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EXPLANATION OF REMITTANCE
If you have questions, call 1-800-558-4444

DATE: 10/21/2002
IRS#: 880311371

027012

MABEY R GARN JR MD

2881 N TENAYA WAY
LAS VEGAS NV 89128

PATIENT NAME: [REDACTED]
ACCT NUMBER: 570400
PATIENT ID:
PATIENT DOB: 03/31/1978
INSURED NAME: [REDACTED]
INSURED ID: [REDACTED]
GROUP NUMBER: 5111939

PROVIDER		
ID NBR	NAME	NETWORK NAME
1 880311371	MABEY R GARN JR MD	HUMANA NV PPO PAYMT ARGMT

SERVICE DATES	NBR	SERVICE CODE	AMOUNT CHARGED	AMOUNT ALLOWED	DEDUCT-IBLE	COPAY	% CO-INS	PENALTY	OTHER ADJUSTMENTS		AMOUNT NOT COVD	ANSI CD *	AMOUNT PAID
09/18/2002	1.0	89214	135.00	10.00 54.00		10.00	100		71.00			003 HPN 0A2	54.00
		TOTALS	135.00	84.00		10.00			71.00				54.00
<p>ASSEMBLY COMMERCE & LABOR DATE: 3/26/03 Room: 4100 EXHIBIT 0 SUBMITTED BY: Garn Mabey</p>													

December 10, 2002

MABEY R GARN JR MD
2881 N TENAYA WAY
LAS VEGAS NV 89128

Member: [REDACTED]
Patient: [REDACTED]
Patient Date of Birth: [REDACTED]

Member No: [REDACTED]
Group No: [REDACTED]
Account No: [REDACTED]

Subject: Overpayment refund request

Dear Mabey R Garn Jr MD:

We are requesting a refund from you for an overpayment of \$54.00 that was made by Humana regarding [REDACTED] for services provided on September 18, 2002 by Mabey R Garn Jr MD. The overpayment was included in:

<u>Check No.</u>	<u>Date</u>	<u>Check No.</u>	<u>Date</u>
051868820	10/21/02		

The overpayment was the result of payment made for services provided to the patient after their coverage ended on August 31, 2002.

To correct the overpayment, we are requesting the refund from Mabey R Garn Jr MD.

Please refer to your Benefit Plan Document under Right to Request Overpayments.

Please send the reimbursement within 30 days with a copy of this letter. The refund of \$54.00 should be made payable to Humana and sent to:

Financial Recovery
Humana Insurance Company
PO Box 14810
Lexington, KY 40512-4810

If we do not receive this refund, future benefit payments to you may be deducted, or you may be referred to our outside collection agency. If you have already issued a check for the requested refund, you may disregard this notice.

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Mabey R Garn Jr MD
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You have 180 days from the date you receive this letter to appeal this decision, unless your plan or state law allows you additional time. Upon receipt of your appeal, we will provide a full and fair review of your claim. You may submit additional information relating to your claim and upon request you may obtain copies of information we have relevant to your claim. We will provide written notification of our decision no later than 60 days.

Please contact us at the address or phone number listed on the top of this letter if you:

- Do not understand the reason for the letter; or
- Are having trouble finding the applicable provision in your Benefit Plan Document; or
- Would like a copy of the guideline, criteria or clinical rationale on which our letter was based. A copy will be provided to you free of charge; or
- Disagree with the reason for this letter, or wish to appeal.

You may have the right to file a civil action under Section 502(a) of the Employee Retirement Income Security Act ("ERISA") if all of the following apply:

- Your plan is governed by ERISA;
- You have exhausted your ERISA appeal rights; and
- Your claim was not approved on appeal.

We encourage you to contact our office at 1-800-558-4444, extension 0414, with any questions or concerns you may have regarding this overpayment. If you are speech or hearing impaired, please call 1-800-325-2025. We are available Monday through Friday, 8:00a.m. until 5:00p.m. Central Standard Time.

Sincerely,

Kim Gillis
Financial Recovery Specialist
Financial Recovery

ORIGINAL: Mabey R Garn Jr MD
CARBON COPY: [REDACTED]

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www.Humana.com

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