

Billing Verification:

A billing verification needs to be done for every provider in which the client was treated/seen. If the client is in the phase prior to the demand phase, then we must review all records and make sure we have all the providers listed in the Meds Section.

- Please note: if there was PIP or Health Insurance involved, we need to know if payments were made (how much) and if there were any adjustments made (how much).

If doing a BV after the demand phase, then you should review the demand package and make sure to do a BV for every provider in the demand package.

Step 1: Edit the following highlighted information.

- Date
- Provider information
- Leave the "attention" to info as shown below.

September 13, 2023

UW Medicine

10330 Meridian Ave N

Seattle WA 98133

Phone: 206-744-9000

Fax: 206-744-9997

Email: passroi@uw.edu

Attention: Medical Center Billing Department

Step 2: Edit the client information.

- Client's name
- Date of Birth
- Date of Service-Current

Re:

Patient Name: Workie Tafere

DOB: 01/01/1968

Date of Service: 06/12/1968-Current

Step 3: Edit the provider information as follows.

Medical Center Billing Unit:

Please be advised that the Hektomariam Law Firm has been retained by Workie

Step 4: Change the name of the client.

- Must edit the Ms. Or Mr.

Please be advised that the Habtemariam Law Firm has been retained by **Workie Tafere** in connection with Personal Injury Claim.

Please note that we are requesting related billing verification records of **Ms. Tafere's**. Please fax, email, or mail **Ms. Tafere's** billing verification records to our office:

Step 5: Change the name of the client.

- Must edit the Ms. Or Mr.

Enclosed please find **Ms. Tafere's** Authorization to Release Medical and Billing Records. Please do not hesitate to contact me if you have any questions regarding this matter.

Sincerely,  
Nef Habtemariam, Esq.

Step 6: Using the client's HIPPA document in the client's file you will edit the following information using Sejda PDF editing software.

- Provider name
- Always input "Balance Verification Request"

2. NATURE OF INFORMATION TO BE DISCLOSED. HABTEMARIAM LAW-INJURY LAWYERS and any representative on its behalf, is authorized to communicate directly with my healthcare providers, to obtain any and all health care information or opinions, and/or to view or receive any x-rays, hospital records, physician's records or any other health care information whatsoever. **American Medical Response Balance Verification Request**
3. RE-DISCLOSURE. I understand and authorize that HABTEMARIAM LAW-INJURY LAWYERS may re-

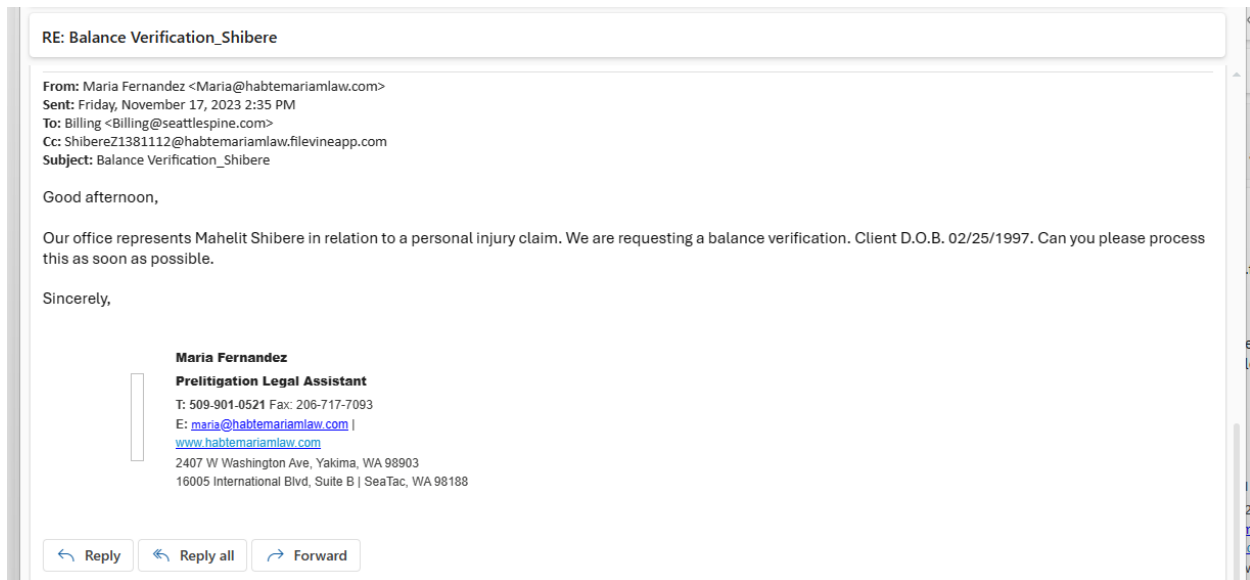
Step 7: in the number 3 section of the HIPPA, edit the date:

- This will be the date of loss-current

3. RE-DISCLOSURE. I understand and authorize that HABTEMARIAM LAW-INJURY LAWYERS may re-disclose information released to it and the privacy laws may no longer protect this information. **Date of Service 01/18/2022-Current**
4. PSYCHIATRIC AND OTHER SENSITIVE RECORDS. If my medical records contain information relating to mental health, sexual transmitted disease, AIDS/HIV, or treatment for alcohol and drug abuse, I specifically authorize the release of this information.

You will then email or fax the PDF documents; you will email both documents, the BV request and the HIPPA.

If you are emailing, attach the document to the email. The following is an example of how you should address the provider when emailing the balance verification request:



Note: You will need to follow up with the appropriate provider a few days after you have faxed or emailed the documents. Please continue to follow up until you have confirmed the outstanding balance.