



February 8, 2018

VIA FACSIMILE

(601) 629-9969

ATTN: Sandy

VICKSBURG WARREN CO AMBULANCE
PO BOX 150
VICKSBURG, MS 39181-0150

RE: PATIENT NAME :
 PATIENT ACCT # :
 DATE(S) OF SERVICE : 1/16/2018

To Whom It May Concern:

Thank you for your cooperation in resolving the above referenced account. This letter serves as confirmation of agreement in the full amount of \$670.50 for any and all charges for the above referenced date(s) of service less any amounts already paid towards this particular account, and further understand no billing of unpaid amounts reduced by this agreement are to be directed to the patient/claimant.

Please confirm acceptance of settlement by signing below. Please return signed agreement via facsimile to (281) 350-5772. Upon receipt we will notify our client to process your payment as expeditiously as possible.

ACCEPTED BY:

PRINTED NAME

TITLE

DATE

PARADIGM MEDICAL SERVICES, INC.
Comprehensive Medical and Hospital Bill Auditing Service

22516 Aldine Westfield Rd · Spring, Texas 77373 · Phone (281) 350-5662 · Fax (281) 350-5772

PROVIDER:

VICKSBURG WARREN CO AMBULANCE
 PO BOX 150
 VICKSBURG, MS 39181-0150
 601-636-0097 X. 284

DATE SUBMITTED	:	2/8/2018
REVIEWER	:	TERRY CAPPS
PMS NUMBER	:	20860
ACCOUNT NAME	:	H & H CLAIMS CONSULTANTS
ADJUSTER/ATTORNEY	:	KEVIN HIRSCHFIELD
PATIENT'S NAME	:	
PATIENT'S ACCOUNT NUMBER	:	
DATE(S) OF SERVICE	:	1/16/2018

ITEM	TOTAL CHARGED	#	AMOUNT ALLOWED	EXPLANATION	DELETE
ALS-EMERGENCY TRANSPORT	\$ 745.00	1	\$ 670.50	PER MS MED FEE SCH	\$ 74.50
ORIGINAL AMOUNT OF BILL					\$ 745.00
LESS USUAL & CUSTOMARY REDUCTION IN ACCORDANCE WITH THE FEE SCHEDULE					\$ (74.50)
TOTAL AMOUNT TO PAY IN ACCORDANCE WITH THE FEE SCHEDULE OF THE STATE OF MISSISSIPPI					\$ 670.50

THE SERVICES PROVIDED WERE FOR INJURIES SUSTAINED DURING THE COURSE OF THIS CLAIMANT'S EMPLOYMENT. THEREFORE, WE ARE REPORTING THIS CASE UNDER THE WORKERS' COMPENSATION FEE SCHEDULE GUIDELINE(S) OF THE STATE OF MISSISSIPPI. WE ARE USING AS THE BASIS OF OUR USUAL AND CUSTOMARY REDUCTION(S), THE CURRENT EDITION OF THE MISSISSIPPI MEDICAL FEE GUIDELINE THAT WAS IN EFFECT AT THE TIME THE SERVICE(S) WERE PROVIDED. SHOULD THE SERVICE PROVIDER HAVE ANY QUESTIONS PERTAINING TO THIS REVIEW, PLEASE CALL TERRY CAPPS AT (281) 350-5662.

**UPON RECEIPT OF THIS E.O.B., PLEASE SIGN AND RETURN
 THE ATTACHED AGREEMENT LETTER VIA FACSIMILE.**