

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Claim Number	[REDACTED]	Total Charges	: \$725.00	EOR	[REDACTED]
Billing Provider	: EDISON SPINE CENTER				
Service Provider	: EDISON SPINE CENTER PATTI, JAME				
Patient Name	[REDACTED]	Dates of Service	: 10/01/2018 - 10/01/2018		

the filing of a demand of Dispute Resolution for any issue related to bill payment, bill processing, Decision Point Review or Precertification request. Performance of medical services prior to submitting a Pre-Service Appeal will invalidate the appeal and the healthcare provider's Assignment of Benefit. All available required information about a dispute should be submitted as part of the internal appeals process. Only with a showing of substantial good cause should additional required information not submitted as part of the internal appeals process be submitted in arbitration for the first time.

All New Jersey PIP Pre-Service Appeal forms must be submitted in writing to AIS, Inc via certified mail/return receipt requested or via courier that provides proof of delivery to AIS, Inc. within thirty (30) calendar days from the date of the adverse determination to: AUTO INJURY SOLUTIONS (AIS), Inc. P.O. Box 1247, Daphne, AL 36526; or via fax to 866-257-2323. Proof of receipt by AIS, Inc must be provided by the disputing party at GEICO's request.

A decision on the Pre-service appeal will be completed and communicated to the provider who submitted the appeal within fourteen (14) calendar days of receipt of the properly submitted and completed New Jersey PIP Pre-Service Appeal form and receipt of any supporting documentation we may request.

Post-Service Appeals:

A Post-Service Appeal is an appeal made subsequent to the performance or issuance of the services.

The treating healthcare provider may request a post-service appeal on issues not related to a request for Decision Point Review or Precertification. These issues may include, but are not limited to, bill review or payment for services. Medical necessity appeals of denial of Decision Point Review or Precertification requests cannot be made as a post-service appeal. A post-service appeal must be properly filed in accordance with the terms of the DPR Plan prior to the filing of any action against GEICO relating to any post-service issue or decision made by GEICO and the filing of a post-service appeal shall be a condition precedent to the filing of any action against GEICO. A New Jersey PIP Post-Service Appeal form shall be submitted to AIS, Inc in writing within ninety (90) calendar days of the issuance of the decision that is being appealed and at least forty five (45) calendar days prior to initiating alternate dispute resolution pursuant to N.J.A.C. 11:3-5 or any other litigation against us. If a New Jersey PIP Post-Service Appeal form is submitted outside of this period of time then it will be invalid and will not be considered. The appeal must be submitted on the New Jersey PIP Post-Service Appeal Form and all fields 1-38 shall be completed. If either the New Jersey PIP Post-Service Appeal Form is not submitted or the fields are not completed then the Appeal will be administratively denied. In addition, the original bill (HCFA/UB), explanation of benefit/payment (EOB), and Appeal rationale narrative document must be included with the submission of the New Jersey PIP Post-Service Appeal Form or the Post-Service Appeal may be administratively denied.

The New Jersey PIP Post-Service Appeal form can be obtained at <http://www.geico.com/information/states/nj/personal-injury-protection/> (scroll down to *Losses Occurring On or After October 1, 2012*). The completed New Jersey PIP Post-Service Appeal form must be signed by the treating healthcare provider and must include supporting documentation and reasons for the post-service appeal. A decision on the post-service appeal will be completed no later than thirty (30) calendar days after receipt of the New Jersey PIP Post-Service Appeal form and all supporting documentation. Post-service appeals must be submitted only to AUTO INJURY SOLUTIONS (AIS), Inc., P.O. Box 1247, Daphne, AL 36526, or faxed to 866-257-2323.

Consistent with the terms of the Decision Point Review plan and the Assignment of Benefits provision, a health care provider proceeding under an Assignment of Benefits must utilize the Internal Appeals Process which shall be a condition precedent to the filing of a demand of Dispute Resolution for any issue related to bill payment, bill processing, Decision Point Review or Precertification request. All available required information about a dispute should be submitted as part of the internal appeals process. Only with a showing of substantial good cause should additional required information not submitted as part of the internal appeals process be submitted in arbitration for the first time.

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Claim Number [REDACTED]	Total Charges : \$725.00	EOR [REDACTED]
Billing Provider : EDISON SPINE CENTER		
Service Provider : EDISON SPINE CENTER PATTI, JAME		
Patient Name [REDACTED]	Dates of Service : 10/01/2018 - 10/01/2018	

If the Insured/Eligible Injured Person and/or health care provider retains counsel to represent them during the appeal process, they do so strictly at their own expense. No counsel fees or costs incurred during the appeal process shall be compensable.

DISPUTE RESOLUTION

If there is a dispute as to any issue arising under this Decision Point Review/Precertification Plan, or in connection with any claim for Personal Injury Protection benefits, a request for the resolution of that dispute may be made by the Insured/Eligible Injured Person, GEICO, or a treating health care provider who has a valid Assignment of Benefits from the Insured or Insured/Eligible Injured Person. The request for dispute resolution may also include a request by any of these parties for review by a Medical Review Organization.

If we, GEICO, and/or any person seeking Personal Injury Protection benefits, do not agree as to the recovery of such benefits, or with any decision made or arising pursuant to this Decision Point Review/Precertification Plan, then the matter is required to be heard and can only be resolved by a dispute resolution organization pursuant to New Jersey law rather than filed in the Superior Court of New Jersey. A health care provider is required to have fully complied with all aspects of this Decision Point Review/Precertification Plan, including but not limited to having fully complied with the Internal Appeal Process, prior to filing any claim or action in dispute resolution.

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cc:

Martin Kane Kuper/John J Kane
216 Stelton Rd STE C1
Piscataway NJ 08854-3284



Submitted: 10/15/2018
 Last Resubmitted: 10/17/2018

Geico - DOS
 PO BOX 9515
 Fredericksburg, VA 22403-9515

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA																													
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																			
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																			
8. RESERVED FOR NUCC USE										9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED <u>Signature On File</u> DATE <u>10/15/2018</u>										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED <u>Signature On File</u>																													
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 12 23 17 431										15. OTHER DATE QUAL 439 MM DD YY 12 23 17										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO MM DD YY MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN JAMES E PATTI										17a. NPI 1336296441										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO MM DD YY MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0																			
A. M50.22 B. M54.12 C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.										23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSPDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #										1 10 01 18 10 01 18 11 99203 AB 425 00 1 NPI 1336296441										2 10 01 18 10 01 18 11 80305 AB 300 00 1 NPI 1336296441																			
3										4										5										6									

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

EDISON-METUCHEN ORTHOPAEDIC GROUP

10 Parsonage Road, Suite 500, 5th Floor • Edison, NJ 08837 • Ph (732) 494-6226 • Fax (732)494-8762

Joseph S. Lombardi, M.D.

James Patti, M.D.

David M. Idank, D.O.

Robert M. Lombardi, M.D.

Mohnish Ramani, M.D.

Matthew Garfinkel, M.D.

Nilesh Patel, M.D.

Franklin Chen, M.D.

Todd Ryan, D.O.

Gloria Liu, APRN, BC.

Patient: [REDACTED] Account No: 200164 DOB: [REDACTED] Appointment : 10/1/2018
Examining Doctor: James E. Patti, M.D.

Chief Complaint A 62 year old male presents today for evaluation of neck.

History Of Present Illness

The patient is a left handed 62 year old male seen today for the neck. He injured her neck in a MVA on 12/23/2017. He was the restrained driver stopped at a red light when he was rear-ended. He went home after the accident and his neck was hurting. He then treated with a chiropractor, Dr Oliveira. Dr Oliveira ordered Xrays of his neck which showed no fractures. Physical therapy and electric stimulation was also ordered which provided temporary relief. A MRI of the cervical spine was then ordered and done on 02/14/18. He then follow up with an orthopedist, Dr Joshua Ravner. Based on the MRI results, Dr Ravner ordered an EMG. Dr Ravner recommended ACDF with instrumentation at C6-7. The patient deferred the surgery. He now chooses to see me for a second opinion.

He describes the symptoms as dull, throbbing and burning. The symptoms are constant. He also has intermittent shooting pain into the right shoulder and down into his hand. He has occasional RUE numbness and tingling. The patient experiences stiffness and clicking. His symptoms cause headaches. The symptoms are made worse with sitting, stairs, moving, walking and standing. Since the onset, he reports the problem is unchanged. The symptoms often causes the patient to wake from sleep. Pain is moderate with a rating of 7/10.

Occupation:: Disabled

Medical History

Current Medications: dicyclomine 20 mg tablet, meloxicam 7.5 mg tablet, cyclobenzaprine 10 mg tablet

Medical History: Asthma, Bronchitis, Rosacea, Irritable Bowel Syndrome

Medication And Allergic Reactions: Dye, Iodine, Grass, dust

Surgical History: None Stated.

Claim N [REDACTED]
Patient Name [REDACTED]
DOB [REDACTED]

Appointment Date: 10/1/2018

Account Number: 200164

Examining Doctor: James E. Patti, M.D.

Family History: None or Unknown. Father: Diabetes. Mother: High Blood Pressure.

Personal And Social History: The patient indicates he never used tobacco. The patient consumes alcohol socially. He does not use illegal substances. He does not have a substance abuse problem. He is single. He is disabled.

Review Of Systems

Constitutional: Patient denies any fever or weight loss.

Respiratory: Patient denies coughing or wheezing.

Cardiac: Patient denies any chest pain or shortness of breath.

Vital Signs: Height: 6ft 3.00in, Weight: 200lbs

Cervical Spine Examination

Inspection: Inspection of the cervical region is unremarkable, there are no signs of external injury.

Palpation: Pain is localized C5/6 and C6/7. There is positive tenderness over the paraspinal regions.

Range Of Motion: Flexion is 40 degrees.

Extension is 35 degrees.

Lateral rotation left is 70 degrees.

Lateral rotation right is 70 degrees.

Strength: Motor strength in the upper extremities is intact.

Sensation: Sensation in the upper extremities is normal.

Reflexes: Deep tendon reflexes are normal and symmetric.

Special Tests: Spurling's sign is negative. Tinel's sign is negative. Phalen's sign is negative. Hoffman's test is negative. Babinski test is down-going. Negative Clonus.

Other Tests

Additional Comments:

Assessment And Plan:

Impression: M50.22 Other cervical disc displacement, mid-cervical region, M54.12 Radiculopathy, cervical region

Claim No: [REDACTED]
Patient Name: [REDACTED]
DC [REDACTED]

Appointment Date: 10/1/2018

Account Number: 200164

Examining Doctor: James E. Patti, M.D.

Treatment Plan:

The diagnosis is related to the injury of 12/23/2017.

I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). A schedule for future care needs was explained. The patient verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office at 732 494-6226.

Medical Necessity: I certify that it is my medical opinion that this treatment plan, including any recommendation for therapy, orthopaedic or neurological evaluation, tests including x-rays and surgery is medically necessary and essential.

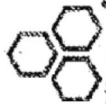
Cervical facet Injection was recommended for Level C5-6 and C6-7.

Patient to return in 4 weeks for follow up.

Patient seen by

James E. Patti, M.D.

10/1/2018



CENTRAL TOX

525 Round Rock W Dr Bldg 8 Ste 200, Round Rock TX 78681
(P) 512-382-9710 • (F) 512-382-7421
CLIA ID 45D2082145
NPI # 1710394978

URINE LABORATORY REQUISITION



C72917

ALL SHADED SECTIONS MUST BE COMPLETED

STEP 1: PATIENT INFORMATION

First Name: [Redacted]
Last Name: [Redacted]
Address, City, State, Zip: [Redacted]
Sex: M F
Date of Birth: [Redacted]
Phone #: [Redacted]

Collection Date: 10/01/18

STEP 2: BILLING INFORMATION

Commercial Gov Self Pay Auto W/O
MUST INCLUDE COPY OF INSURANCE CARD AND DRIVERS LICENSE
Bill to: Peico
Address, City, State, Zip: [Redacted]
Date of Injury/Accident: [Redacted]
Group Number: [Redacted]
Policy Number: [Redacted]
Collection Time: 3:30 AM (PM) Collected By: [Redacted]

STEP 3: PHYSICIAN INFORMATION

A70 EDISON SPINE CENTER
J Patti MSY.12
J Lombardi MSU.22
Diagnostic Code(s): Z79.899, G89.229

STEP 4: Mark Test Requests

Available for Qualitative Screening and LC/MS Confirmation
Perform Screen and Confirm Positive and/or
Select Individual Classes for Confirmation Testing (medically necessary with appropriate DX codes)

Alcohol and Metabolites (SETOH)	<input type="checkbox"/>
Acetaminophen (EIA only) (SACET)	<input type="checkbox"/>
Amphetamines (CMETH)	<input type="checkbox"/>
Barbiturates (CBARB)	<input type="checkbox"/>
Benzodiazepines (CBENZO)	<input type="checkbox"/>
Buprenorphine (CBUP)	<input type="checkbox"/>
Cocaine Metabolite (CCOC)	<input type="checkbox"/>
Tricyclic Antidepressants (CTCA)	<input type="checkbox"/>
MDA/MDMA (CXTC)	<input type="checkbox"/>
Marijuana Metabolite (CTMC)	<input type="checkbox"/>
Methadone (CMTD)	<input type="checkbox"/>
Opiates and Heroin (COPI)	<input checked="" type="checkbox"/>
Oxycodone (COXYC)	<input checked="" type="checkbox"/>
Phencyclidine (PCP) (CPCP)	<input type="checkbox"/>
Propoxyphene (CPPX)	<input type="checkbox"/>

LC/MS Confirmation Only (No Screen Available) Confirm

Cathinones (Bath Salts) (CBATH)	<input type="checkbox"/>
Dextromethorphan (CDEXTRO)	<input type="checkbox"/>
Fentanyl (CFENT)	<input type="checkbox"/>
Gabapentin (CGAB)	<input type="checkbox"/>
Kava (CKAVA)	<input type="checkbox"/>
Ketamine (CKET)	<input type="checkbox"/>
Kratom (CKRAI)	<input type="checkbox"/>
Meprobamate (CMEP)	<input type="checkbox"/>
Methylphenidate (CMPH)	<input type="checkbox"/>
Muscle Relaxants (CREL)	<input type="checkbox"/>
Naloxone (CNAL)	<input type="checkbox"/>
Naltrexone (CNALT)	<input type="checkbox"/>

STEP 5: Mark Prescribed Medications

Confirm all marked medications Patient Reports "No Medications" See Attached Med Lis

Opiates/Opioids/Opioid Antagonists

- Buprenorphine (Butrans, Suboxone, Subutex)
- Naloxone (Suboxone, Narcan)
- Naltrexone (Revia, Vivitrol)
- Codeine (Tylenol #3, Tylenol #4)
- Fentanyl (Actiq, Duragesic, Fentora, Lazanda)
- Hydrocodone (Lorcet, Lortab, Norco, Vicodin, Vicoprofen)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Avinza, Embeda, Kadian, MS Contin, MSIR)
- Oxycodone (Oxy IR, OxyContin, Percocet, Percodan, Roxicodone, Tylox)
- Oxymorphone (Opana ER, Opana IR)
- Tapentadol (Nucynta)
- Tramadol (Ryzolt, Ultram)

Benzodiazepines

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Oxazepam (Serax)
- Temazepam (Restoril)

Stimulants

- Amphetamine (Adderall)
- Methylphenidate (Concerta, Ritalin)
- Phenylpropanolamine (Adipex P)

Neuropathics

- Gabapentin (Neurontin)
- Pregabalin (Lyrica)

Barbiturates

- Butalbital (Esgic, Fioricet)
- Phenobarbital (Luminal)
- Secobarbital (Seconal)

Sedatives

- Zolpidem (Ambien)
- Zaleplon (Sonata)

Tricyclic Antidepressants

- Amitriptyline (Elavil)
- Clomipramine (Anafranil)
- Nortriptyline (Pamelor, Aventyl)
- Desipramine (Norpramine, Pertofrane)
- Imipramine (Tofranil)
- Doxepin (Deptran, Sinequan, Prudoxin)

Muscle Relaxants

- Carisoprodol (Soma)
- Cyclobenzaprine (Flexeril)
- Meprobamate (Equanil, Miltown)

Others

STEP 6: Special Requests

[Redacted]

STEP 7: POCT (for clinic use only)

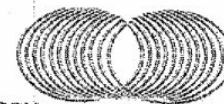
	POS	NEG		POS	NEG
THC		<input checked="" type="checkbox"/>	BAR		<input checked="" type="checkbox"/>
COC		<input checked="" type="checkbox"/>	BZO		<input checked="" type="checkbox"/>
OPI/MOP		<input checked="" type="checkbox"/>	MTD		<input checked="" type="checkbox"/>
AMP		<input checked="" type="checkbox"/>	TCA		<input checked="" type="checkbox"/>
mAMP		<input checked="" type="checkbox"/>	OXY		<input checked="" type="checkbox"/>
PCP		<input checked="" type="checkbox"/>	PPX		<input checked="" type="checkbox"/>
MDA		<input checked="" type="checkbox"/>	BUP		<input checked="" type="checkbox"/>

I understand my treating physician has requested that the testing described below be performed on my specimen. I authorize the collection of this specimen for the purpose of analytical testing by Central Tox LLC, and release of the results to my treating physician and staff. I authorize Central Tox, LLC, and/or its designees to obtain insurance and billing information and medical records and release of such information as necessary to determine and collect benefits. I authorize payment directly to Central Tox, LLC. I understand I am financially responsible for payments should insurance be denied partially paid or co-payments requested.

Patient Signature: [Redacted] Date: 10/1/18

607 Amboy Avenue
Perth Amboy, NJ 08861

Tel 7324425444
Fax 7324422626



PERTH AMBOY
DIAGNOSTIC IMAGING

February 14, 2018

Christopher Oliveira, D.C.
477 Brace Avenue
Perth Amboy, NJ 08861

RE: [REDACTED]
ID#: 082342
DOB: [REDACTED]
MRI OF THE CERVICAL SPINE WITHOUT
CONTRAST

Dear Dr. Oliveira:

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: 61-year-old male with a history of trauma with neck pain.

TECHNIQUE: Examination of the cervical spine was performed using multiplanar and multisequence imaging.

FINDINGS: The cervical spine maintains its normal lordotic curvature. The vertebral bodies outline normally. There is no abnormal marrow signal. The cervical spinal cord demonstrates a normal course, caliber, and signal intensity. The visualized paravertebral soft tissues are grossly unremarkable.

C2-C3: Mild disc bulging exerting pressure on the thecal sac. The neural foramina are patent. The facet joints are within normal limits.

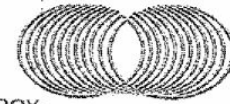
C3-C4: Disc herniation with mild posterior bony ridging exerting pressure on the thecal sac, severe right and mild-to-moderate left foraminal narrowing. There is facet hypertrophy.

C4-C5: No evidence of disc herniation. There is moderate right foraminal narrowing. There is significant right facet hypertrophy. The left facet joints are within limits.

C5-C6: Broad-based disc herniation with posterior bony ridging exerting pressure on the thecal sac. There is severe foraminal stenosis likely on a bony proliferative basis. There is mild facet hypertrophy.

607 Amboy Avenue
Perth Amboy, NJ 08861

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Fax 7324422626



PERTH AMBOY
DIAGNOSTIC IMAGING

RE: [REDACTED]

ID#: 062342

DOI [REDACTED]

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST

within normal limits.

C7-T1: The intervertebral discs outline normally. The neural foramina are patent. The facet joints are within normal limits.

IMPRESSION:

1. Disc herniations with posterior bony ridging at the C3-4, C5-6 and C6-7 levels as described above.
2. Mild disc bulging C2-3.
3. Severe foraminal narrowing noted at multiple cervical levels as described above.
4. Straightening of the cervical spine suggesting muscle spasm.

Thank you for your kind referral.

Very truly yours,

Steven Meyerson, M.D.

SM/msi
DD: 2/15/2018
DT: 2/20/2018
TID# 166104304

NEW YORK ASSIGNMENT OF BENEFITS
(for accidents after March 1, 2002)

I, [REDACTED] ("assignor / patient") hereby assign to Edison Spine Center / Edison Metuchen Orthopaedic Group ("Assignee/Provider") all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on 12/23, 2017, not withstanding any other agreement to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

[REDACTED]
Patient Name

[REDACTED]
Patient Signature

[REDACTED]
Patient Address

10-1-2018
Date signed

[REDACTED]
Edison Spine Center /
Edison Metuchen Orthopaedic Group
10 Parsonage Road, Suite 400
Edison, N J 08837

[REDACTED]
Provider Signature

10-1-18
Date signed