# HB 5438- Act to Limit Co-Pays for Chiropractic Services

Senator Crisco, Representative Megna and members of the Insurance Committee, my name is Dr. David Dziura, I am a chiropractic physician. I live and practice in Branford. I would like to speak on behalf of the Connecticut Chiropractic Association and the Connecticut residents we serve, in support of HB 5438 "A Bill to Limit Co-Pays to 50% of the Cost of Services."

Excessive co-pays create a phantom benefit for health insurance policyholders. These co-pays often meet or exceed the cost of care. The insurance plan sells their product with a defined benefit, collecting high monthly premiums, yet they pay little or nothing out for the benefit. In addition, they restrict care.

Patients seeking chiropractic care, a form of manual therapy will often have multiple visits a week during an acute episode. High co-pays become a barrier to care. Attached I have provided copies of explanation of benefits commonly seen in my practice.

- United healthcare-pays out $42.50 for service at the same time require $45 co-pay. End result patient is refunded $2.50. The Plan pays nothing.
- Aetna pays out $40.44 for service; requires a $45 co-pay- Patient reimbursed $4.56. Plan pays nothing.
- Anthem pays out $47 for service; requires a 45 co-pay; health insurance plan pays two dollars
- Health-Net-plan pays $44.23 and requires $45 co-pay; and resulted patient reimbursed $.77. Plan pays nothing.

It is understandable that private health insurance formulate different levels of coverage to make plans affordable, however, **truthful common language disclosures of benefit** information **should be required**. If the plan pays nothing how can they call it a benefit? If the patient pays the cost of care why should the plan limit that care?

**Please limit co-pays to 50% of the cost of care. Pass HB5438.**

Aetna

P.O. BOX 981106
EL PASO, TX 79998-1106

002768 J1K2PHA 003770

# CLAIM PAYMENT

*Please Retain for Future Reference*
*MEDICAL DOCTOR MD/PVN: 1284731*
QUESTIONS: 1-800-624-0756
DATE PRINTED: 01/17/2011

DZIURA CHIROPRACTIC PC
650 MAIN ST
BRANFORD CT 06405-3613

JC
1-25-11



| Member Name / Invoice # | DOS | Units | MemberNumber / Procedure | MODS | Billed | Member Responsibility | Paid | Message(s) |
|---|---|---|---|---|---|---|---|---|

NON-PAYMENT OF CLAIMS

PROVIDER NAME: DZIURA CHIROPRACTIC PC PROVIDER NUMBER: [redacted]

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | [redacted] | POS :F | | | |
| [redacted] | 1/04/11 | 1.00 | 98940 | | $50.00 | $22.61 | $0.00 | 001 |
| [redacted] | 1/04/11 | 1.00 | 97032 | | $35.00 | $17.83 | $0.00 | 001 |
| CLAIM WAS RECVD ON 1/14/11 | | | | | TOTAL | | $0.00 | |
| | | | | | TOTAL | | $0.00 | |

$45 copay 4.56 Refunded

**MESSAGE DESCRIPTION(S):**

001 The amount due is less than or equal to the member's co-pay amount. No additionial payment is due. D15

Appeal rights available to patients residing in California.
If you disagree with this determination, please send your dispute in writing to:
Aetna Correspondence Unit, P.O. Box 24019, Fresno, CA 93779-4019.
To obtain a provider dispute form or for additional instructions, please call 800-624-0756.

ACN Group, Inc.
MN010-W120
P.O. Box 212
Minneapolis, MN 55440
Contact: MPS 800-873-4575

# Remittance Advice

Check/Trace Number: [redacted]
Payment Amount: $0.00
Check/RA Date: 01/27/2011

Payee Name: Dziura Chiropractic Pc
Rend Prov: David Dziura, DC

Payee Tax ID: [redacted]
Rend Prov ID: [redacted]

[redacted]

Contract: Oxford Health Plans

[redacted]

| Dates of Service From | To | Line Ctrl# | Sub Prod/ Svc/Mod | Adj Prod/Svc | Mod | Charge | Adjustment Amount | Payment Amount | Remark (See Below) | Clm Adj Rsn Cd | Group Code |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/11/11 | 01/11/11 | 1 | 98940 | 98940 | | $50.00 | $20.00 | $30.00 | 1 | 45 | CO |
| 01/11/11 | 01/11/11 | 2 | 97032 | 97032 | | $35.00 | $22.50 | $12.50 | 1 | 45 | CO |
| | | | | | SUB TOTAL | $85.00 | $42.50 | $42.50 | | | |
| | | | | | | | $42.50 | ($42.50) | Copayment | 3 | PR |
| | | | | | TOTAL | $85.00 | $85.00 | $0.00 | Patient Responsibility: | | $42.50 |

45.00 copay

Refund $2.50

[redacted]

Contract: Oxford Health Plans

[redacted]

| Dates of Service From | To | Line Ctrl# | Sub Prod/ Svc/Mod | Adj Prod/Svc | Mod | Charge | Adjustment Amount | Payment Amount | Remark (See Below) | Clm Adj Rsn Cd | Group Code |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/11/11 | 01/11/11 | 1 | 98940 | 98940 | | $50.00 | $20.00 | $30.00 | 1 | 45 | CO |
| 01/11/11 | 01/11/11 | 2 | G0283 | G0283 | | $27.50 | $17.50 | $10.00 | 1 | 45 | CO |
| 01/11/11 | 01/11/11 | 3 | 97035 | 97035 | | $27.50 | $17.00 | $10.50 | 1 | 45 | CO |
| 01/13/11 | 01/13/11 | 4 | 98940 | 98940 | | $50.00 | $20.00 | $30.00 | 1 | 45 | CO |
| 01/13/11 | 01/13/11 | 5 | G0283 | G0283 | | $27.50 | $17.50 | $10.00 | 1 | 45 | CO |
| 01/13/11 | 01/13/11 | 6 | 97035 | 97035 | | $27.50 | $17.00 | $10.50 | 1 | 45 | CO |
| | | | | | SUB TOTAL | $210.00 | $109.00 | $101.00 | | | |
| | | | | | | | $101.00 | ($101.00) | Deductible | 1 | PR |
| | | | | | TOTAL | $210.00 | $210.00 | $0.00 | Patient Responsibility: | | $101.00 |

Total Remittance Payment Amount: $0.00

**REMARK CODE DESCRIPTIONS**

1 Allowed at contracted rate

Group Code Descriptions: CO - Contractual Obligation PR - Patient Responsibility CR - Correction or Reversal OA - Other Adjustment



027647341A00014-00002 00028

03429

PO Box 533
North Haven CT 06473-0533

nd Blue Shield is a trade name of Anthem Health Plans, Inc.,
o Cross and Blue Shield Association.
Cross and Blue Shield Association.

ite (www.anthem.com) for provider service numbers.

# PROVIDER REMITTANCE

PAGE: 2 OF 8
DATE: 01/07/2011
ID NUMBER: 50DZIURACCT01

Disregard ID Number - - Internal use only.

CHIROPRACTIC PC
IURA CHIROPRACTIC C
B DZIURA DC
MAIN ST
ANFORD, CT 06405-3613

*00000501061429*

INFORMATION FOR: [redacted] CLM: [redacted] PLAN CD: STATE MED.REC.NO: 010-BAR4012
NTRACT NO: [redacted]

| CODE-FIERS | SERVICE DATE(S) | TREAT-MENTS | STATUS CODE | AMOUNT CHARGED | AMOUNT COVERED | DEDUCT. | COPAY/ COINS. | OTHER REDUCTION | RISK/AMOUNT WITHHELD | AMOUNT APPROVED | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 8940-00 | 12/30/2010 -12/30/2010 | 1 *A932 | A | 50.00 | 47.00 | .00 | .00 | .00 | .00 | 47.00 | .00 |
| 97032-00 | 12/30/2010 -12/30/2010 | 1 | A | 35.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 97110-00 | 12/30/2010 -12/30/2010 | 1 | A | 40.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | CLAIM TOTALS | | 125.00 | 47.00 | .00 | .00 | .00 | .00 | 47.00 | .00 |

PATIENT INFORMATION FOR: [redacted] CLM: [redacted] PLAN CD: STATE MED.REC.NO: 006-BER4207
CONTRACT NO: [redacted]

| PROC.CODE-MODIFIERS | SERVICE DATE(S) | TREAT-MENTS | STATUS CODE | AMOUNT CHARGED | AMOUNT COVERED | DEDUCT. | COPAY/ COINS. | OTHER REDUCTION | RISK/AMOUNT WITHHELD | AMOUNT APPROVED | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98940-00 | 12/28/2010 -12/28/2010 | 1 *A932 | A | 50.00 | 47.00 | .00 | .00 | .00 | .00 | 47.00 | .00 |
| 97035-00 | 12/28/2010 -12/28/2010 | 1 | A | 27.50 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 97014-00 | 12/28/2010 -12/28/2010 | 1 | A | 27.50 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | CLAIM TOTALS | | 105.00 | 47.00 | .00 | .00 | .00 | .00 | 47.00 | .00 |

PATIENT INFORMATION FOR: [redacted] CLM: [redacted] PLAN CD: PKEP2 MED.REC.NO: 006-CAR0657
CONTRACT NO: [redacted]

| PROC.CODE-MODIFIERS | SERVICE DATE(S) | TREAT-MENTS | STATUS CODE | AMOUNT CHARGED | AMOUNT COVERED | DEDUCT. | COPAY/ COINS. | OTHER REDUCTION | RISK/AMOUNT WITHHELD | AMOUNT APPROVED | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98940-00 | 12/30/2010 -12/30/2010 | 1 *A784 | A946 | 50.00 | 47.00 | .00 | 10.00 | .00 | .00 | 37.00 | 10.00 |
| 97035-00 | 12/30/2010 -12/30/2010 | 1 | A | 27.50 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | CLAIM TOTALS | | 77.50 | 47.00 | .00 | 10.00 | .00 | .00 | 37.00 | 10.00 |

PATIENT INFORMATION FOR: [redacted] CLM: [redacted] PLAN CD: PKDIR MED.REC.NO: 003-COS0603
CONTRACT NO: [redacted]

| PROC.CODE-MODIFIERS | SERVICE DATE(S) | TREAT-MENTS | STATUS CODE | AMOUNT CHARGED | AMOUNT COVERED | DEDUCT. | COPAY/ COINS. | OTHER REDUCTION | RISK/AMOUNT WITHHELD | AMOUNT APPROVED | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98940-00 | 11/19/2010 -11/19/2010 | 1 *B881 | R | 50.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 97032-00 | 11/19/2010 -11/19/2010 | 1 *B881 | R | 35.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | CLAIM TOTALS | | 85.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |

PATIENT INFORMATION FOR: [redacted] CLM: [redacted] PLAN CD: PKEP3 MED.REC.NO: 003-G001620
CONTRACT NO: [redacted]

| PROC.CODE-MODIFIERS | SERVICE DATE(S) | TREAT-MENTS | STATUS CODE | AMOUNT CHARGED | AMOUNT COVERED | DEDUCT. | COPAY/ COINS. | OTHER REDUCTION | RISK/AMOUNT WITHHELD | AMOUNT APPROVED | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98940-00 | 12/30/2010 -12/30/2010 | 1 *A784 | A946 | 50.00 | 47.00 | .00 | 45.00 | .00 | .00 | 2.00 | 45.00 |
| 97035-00 | 12/30/2010 -12/30/2010 | 1 | A | 27.50 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| | | CLAIM TOTALS | | 77.50 | 47.00 | .00 | 45.00 | .00 | .00 | 2.00 | 45.00 |

*2 paid 01/10/11

PATIENT INFORMATION FOR: [redacted] CLM: [redacted] PLAN CD: PKSP2 MED.REC.NO: 013-HAN9732
CONTRACT NO: [redacted]

| PROC.CODE-MODIFIERS | SERVICE DATE(S) | TREAT-MENTS | STATUS CODE | AMOUNT CHARGED | AMOUNT COVERED | DEDUCT. | COPAY/ COINS. | OTHER REDUCTION | RISK/AMOUNT WITHHELD | AMOUNT APPROVED | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 98940-AT | 12/01/2010 -12/01/2010 | 1 *A784 | A950 | 60.00 | 25.34 | .00 | .00 | .00 | .00 | 25.34 | .00 |
| G8440-00 | 12/01/2010 -12/01/2010 | 1 *B514 | R | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |

NON-NEGOTIABLE

# Landmark Healthcare, Inc.
## Remittance Advice
### HEALTH NET



DZIURA CHIROPRACTIC PC
650 MAIN ST.
BRANFORD, CT 06405

| | |
|---|---|
| Vendor Number | CT0046B |
| Check Number | 382765 |
| Check Date | 12/31/2010 |
| Check Payment | $24.23 |

| Service Date | Procedure Description | Total Billed | Allowable | Other Ins | Withhold | Discount | Copay\Coinsurance | Applied to Deductible | Total Paid | Adj Code(s) |
|---|---|---|---|---|---|---|---|---|---|---|
| *** Claim Number [redacted] | Patient [redacted] | | | | | Practitioner [redacted] | DZIURA, DAVID B | | | |
| 12-14-10 98940 | Spinal manipulation | 50.00 | 44.23 | | | | 20.00 | | 24.23 | 45 |
| 12-14-10 97035 | Ultrasound | 27.50 | 0.00 | | | | | | 0.00 | 45 |
| 12-14-10 97014 | Electrical stimulation | 27.50 | 0.00 | | | | | | 0.00 | 45 |
| | Claim [redacted] totals | 105.00 | 44.23 | | | | 20.00 | | 24.23 | |
| *** Claim Number [redacted] | Patient [redacted] | | | | | Practitioner [redacted] | PETERSON, MICHAELA A | | | |
| 12-17-10 98940 | Spinal manipulation | 50.00 | 44.23 | | | | 44.23 | | 0.00 | 45 |
| 12-17-10 97014 | Electrical stimulation | 27.50 | 0.00 | | | | | | 0.00 | 45 |
| | Claim [redacted] totals | 77.50 | 44.23 | | | | 44.23 | | 0.00 | |
| *** Claim Number [redacted] | Patient [redacted] | | | | | Practitioner [redacted] | PETERSON, MICHAELA A | | | |
| 6-10 98940 | Spinal manipulation | 50.00 | 44.23 | | | | 44.23 | | 0.00 | 45 |
| 12-16-10 97035 | Ultrasound | 27.50 | 0.00 | | | | | | 0.00 | 45 |
| 12-16-10 97014 | Electrical stimulation | 27.50 | 0.00 | | | | | | 0.00 | 45 |
| | Claim [redacted] totals | 105.00 | 44.23 | | | | 44.23 | | 0.00 | |

45 copay
44.23 paid
& 0.77 refunded

| Vendor CT0046B totals | Total Billed | Allowable | Other Ins | Withhold | Discount | Copay\Coinsurance | Applied to Deductible | Total Paid |
|---|---|---|---|---|---|---|---|---|
| | 287.50 | 132.69 | | | | 108.46 | | 24.23 |

Adjustment Code Description

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

# Landmark Healthcare, Inc.
# Remittance Advice
## HEALTH NET



DZIURA CHIROPRACTIC PC
650 MAIN ST.
BRANFORD, CT 06405

| | |
|---|---|
| Vendor Number | CT0046B |
| Check Number | |
| Check Date | 1/14/2011 |
| Check Payment | $0.00 |

| Service Date | Procedure Description | Total Billed | Allowable | Other Ins | Withhold | Discount | Copay\Coinsurance | Applied to Deductible | Total Paid | Adj Code(s) |
|---|---|---|---|---|---|---|---|---|---|---|
| *** Claim Number [redacted] | Patient [redacted] | | | | | | Practitioner [redacted] PETERSON, MICHAELA A | | | |
| 12-28-10 | 9921225 Re-examination | 55.00 | 44.23 | | | | 44.23 | | 0.00 | 45 |
| 12-28-10 | 98941 Spinal manipulation | 65.00 | 0.00 | | | | | | 0.00 | 45 |
| 12-30-10 | 98940 Spinal manipulation | 50.00 | 44.23 | | | | 44.23 | | 0.00 | 45 |
| 12-30-10 | 97032 Electrical stimulation | 35.00 | 0.00 | | | | | | 0.00 | 45 |
| | Claim [redacted] totals | 205.00 | 88.46 | | | | 88.46 | | 0.00 | |

| Vendor CT0046B totals | Total Billed | Allowable | Other Ins | Withhold | Discount | Copay\Coinsurance | Applied to Deductible | Total Paid |
|---|---|---|---|---|---|---|---|---|
| | 205.00 | 88.46 | | | | 88.46 | | 0.00 |

$45 copay
44.23 pd
.77 refused

Adjustment Code Description

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

JC
1-18-11