All clients below stopped services since they cannot afford weekly care. They can not keep dealing with denials and appeals and the uncertainty it brings up for them.

Client KS

5/8 EOB states appt is denied due to not having beneits.

6/11 DOS 4/9 and 4/23 resubmitted

7/17 Still being denied. Will need to call and figure out why

7/19 She has 3 denials out there stating she has met her 97803 limit max - even though I can see the 97803 has only been paid 2x. Cust serv looked up claims and verified client has not met with another RD this year. She has no bene per cust service....but she might, it is all very unclear, I can not bring up benefits on line and cust serv could not figure out what the "wellness and diabetes" benefits means. Cust serv is going to process. It will take 180 days(!!!!!!!) before a final determination will be made. Sent msg to dad and Ali.

Client MW

5/5 EOB claims Lauren is OON. Cust Serv can see she is INN.

5/25 #3087. Cust service resubmitted with screen shots that Lauren is INN. Will need to wait on EOB. Sent email to UHC credentially for help as well. NMRT sent auto response on 5/25 saying they would get back in 4-5 biz days.

6/9 Talked with cust serv who is escalating this to her higher ups. Ref # D1337

6/26 cont to be denied based on 6/22/23 remittance review

6/30: appeal submitted for 4/18, 5/3, 5/16 and 5/31 DOS - note and appeal doCustomer Service in Healthie

7/26 SG communication sent to her stating she will need to pay for appts via Hello

8/24 Lori will send msg asking how she wants to pay for these appts

12/1 She is paying this down

Client BS

5/5 EOB claims Sina is OON. Cust Serv can see she is INN.

5/25 #3087. Cust service resubmitted with screenshots that Sina is INN. Will need to wait on EOB. Sent email to UHC credentially for help as well. NMRT sent auto response on 5/25 saying they would get back in 4-5 biz days.

6/9 Talked with cust serv who is escalating this to her higher ups. Ref # D8530

6/21 SG sent email to Brighton, Sina and Lori on Hello@

7/12 LA: see hello emails and insurance eligibility notes

8/24 Lori will send msg to her asking how she wants to pay off these bills

9/22 She is starting to pay down the bill

12/1 She is still paying down this bill

Client Aly

4/25 Sent chat asking for a screenshot of insurance, place of work and the big policy.

4/27 These denials may be a matter of Nutrition therapy vs nutrition counseling verbiage. Claims were resubmitted by cust serv. Check in on May 13th.

5/19 Claims are still being denied.

5/30 Sent claim to DOL

6/20 Sent claim electronically but pressed send only with basic paperwork attached. Possibly need to resend if this doesn't do the trick

7/26 No indication of the appeal in the UHC portal. Resubmitted today.

8/10 SG Waiting on Aly to send in ROI for Domna, when complete will be able to send file to Domna

8/10 Sent msg to Aly asking for FULL plan - Grace is asking for it.

8/30 Denial came in for 12/6. 12/13 appeal is not in the system even though I filled out paperwork. Sent msg to Domna and Grace asking what my next steps should be

11/7 Dec claims still denied

11/14 sent lori a msg stating she needs to be self pay. I contacted UHC and they won't let me into the system with her old UHC number.

11/21 Sent draft email to Lori stating we need to collect money

12/1 Sent email to Lori asking if she sent the email

12/5 Sent email to Aly asking to collect fees for those 2 DOS

Client M

5/2 waiting to hear back from representative

5/19 Need to submit electronically. Once we can do that

5/30 Updated CMS for 5 denied claims to include F50.01, will be resubmitted

6/9 was on the phone with cust service who was going to look into the claims and the call dropped. Tried calling back and the whole call system is down

6/21 SG sent her an email on Hello@

7/26 Sent email to Grace from DOL to look into this issue.

8/4 Sent email to connect Monica and Domna

9/19 4 DOS resent by cust serv. DOS 2/20 appeal created

10/31 UHC needs a better ROI

11/7 DOS 12/7 and 3/13 resubmitted with ROI

11/21 Sent draft of letter to Lori stating we need the money

12/1 Sent Lori a msg asking if she sent the email to Moniday

12/5 Three claims paid out, only 2 remain. Sent email to Monica about needing to collect money.

Client BL

4/26 one claim is partially paid, 2 other claims are pending. Will hold off complaint till denials

5/19 Need to submit electronically for Apri l18th.

5/23 sent elec appeal for 4/18

6/18 UHC portal shows the appeal has not been reviewed yet

7/7/23 LA: 5/23/23 appeal not able to be located with TrackIt reference #; resubmitted appeal

9/1 Resubmitted 4/18

Client RW

5/19 Need to send in appeal for 4/21.

5/23 sent appeal electronically.

6/9 no update yet

6/15 Notice in portal says we need to wait till 6/23 before calling to learn status of 4/21 claim

6/26: No appeal received; provided 801-994-1058 fax for expedited appeal (7 biz day turnaround); appeal faxed

7/7: appeal showing in progress

7/20: SG 4/20 appeal denied. Using Lori's new PDF of the eligibility I sent in another appeal and sent email to him via hello

7/26 SG Sent appeal for 7/11 appt and notified client

8/2 Sent email stating Final Denial Letter for 4/21. Appt 7/11 appeal is still in process.

9/1 Sent appeal 4/21

9/14 Final denial for 4/21 is in the chart.

Client BW

4/23 sent email asking for her plan. NEED TO SEND BILL TO UHC.

5/4 sent claims to UHC, waiting on response.

5/19 ref 8629. fax # 801-567-5498.

5/19 talked with cust service who sees there ar no claims. She suggested we submit, we are INN so we have 90 days from DOS. Has DM benefits ber portal.

6/6 "In process" in the portal

6/13 still being denied . Cust Service sent back claims for manual review. Ref# D5058 Carmel L

7/21: resubmitted appeals electronically. Sent email to Client asking her to call insurance and fight for this as well

7/26 SG sent email asking for ROI

8/2 Appeal still in process

8/10 Sent email to Grace and Domna

8/18 3 DOS have been partially paid. Sent email to her asking how she wants to pay for the copays

Client JF

5/1 Asked JH to fill out the Illinois ROI. Need that to fill out an Illinois complaint.

5/2 Waiting to hear back about complaint

6/2 Sent email to her letting her know Nov and Dec claims were not paid, she is going to call insurance early in the week

6/9 Had not hit ded from last week. Payment plan of $80/week till she has the $120 fees to pay off then she will pay that. Put note in overview section of her chart

7/24 Received an email from IDOI stating the review is still in progress

Client CN

4/30 I need to call UMR to find out about the denials.

5/2 sent msg to dad asking to update the UMR portal. Sent msg to Carlie asking to create and send medical necessity paperwork. Will file a complaint if it is not resolved. No ref# as I was disconnected from them 2x.

5/4 Talk with Candace at Lindenwood., she was helpful.

5/5 Carlie faxed info in 5/12 Mar 4 appt was resubmitted.

5/26 Claim # for March 4.

5/26 Sent new CMS with updated reference # for Mar 4 appt

6/20 Sent Candace and Lori an email asking for help on the 2/9 claim

6/28: email from Candace - we have been able to get this claim reprocessed to reflect a $40 copay 😊 It may take until the next claim run, which will be next Wednesday due to the holiday, for this to process.

7/26 Need to charge the $40 copay

Client AH

4/25 Sent chat asking for a screenshot of insurance, place of work.

4/27 These denials may be a matter of Nutrition therapy vs nutrition counseling verbiage. Claims were resubmitted by cust serv. Check in at May 13th.

5/18 Claims are still being denied. Called Twehus to make sure I am not missing anything that she needs.

5/25 She has a self funded plan so I need to send info to DOL.

6/9 Might be resolved. Received a chat from Amy about everything being resubmitted.

6/26 - showing as paid/$25 co-pay; messaged Amy to determine whether or not to run all 7 at once or divide payment

Client HS

2/14 Sent appeal and chat to client

2/21 In Progress

2/22 Sent 2/6 claim in for appeal

3/5 Talked with cust serv who resubmitted the claims. She does have benefits, but insurance states she has used them all

4/1 The e-denial I sent on 2/22 never made it to UHC trackit for some reason. I talked with cust service this AM and they are resubmitting the 3 claims as they can see F50.02 is a MH code and she has unlimited benefits for this.

4/23 SG Claims are not in track it even though cust serv stated they will send in the appeal on 4/1/24. Today cust serv is standing by their belief that the claims sent in are prev codes and she is only allowed 1/year. I can see that 97803 is used with F code, not at all preventative. Sent in e-appeals again

5/10 #65850539 Spent 40 min on the phone transfer 3x. Final rep states that his supervisor will call me back today.

5/23 hahahhaha, cust serv on 5/10 never sent my Q to a supervisor. Today's call Angelito B # D3557. Will not be able to see it in the portal, NOT in track it. Once there is an update or info he will contact me. He will call me on 5/29. Email: angelito_b@uhc.com

5/29 All DOS got paid $64.60, $35 copay for all but March 28, 2024 apllied to ded - Will get resubmitted as well. Will receive EOB in 15 days from today's date. Ref # D3557

6/4 EOB dated 6/6 (2 days from now) shows payment. WIll monitor Healthie reimbursement detail.

Client KB

4/16/24 Feb claims appealed

5/10 NOthing updated in UMR yet

5/23 Called for claims fax

5/24 April call by Lori is not in their system. Claims specialist thinks she sees an issue and is reprocessing.

6/11 I can see in UMR they are paid at of 6/10 check # 4157941406 . NOt posted in Optum or Healthie yet. Will monitor.

6/20 EOB states $244.83 payment, need to look into if we got paid for the other parts of the claims.

Client AR

5/1 Claim for 2/27 was resubmitted was rebmitted 5/1, checkin on May 19 Ref D9502.

5/2 I resubmitted final 4 with Z68.42 as the corrected claim.

5/12 UHC provider portal looks like 2 of the claims are getting paid. Will check back before updating reimbursement details.

5/17 Sent claims appeal electronically for 3/13, 3/27, 4/3. Medical necessity paperwork sent in.

6/15: 3/27 and 3/13 claims getting sent back as cust service sees it should be covered at 100%, wait till June 22 to call back ref #D3023

6/16 Shelby has competed the notes.

7/20: 3/13 claim is pending in UHC portal

7/20: 3/27 claim, we have paperwork saying it is covered, but there was no pay out from UHC. Sent a reconsideration electronically

8/2: Claim 3/13 needs medical necessity paperwork. Sent msg to Shelby toedit start/finish time

8/8:SG paperwork for 3/13 sent in electronically

9/14 Fucking paperwork is not in Track it - sent in appeasl f 3/13 and 3/27 again

9/22 Look up Track it and make changes with provider if the claim is still denied.

10/26 Sent appeals again

11/7 in track it

11/14 3/13 is closed but I'm unclear what the final verdit is. 3/6 is still in process

11/21 March 13 still in progress, March 27 was 'reprocessed" but it is no where in portal

11/29 Resubmitted 3/27, 3/13 is still in progress

12/5 Email in drafts - send when 2nd claim comes in

2/7 Created appeals again for 2 DOS

2/20 Look at EOB soon, track it said and EOB was going to be sent in 7-10 days

3/5 ref#3342

Mail in for external review fax: 8019941083

4/10 DOS 3/13 has been paid, 3/27 is still pending