

## **Incident Report 231020 6PM and after**

Plan for the evening: Second Avenue Dance Company NYU on Second Avenue. Event plan busted by late NJT 158 from south of Thompson Lane stop. Details as follows sent to self via email while in process:

See next pages for sequence of emails written while the scenario unfolds from about 6pm until back home about 745pm.

### **Background predecessor events:**

1. banbrainhacks.org up last evening 231019, content added then and this morning 231020.
2. Senior CIA/FBI perps and leadership outed in past two weeks, since 230923 breakthrough with Lt Col Bivens (John Steele) at LP Evid Exh page 11639. See balance of identifications at 11630-11638, then Larry Summers, (roger Penner at DHS briefly) yesterday.
3. Also note trip to DC and leadership letters on 201010 with bus return trip short cycle enroute torture notes also in HACK folder.

**dsbrewer923@hotmail.com**

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**From:** Dennis Brewer <dsbrewer923@hotmail.com>  
**Sent:** Friday, October 20, 2023 5:13 PM  
**To:** Dennis Brewer  
**Subject:** FW: Second Avenue Dance Company October Concert - RSVP

Regards,  
Dennis

Dennis Brewer

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**From:** Google Forms <forms-receipts-noreply@google.com>  
**Sent:** Monday, October 16, 2023 4:50 PM  
**To:** dsbrewer923@hotmail.com  
**Subject:** Second Avenue Dance Company October Concert - RSVP



Thanks for filling out [Second Avenue Dance Company October Concert - RSVP](#)

Here's what was received.

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## Second Avenue Dance Company October Concert - RSVP

RSVPs are now open! Second Avenue Major Dance October Concert will be held in the Jack Crystal Theater (111 Second Avenue, 5th Floor, New York, NY 10003) on:

- Thursday, October 19th, 2023 at 7:30pm
- Friday, October 20th, 2023 at 7:30pm
- Saturday, October 21st, 2023 at 7:30pm

Important information for attending - please read all details carefully:

- Advanced RSVP is required.
- You must complete this RSVP form for each individual seat you wish to reserve.
- A copy of this RSVP will be sent to the email you provide on the form and serves as confirmation of your reservation.
- A valid government-issued photo ID or NYU ID Card matching the name on your RSVP must be presented at the door.
- Tickets are limited, subject to availability, and must be reserved under the ticket holder's name.
- Visitors will need to present a government-issued photo ID card to the Campus Safety officer for entry (visitors under 18 years of age can provide non-government identification) that matches the name on their reservation.
- NYU Community members will need to present their NYU ID Card that matches the name on their reservation.
- We ask you to stay for the entire show or kindly leave during intermission if you cannot stay for the entire performance.
- Women's restrooms are located on the 2nd & 4th floor (4th floor wheelchair accessible)
- Men's restrooms are located on the 2nd & 3rd floor (3rd floor wheelchair accessible)

If you have any additional questions regarding the event, please contact the Dance Department at [tisch.dance@nyu.edu](mailto:tisch.dance@nyu.edu) or (212) 998-1980.

Thanks and enjoy the show!

\*Photo by Ella Bromblin

Email \*

[dsbrewer923@hotmail.com](mailto:dsbrewer923@hotmail.com)

Ticketholder First Name: \*

Dennis

Ticketholder Last Name: \*

Brewer

Ticketholder Email: \*

[dsbrewer923@hotmail.com](mailto:dsbrewer923@hotmail.com)

Ticketholder Phone Number: \*

2018876541

Please select a Performance Date: \*

Thursday, October 19th, 2023 at 7:30pm

Friday, October 20th, 2023 at 7:30pm

Saturday, October 21st, 2023 at 7:30pm

Affiliation to NYU \*

Not affiliated with NYU



Current NYU Student/Faculty/Administrator/Staff/Affiliate

[Create your own Google Form](#)  
[Report Abuse](#)

**dsbrewer923@hotmail.com**

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**From:** Dennis Brewer <dsbrewer923@hotmail.com>  
**Sent:** Friday, October 20, 2023 5:38 PM  
**To:** Dennis Brewer  
**Subject:** FW: Friday 730

Staples on 8<sup>th</sup> east side between 36<sup>th</sup> and 35<sup>th</sup>  
NQRW is at 34<sup>th</sup> St and Sixth Avenue

Regards,  
Dennis

Dennis Brewer

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**From:** Dennis Brewer <dsbrewer923@hotmail.com>  
**Sent:** Friday, October 20, 2023 5:20 PM  
**To:** Dennis Brewer <dsbrewer923@hotmail.com>  
**Subject:** Friday 730

NQRW to 8<sup>th</sup> St NYU  
Out east (left) on 8<sup>th</sup> to Second Ave  
South on Second Ave cross 7<sup>th</sup> St, on west side (right) of street

Jack Crystal Theater 5<sup>th</sup> Flr NYU 111 Second  
Second Ave Dance Co

Regards,  
Dennis

Dennis Brewer

**dsbrewer923@hotmail.com**

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**From:** dennis.brewer974 <dennis.brewer974@gmail.com>  
**Sent:** Friday, October 20, 2023 6:45 PM  
**To:** dsbrewer923@hotmail.com

Bus projected 610pm then delayed 638pm make w cell phone 8n hand arrives BRMT surge starts immediately. Delayed run means packed bus usually. Likely a lower capacity SRO run. This is typical MO. Consistent with Q Train murder pathology in this media report per my SDNY letter.

Follow up after run to PABT complete or time busted at 650pm.

Presumably related to Weissman as an attempted pretext, this too is pattern typical.

Sent from my Galaxy

**dsbrewer923@hotmail.com**

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**From:** dennis.brewer974 <dennis.brewer974@gmail.com>  
**Sent:** Friday, October 20, 2023 6:56 PM  
**To:** dsbrewer923@hotmail.com

Adrenaline surge is past peak effects at 654pm, waiting to see when 158 run arrives

Sent from my Galaxy

**dsbrewer923@hotmail.com**

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**From:** dennis.brewer974 <dennis.brewer974@gmail.com>  
**Sent:** Friday, October 20, 2023 7:03 PM  
**To:** dsbrewer923@hotmail.com  
**Subject:** 701PM 158 older low capacity but not SRO. Too late for my event 730pm Second Ave Dance Co AT NYU

Sent from my Galaxy

**dsbrewer923@hotmail.com**

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**From:** dennis.brewer974 <dennis.brewer974@gmail.com>  
**Sent:** Friday, October 20, 2023 7:42 PM  
**To:** dsbrewer923@hotmail.com

Then to Acme crossing at north sidewalk Thompson Lane, tangle foot in wire as exit pavement to sidewalk, past older Japanese American woman, adrenaline revamps some, then walk up behind extremely slow pace female, pass, MB SUV does corner turn the German engineering emblem is the evocative reason for this with adrenaline amp still running, black sedan left drops mid age female, door on salon opens about one walk pace later to force direction change as adrenaline still runs, series of sidewalk figures, then puck up cake pay and minor pedestrian traffic jam immediately upon exit from store. Totally prototypical sequence with minor variations on perhaps 200 to 300 comparable sequences in 2007 to 2008 then again 2018 to present run in Edgewater NJ. Excludes NYC series which are similar but adapted to urban areas instead of near suburb Edgewater.

Sent from my Galaxy

**Health Collapse Scenario update 231021:**

Billing and claim processing of cardiologist appointment from about 5 months ago is missing from the Braven Health claims system, my calendar was apparently wiped clean of all events and appointments around September 5, 2023 except for a few preceding package notifications. The cancelled cardio hospital test and cardiologist follow-up appointment, both of which were cancelled by me during the colon blocking sequence which has been happening in parallel with the alleged cardio follow-up requirement (with no change noted in EKG data from the prior year's cardiologist appointment), are currently missing from my online Outlook calendar. Picked up Phillips wearable heart monitor today 231021 with five other packages from Front Desk, am retaining it in original packaging for the time being, chain of custody unknown to this point.

Braven Health claims processing dump was printed today 231021 in the early afternoon and follows in this pdf.

UPDATED 231027: Braven billing dated October 18, 2023 (231018) arrives on 231027 from Philadelphia just after the final editing of the Complaint for filing on 231030, suggesting a purposefully delayed billing as my general practice is to deliver documents within one day of completion, but delayed for added review on this occasion. Health collapse narrative continues regardless, see colon health diary entries which continue general pattern of irregular medical outcomes in 2023.

**Customer Card ID: 3HZN08822700**
**Patient Name: DENNIS BREWER**

Claim Number	Patient Name	Date of Service	Provider	Type of Service	What You Owe	Status
262212800614	DENNIS BREWER	04/22/2022	ACCURATE DIAGNOSTIC LABS INC	Medical	\$0.00	FINALIZED 05/24/2022
262212800753	DENNIS BREWER	04/22/2022	ACCURATE DIAGNOSTIC LABS INC	Medical	\$0.00	FINALIZED 05/24/2022
272215938144	DENNIS BREWER	06/06/2022	HUMC CARDIOVASCULAR PARTNERS P	Medical	\$20.00	FINALIZED 06/08/2022
262218277704	DENNIS BREWER	06/27/2022	HACKENSACK UNIVERSITY MEDICAL	Medical	\$0.00	FINALIZED 07/01/2022
272220638466	DENNIS BREWER	07/16/2022	ONE HUDSON MEDICAL ASSOCIATES	Medical	\$0.00	FINALIZED 07/25/2022
282219307312	DENNIS BREWER	07/01/2022	ACCURATE DIAGNOSTIC LABS INC	Medical	\$0.00	FINALIZED 07/26/2022
272223892980	DENNIS BREWER	07/01/2022	ONE HUDSON MEDICAL ASSOCIATES	Medical	\$0.00	FINALIZED 08/26/2022
282236438963	DENNIS BREWER	12/16/2022	ONE HUDSON MEDICAL ASSOCIATES	Medical	\$0.00	FINALIZED 12/30/2022
262311083356	DENNIS BREWER	04/17/2023	LABORATORY CORPORATION OF AMER	Medical	\$0.00	FINALIZED 04/20/2023
262319285105	DENNIS BREWER	07/07/2023	HACKENSACK MERIDIAN HEALTH MED	Medical	\$20.00	FINALIZED 07/11/2023
272320094064	DENNIS BREWER	04/15/2023	ONE HUDSON MEDICAL ASSOCIATES	Medical	\$40.00	FINALIZED 07/19/2023
262320538509	DENNIS BREWER	07/20/2023	LABORATORY CORPORATION OF AMER	Medical	\$0.00	FINALIZED 07/24/2023
272320520112	DENNIS BREWER	04/21/2023	ONE HUDSON MEDICAL ASSOCIATES	Medical	\$0.00	FINALIZED 07/24/2023
262320538511	DENNIS BREWER	07/20/2023	LABORATORY CORPORATION OF AMER	Medical	\$0.00	FINALIZED 07/25/2023



Patient Name: DENNIS BREWER

Claim Number	Patient Name	Date of Service	Provider	Type of Service	What You Owe	Status
272325484395	DENNIS BREWER	07/26/2023	ONE HUDSON MEDICAL ASSOCIATES	Medical	\$0.00	FINALIZED 09/12/2023

Total						What You Owe \$80.00
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PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780272215938144 00	310.00

**Total Of Submitted Claims:** 310.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 06/09/2022 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0004348869

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: HUMC CARDIOVASCULAR PARTNERS P

Claim #: 780272215938144 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
06/06/2022	OFFICE/OUTPT VISIT 99213	310.00	P840 Z189	0.00	20.00	81.30	0.00	20.00	61.30	20.00
Totals		310.00	Z028	0.00	20.00	81.30	0.00	20.00	61.30	20.00

- P840

PAYMENT FOR THIS SERVICE MAY HAVE BEEN REDUCED. THE SERVICE WAS DONE BY A NETWORK PROVIDER. THIS MEANS THE PROVIDER HAS AGREED TO ACCEPT THE CONTRACTED AMOUNT, LESS ANY PRICING CHANGES DUE TO MODIFIER(S) THAT MAY HAVE BEEN SUBMITTED ON THE CLAIM, AS PAYMENT IN FULL.
- Z189

A CO-PAYMENT IS REQUIRED FOR THIS SERVICE. THE PROVIDER MAY BILL YOU FOR THIS AMOUNT, IF IT HAS NOT ALREADY BEEN PAID.
- Z028

IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Message Code Explanations

Z028 IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.

Description of Service Code

Established patient office or other outpatient visit, typically 15 minutes ( 99213 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

### You have the right to appeal our decision

You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

You can name a relative, friend, attorney, doctor or someone else to act as your representative. If you want someone else to act for you, call us at **1-833-272-8360 (TTY 711)**, **Monday through Friday, 8 a.m. to 8 p.m.**, to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us.

**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

### How to ask for an appeal with Braven Health

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

- Braven Health  
Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**



### Multi-Language Insert - Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-498-9393**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-498-9393**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-844-498-9393**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-498-9393**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-844-498-9393**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-498-9393**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-498-9393** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-498-9393** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-498-9393**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-498-9393** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-498-9393**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-498-9393**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780262218277704 00	310.00

**Total Of Submitted Claims:** 310.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/02/2022 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0004456264

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: HACKENSACK UNIVERSITY MEDICAL

Claim #: 780262218277704 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
06/27/2022	MEDICAL CARE 99442-GC	310.00	P840	0.00	0.00	81.30	0.00	0.00	81.30	0.00
Totals		310.00	Z028	0.00	0.00	81.30	0.00	0.00	81.30	0.00
P840	PAYMENT FOR THIS SERVICE MAY HAVE BEEN REDUCED. THE SERVICE WAS DONE BY A NETWORK PROVIDER. THIS MEANS THE PROVIDER HAS AGREED TO ACCEPT THE CONTRACTED AMOUNT, LESS ANY PRICING CHANGES DUE TO MODIFIER(S) THAT MAY HAVE BEEN SUBMITTED ON THE CLAIM, AS PAYMENT IN FULL.									
Z028	IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.									

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.



THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Message Code Explanations

Z028 IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.

Description of Service Code

Physician telephone patient service, 11-20 minutes of medical discussion ( 99442 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

### You have the right to appeal our decision

You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

You can name a relative, friend, attorney, doctor or someone else to act as your representative. If you want someone else to act for you, call us at **1-833-272-8360 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.**, to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us.

**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

### How to ask for an appeal with Braven Health

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

- Braven Health  
Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**



### Multi-Language Insert - Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-498-9393**. Someone who speaks English can help you. This is a free service.

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**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-844-498-9393**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-498-9393**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-498-9393**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780272220638466 00	175.00

**Total Of Submitted Claims:** 175.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/26/2022 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0004546966

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: ONE HUDSON MEDICAL ASSOCIATES

Claim #: 780272220638466 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/16/2022	OFFICE/OUTPT VISIT 99213	175.00	P840	0.00	0.00	81.30	0.00	0.00	81.30	0.00
Totals		175.00	Z028	0.00	0.00	81.30	0.00	0.00	81.30	0.00
P840	PAYMENT FOR THIS SERVICE MAY HAVE BEEN REDUCED. THE SERVICE WAS DONE BY A NETWORK PROVIDER. THIS MEANS THE PROVIDER HAS AGREED TO ACCEPT THE CONTRACTED AMOUNT, LESS ANY PRICING CHANGES DUE TO MODIFIER(S) THAT MAY HAVE BEEN SUBMITTED ON THE CLAIM, AS PAYMENT IN FULL.									
Z028	IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.									

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IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

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THIS IS NOT A BILL

# EXPLANATION OF BENEFITS

## Message Code Explanations

Z028 IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.

## Description of Service Code

Established patient office or other outpatient visit, typically 15 minutes ( 99213 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

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Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

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Toll Free: **1-833-272-8360**  
TTY users call: **711**  
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- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**





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Y0159\_ECNA007272B\_C





PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780282219307312 00	189.00

**Total Of Submitted Claims:** 189.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/27/2022 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0004553351

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: ACCURATE DIAGNOSTIC LABS INC

Claim #: 780282219307312 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/01/2022	LAB-IMMUNOLOGY 86706	99.00	Z442	0.00	0.00	10.74	0.00	0.00	10.74	0.00
07/01/2022	LAB PANELS 80076	90.00	Z442	0.00	0.00	8.17	0.00	0.00	8.17	0.00
Totals		189.00	Z028	0.00	0.00	18.91	0.00	0.00	18.91	0.00

- Z442

THERE WAS NO REFERRAL OR AUTHORIZATION ON FILE FOR THESE SERVICES; THEREFORE THE CLAIM WAS PROCESSED AT YOUR OUT OF NETWORK LEVEL OF BENEFITS. YOU MAY BE RESPONSIBLE FOR A PORTION OF THE BALANCE.
- Z028

IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

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EXPLANATION OF BENEFITS

Message Code Explanations

Z028 IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN, YOU OR YOUR PROVIDER SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. YOU SHOULD ALSO GIVE EACH PLAN INFORMATION REGARDING THE OTHER PLANS UNDER WHICH YOU ARE COVERED.

Description of Service Code

Hepatitis B surface antibody measurement ( 86706 )

Liver function blood test panel ( 80076 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

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**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

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- Member number
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- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

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Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

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TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
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**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780282236438963 00	225.00

**Total Of Submitted Claims:** 225.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 12/31/2022 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0005222194

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: ONE HUDSON MEDICAL ASSOCIATES

Claim #: 780282236438963 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
12/16/2022	OFFICE/OUTPT VISIT 99214	225.00	P840	0.00	0.00	119.62	0.00	0.00	119.62	0.00
12/16/2022	OTHER MED SERVICES 3078F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/16/2022	OTHER MED SERVICES G2100	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/16/2022	OTHER MED SERVICES G8427	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/16/2022	OTHER MED SERVICES 3288F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/16/2022	OTHER MED SERVICES G9903	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/16/2022	OTHER MED SERVICES 3044F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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H0885\_H4675\_ECN00335\_COM0120\_C

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EXPLANATION OF BENEFITS

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/Coins Amount	Amount Paid	Customer Balance
12/16/2022	OTHER MED SERVICES G8417	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12/16/2022	OTHER MED SERVICES 3075F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Totals</b>		225.00	Z028	0.00	0.00	119.62	0.00	0.00	119.62	0.00
P840	THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.									
R888	THERE IS NO CHARGE OR FEE FOR THIS SERVICE LINE.									
Z028	DO YOU HAVE OTHER HEALTH INSURANCE IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.									

Message Code Explanations

Z028 DO YOU HAVE OTHER HEALTH INSURANCE IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

Description of Service Code

Patient screened for tobacco use and identified as a tobacco non-user ( G9903 )

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during



THIS IS NOT A BILL

# EXPLANATION OF BENEFITS

**Description of Service Code**

- the measurement period or the year prior to the measurement period ( G2100 )
- Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications ( G8427 )
- Established patient office or other outpatient, visit typically 25 minutes ( 99214 )
- BMI is documented above normal parameters and a follow-up plan is documented ( G8417 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

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**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780262311083356 00	983.85

**Total Of Submitted Claims:** 983.85

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 04/21/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0005885201

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: LABORATORY CORPORATION OF AMER

Claim #: 780262311083356 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
04/17/2023	LAB TESTS 82306	289.57	Y829 P840	0.00	0.00	28.43	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 84153	115.27	Y829 P840	0.00	0.00	17.66	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 82607	114.19	Y829 P840	0.00	0.00	14.48	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 84443	112.12	Y829 P840	0.00	0.00	16.14	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 80061	105.82	Y829 P840	0.00	0.00	12.86	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 82043	87.97	Y829 P840	0.00	0.00	5.55	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 83036	72.22	Y829 P840	0.00	0.00	9.32	0.00	0.00	0.00	0.00

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/Coins Amount	Amount Paid	Customer Balance
04/17/2023	LAB TESTS 80053	51.22	Y829 P840	0.00	0.00	9.18	0.00	0.00	0.00	0.00
04/17/2023	LAB TESTS 85025	35.47	Y829 P840	0.00	0.00	7.46	0.00	0.00	0.00	0.00
Totals		983.85	Z028 Z522	0.00	0.00	121.08	0.00	0.00	0.00	0.00
Y829	THIS SERVICE IS NOT PAID. THIS CHARGE IS INCLUDED IN THE CONTRACTED RATE FOR LABORATORIES IN THE PREFERRED NETWORK FOR MANAGED CARE PRODUCTS. YOU SHOULD NOT BE BILLED FOR THISCHARGE.									
P840	THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.									
Z522	THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.									
Z028	DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.									

Message Code Explanations

- Z522

THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.
- Z028

DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Description of Service Code

- PSA (prostate specific antigen) measurement ( 84153 )
- Hemoglobin A1C level ( 83036 )
- Urine microalbumin (protein) level ( 82043 )
- Vitamin D-3 level ( 82306 )
- Blood test, thyroid stimulating hormone (TSH) ( 84443 )
- Blood test, comprehensive group of blood chemicals ( 80053 )
- Complete blood cell count (red cells, white blood cell, platelets), automated test ( 85025 )
- Cyanocobalamin (vitamin B-12) level ( 82607 )
- Blood test, lipids (cholesterol and triglycerides) ( 80061 )





Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

### You have the right to appeal our decision

You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

You can name a relative, friend, attorney, doctor or someone else to act as your representative. If you want someone else to act for you, call us at **1-833-272-8360 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.**, to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us.

**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

### How to ask for an appeal with Braven Health

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

- Braven Health  
Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**





### Multi-Language Insert - Multi-language Interpreter Services

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**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-498-9393**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-844-498-9393**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-498-9393**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-844-498-9393**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-498-9393**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-498-9393** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-498-9393** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-498-9393**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-498-9393** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-498-9393**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

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Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780262319285105 00	485.00

**Total Of Submitted Claims:** 485.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/12/2023  
Subscriber ID: 3HZN08822700  
SEQUENCE Number 0006417301

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: HACKENSACK MERIDIAN HEALTH MED

Claim #: 780262319285105 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/07/2023	OFFICE/OUTPT VISIT 99214	435.00	Z189 P840	0.00	20.00	146.08	0.00	20.00	126.08	20.00
07/07/2023	DIAGNOSTIC PROCEDURES 93000	50.00	P840	0.00	0.00	16.93	0.00	0.00	16.93	0.00
Totals		485.00	Z028	0.00	20.00	163.01	0.00	20.00	143.01	20.00

- Z189

A CO-PAYMENT IS REQUIRED FOR THIS SERVICE. THE PROVIDER MAY BILL YOU FOR THIS AMOUNT, IF IT HAS NOT ALREADY BEEN PAID.
- P840

THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.
- Z028

DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

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THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Message Code Explanations

Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

Description of Service Code

Routine EKG using at least 12 leads including interpretation and report ( 93000 )

Established patient office or other outpatient, visit typically 25 minutes ( 99214 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

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You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

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- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

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Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**





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**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-498-9393** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-498-9393** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-498-9393**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-498-9393** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-498-9393**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-498-9393**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780272320094064 00	290.00

**Total Of Submitted Claims:** 290.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/20/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0006475331

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: ONE HUDSON MEDICAL ASSOCIATES

Claim #: 780272320094064 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
04/15/2023	PATHOLOGY 36415	15.00	P840	0.00	0.00	2.52	0.00	0.00	2.52	0.00
04/15/2023	OUTPATIENT/OFFICE VIS 99214-25	225.00	Z189 P840	0.00	40.00	119.62	0.00	40.00	79.62	40.00
04/15/2023	OTHER MED SERVICES G2100	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/15/2023	OTHER MED SERVICES 3288F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/15/2023	OTHER MED SERVICES G8427	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/15/2023	OTHER MED SERVICES G9903	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/15/2023	OTHER MED SERVICES G8417	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.



THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
04/15/2023	SPECIAL SERVICES/REPO 99000	25.00	U962	0.00	0.00	6.52	0.00	0.00	0.00	0.00
04/15/2023	URINALYSIS 81000	25.00	P840	0.00	0.00	2.81	0.00	0.00	2.81	0.00
<b>Totals</b>		290.00	Z028	0.00	40.00	131.47	0.00	40.00	84.95	40.00
P840	THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.									
Z189	A CO-PAYMENT IS REQUIRED FOR THIS SERVICE. THE PROVIDER MAY BILL YOU FOR THIS AMOUNT, IF IT HAS NOT ALREADY BEEN PAID.									
R888	THERE IS NO CHARGE SUBMITTED FOR THIS SERVICE LINE. NO FURTHER ACTION IS REQUIRED BY YOU AT THIS TIME.									
U962	THIS SERVICE IS NOT PAID. THIS SERVICE IS NOT ELIGIBLE TO BE PAID SEPARATELY OR COMBINED WITH OTHER SERVICES ON THIS OR OTHER CLAIMS.									
Z028	DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.									

Message Code Explanations

Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

THIS IS NOT A BILL

# EXPLANATION OF BENEFITS

## Description of Service Code

Handling and/or conveyance of specimen for transfer from physician office to laboratory ( 99000 )

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period ( G2100 )

Patient screened for tobacco use and identified as a tobacco non-user ( G9903 )

Established patient office or other outpatient, visit typically 25 minutes ( 99214 )

BMI is documented above normal parameters and a follow-up plan is documented ( G8417 )

Manual urinalysis test with examination using microscope ( 81000 )

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications ( G8427 )

Insertion of needle into vein for collection of blood sample ( 36415 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

### You have the right to appeal our decision

You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

You can name a relative, friend, attorney, doctor or someone else to act as your representative. If you want someone else to act for you, call us at **1-833-272-8360 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.**, to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us.

**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

### How to ask for an appeal with Braven Health

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

- Braven Health  
Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**



### Multi-Language Insert - Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-498-9393**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-498-9393**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-844-498-9393**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-498-9393**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-844-498-9393**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-498-9393**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-498-9393** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-498-9393**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-498-9393**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780272320520112 00	340.00

**Total Of Submitted Claims:** 340.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/25/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0006501613

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: ONE HUDSON MEDICAL ASSOCIATES

Claim #: 780272320520112 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
04/21/2023	PATHOLOGY 36415	15.00	P840	0.00	0.00	2.52	0.00	0.00	2.52	0.00
04/21/2023	ROUTINE PHYSICAL G0439-25	200.00	P840	0.00	0.00	126.70	0.00	0.00	126.70	0.00
04/21/2023	OTHER MED SERVICES G2100	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/21/2023	OTHER MED SERVICES 3288F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/21/2023	OTHER MED SERVICES G8427	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/21/2023	OTHER MED SERVICES G9903	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/21/2023	OTHER MED SERVICES 3077F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

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THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
04/21/2023	OTHER MED SERVICES 3080F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/21/2023	OTHER MED SERVICES G8417	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/21/2023	DIAGNOSTIC PROCEDURES 93000	100.00	P840	0.00	0.00	19.55	0.00	0.00	19.55	0.00
04/21/2023	SPECIAL SERVICES/REPO 99000	25.00	U962	0.00	0.00	6.52	0.00	0.00	0.00	0.00
Totals		340.00	Z028	0.00	0.00	155.29	0.00	0.00	148.77	0.00

- P840

THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.
- R888

THERE IS NO CHARGE SUBMITTED FOR THIS SERVICE LINE. NO FURTHER ACTION IS REQUIRED BY YOU AT THIS TIME.
- U962

THIS SERVICE IS NOT PAID. THIS SERVICE IS NOT ELIGIBLE TO BE PAID SEPARATELY OR COMBINED WITH OTHER SERVICES ON THIS OR OTHER CLAIMS.
- Z028

DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

Message Code Explanations

- Z028

DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.



THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Description of Service Code

- Insertion of needle into vein for collection of blood sample ( 36415 )
- Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit ( G0439 )
- Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications ( G8427 )
- Handling and/or conveyance of specimen for transfer from physician office to laboratory ( 99000 )
- Routine EKG using at least 12 leads including interpretation and report ( 93000 )
- BMI is documented above normal parameters and a follow-up plan is documented ( G8417 )
- Patient screened for tobacco use and identified as a tobacco non-user ( G9903 )
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period ( G2100 )





Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

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3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

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Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780262320538509 00	355.95

**Total Of Submitted Claims:** 355.95

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**BRAVEN HEALTH**  
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**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
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Date: 07/25/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0006501614

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: LABORATORY CORPORATION OF AMER

Claim #: 780262320538509 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/20/2023	LAB TESTS 84443	115.77	Y829 P840	0.00	0.00	16.14	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 80061	109.46	Y829 P840	0.00	0.00	12.86	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 83036	75.86	Y829 P840	0.00	0.00	9.32	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 80053	54.86	Y829 P840	0.00	0.00	9.18	0.00	0.00	0.00	0.00
Totals		355.95	Z028 Z522	0.00	0.00	47.50	0.00	0.00	0.00	0.00

Y829 THIS SERVICE IS NOT PAID. THIS CHARGE IS INCLUDED IN THE CONTRACTED RATE FOR LABORATORIES IN THE PREFERRED NETWORK FOR MANAGED CARE PRODUCTS. YOU SHOULD NOT BE BILLED FOR THISCHARGE.

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

**THIS IS NOT A BILL**

**EXPLANATION OF BENEFITS**

- P840 THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.
- Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.
- Z522 THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.

**Message Code Explanations**

- Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.
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**Description of Service Code**

- Blood test, comprehensive group of blood chemicals ( 80053 )
- Blood test, thyroid stimulating hormone (TSH) ( 84443 )
- Hemoglobin A1C level ( 83036 )
- Blood test, lipids (cholesterol and triglycerides) ( 80061 )



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Newark, NJ 07101

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Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

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Claim Number	Claim Amount	Claim Number	Claim Amount
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**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/25/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0006501614

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

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EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: LABORATORY CORPORATION OF AMER

Claim #: 780262320538509 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/20/2023	LAB TESTS 84443	115.77	Y829 P840	0.00	0.00	16.14	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 80061	109.46	Y829 P840	0.00	0.00	12.86	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 83036	75.86	Y829 P840	0.00	0.00	9.32	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 80053	54.86	Y829 P840	0.00	0.00	9.18	0.00	0.00	0.00	0.00
Totals		355.95	Z028 Z522	0.00	0.00	47.50	0.00	0.00	0.00	0.00

Y829 THIS SERVICE IS NOT PAID. THIS CHARGE IS INCLUDED IN THE CONTRACTED RATE FOR LABORATORIES IN THE PREFERRED NETWORK FOR MANAGED CARE PRODUCTS. YOU SHOULD NOT BE BILLED FOR THISCHARGE.

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

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**THIS IS NOT A BILL**

**EXPLANATION OF BENEFITS**

- P840 THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.
- Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.
- Z522 THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.

**Message Code Explanations**

- Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.
- Z522 THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.

**Description of Service Code**

- Blood test, comprehensive group of blood chemicals ( 80053 )
- Blood test, thyroid stimulating hormone (TSH) ( 84443 )
- Hemoglobin A1C level ( 83036 )
- Blood test, lipids (cholesterol and triglycerides) ( 80061 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

### You have the right to appeal our decision

You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

You can name a relative, friend, attorney, doctor or someone else to act as your representative. If you want someone else to act for you, call us at **1-833-272-8360 (TTY 711)**, **Monday through Friday, 8 a.m. to 8 p.m.**, to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us.

**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

### How to ask for an appeal with Braven Health

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

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Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**



### Multi-Language Insert - Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-498-9393**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-498-9393**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-844-498-9393**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-498-9393**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-844-498-9393**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-498-9393**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-498-9393** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-498-9393**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-498-9393** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-498-9393**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-498-9393**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780262320538511 00	362.25

**Total Of Submitted Claims:** 362.25

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 07/26/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0006511916

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: LABORATORY CORPORATION OF AMER

Claim #: 780262320538511 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/20/2023	LAB TESTS 84443	109.20	U301	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 80061	102.90	U301	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 83036	69.30	U301	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 80053	48.30	U301	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/20/2023	LAB TESTS 85025	32.55	Y829 P840	0.00	0.00	7.46	0.00	0.00	0.00	0.00
Totals		362.25	Z028 Z522	0.00	0.00	7.46	0.00	0.00	0.00	0.00

U301 THIS SERVICE IS DENIED. IT IS A DUPLICATE OF ANOTHER SERVICE PROCESSED UNDER THIS OR ANOTHER CLAIM.

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H0885\_H4675\_ECN00335\_COM0120\_C

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**THIS IS NOT A BILL**

**EXPLANATION OF BENEFITS**

- Y829 THIS SERVICE IS NOT PAID. THIS CHARGE IS INCLUDED IN THE CONTRACTED RATE FOR LABORATORIES IN THE PREFERRED NETWORK FOR MANAGED CARE PRODUCTS. YOU SHOULD NOT BE BILLED FOR THISCHARGE.
- P840 THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.
- Z522 THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.
- Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

**Message Code Explanations**

- Z522 THIS SERVICE IS PAID UNDER THE PROVIDER'S CONTRACT WITH BRAVEN HEALTH.
- Z028 DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

**Description of Service Code**

- Blood test, thyroid stimulating hormone (TSH) ( 84443 )
- Complete blood cell count (red cells, white blood cell, platelets), automated test ( 85025 )
- Hemoglobin A1C level ( 83036 )
- Blood test, comprehensive group of blood chemicals ( 80053 )
- Blood test, lipids (cholesterol and triglycerides) ( 80061 )





Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

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3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

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- Elder Care Locator: **1-800-677-1116**





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**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-498-9393** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-498-9393**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-844-498-9393**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-498-9393** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Y0159\_ECNA007272B\_C



PO BOX 820  
NEWARK NJ 07101-0820  
BRAVENHEALTH.COM

**Subscriber:** DENNIS S BREWER  
**Address:** 1210 CITY PL  
EDGEWATER NJ 07020-3143

**Subscriber ID :** 3HZN08822700  
**Group Number :** 0000682Q3

This is your customer Explanation Of Benefits (EOB). The claims listed below are included on this EOB see claim details starting on reverse side.

Claim Number	Claim Amount	Claim Number	Claim Amount
		780272325484395 00	295.00

**Total Of Submitted Claims:** 295.00

You or your authorized representative may request reconsideration of any claim or portion of a claim for which you believe benefits may have been erroneously denied based on the limitations and/or exclusions in your benefits contract. Refer to the attached document for specific details on the appeals process.

For questions regarding this claim, please contact:

**BRAVEN HEALTH**  
**PO BOX 820**  
**NEWARK NJ 07101-0820**

**TEL:1-833-272-8360 8AM TO 8PM**  
**HEARING IMPAIRED: 711 8AM-8PM**



PO BOX 820  
NEWARK NJ 07101-0820

Date: 09/13/2023 SEQUENCE Number  
Subscriber ID: 3HZN08822700 0006830751

DENNIS S BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

THIS IS NOT A CHECK

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Patient's Name: DENNIS S BREWER

Subscriber ID: 3HZN08822700

Provider Name: ONE HUDSON MEDICAL ASSOCIATES

Claim #: 780272325484395 00

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/26/2023	PATHOLOGY 36415	15.00	P840	0.00	0.00	2.52	0.00	0.00	2.52	0.00
07/26/2023	OFFICE/OUTPT VISIT 99214	225.00	P840	0.00	0.00	119.62	0.00	0.00	119.62	0.00
07/26/2023	OTHER MED SERVICES G2100	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/26/2023	OTHER MED SERVICES G8427	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/26/2023	OTHER MED SERVICES 3288F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/26/2023	OTHER MED SERVICES G9903	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/26/2023	OTHER MED SERVICES G8421	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PAPERLESS EOBs ARE CONVENIENT, SECURE, A GREAT WAY TO HELP REDUCE THE VOLUME OF PRINTED MAIL AND GOOD FOR THE ENVIRONMENT. IT'S EASY TO SIGN UP. JUST GO TO MEMBER ONLINE SERVICES AT [WWW.BRAVENHEALTH.COM](http://WWW.BRAVENHEALTH.COM).

IF YOU SUSPECT HEALTH CARE FRAUD, PLEASE CALL OUR SPECIAL INVESTIGATIONS UNIT HOTLINE - 1-800-624-2048.

H0885\_H4675\_ECN00335\_COM0120\_C

Products are provided by Healthier New Jersey Insurance Company, Inc. d/b/a Braven Health. Communications are issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for all of its companies. Both are independent licensees of the Blue Cross and Blue Shield Association.

THIS IS NOT A BILL

EXPLANATION OF BENEFITS

Dates of Service	Description of Service/Code	Charge Amount	Message Code	Other Ins Payment	Not Cov Amount	Allowed Amount	Deductible Amount	Copay/ Coins Amount	Amount Paid	Customer Balance
07/26/2023	OTHER MED SERVICES 3044F	0.00	R888	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07/26/2023	SPECIAL SERVICES/REPO 99000	25.00	U962	0.00	0.00	6.52	0.00	0.00	0.00	0.00
07/26/2023	URINALYSIS 81002	30.00	B685	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Totals</b>		295.00	Z028	0.00	0.00	128.66	0.00	0.00	122.14	0.00

- P840

THANKS FOR USING A NETWORK PROVIDER! THAT MEANS THIS PROVIDER HAS AGREED TO ACCEPT A CONTRACTED AMOUNT OR NEGOTIATED RATE FOR THIS SERVICE.
- R888

THERE IS NO CHARGE SUBMITTED FOR THIS SERVICE LINE. NO FURTHER ACTION IS REQUIRED BY YOU AT THIS TIME.
- U962

THIS SERVICE IS NOT PAID. THIS SERVICE IS NOT ELIGIBLE TO BE PAID SEPARATELY OR COMBINED WITH OTHER SERVICES ON THIS OR OTHER CLAIMS.
- B685

THIS SERVICE IS NOT PAID. LABORATORY SERVICES MUST BE PERFORMED BY A LABORATORY IN THE PREFERRED NETWORK FOR MANAGED CARE PRODUCTS. THERE IS NO MEMBER LIABILITY FOR THIS SERVICE IF PERFORMED BY A PARTICIPATING PROVIDER. THE AMOUNT YOU ARE RESPONSIBLE FOR IS SHOWN ON THIS FORM.
- Z028

DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

Message Code Explanations

- Z028

DO YOU HAVE OTHER HEALTH INSURANCE? IF YES, YOU OR YOUR PROVIDER SHOULD SUBMIT THE CLAIM AND SHARE PLAN INFORMATION WITH ALL OF YOUR INSURANCE CARRIERS.

THIS IS NOT A BILL

# EXPLANATION OF BENEFITS

## Description of Service Code

- BMI not documented and no reason is given ( G8421 )
- Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications ( G8427 )
- Insertion of needle into vein for collection of blood sample ( 36415 )
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period ( G2100 )
- Established patient office or other outpatient, visit typically 25 minutes ( 99214 )
- Handling and/or conveyance of specimen for transfer from physician office to laboratory ( 99000 )
- Patient screened for tobacco use and identified as a tobacco non-user ( G9903 )
- Urinalysis, manual test ( 81002 )



Three Penn Plaza East  
Newark, NJ 07105-2200  
BravenHealth.com

## Important Information About Your Appeal Rights

### You have the right to appeal our decision

You have the right to ask Braven Health to review our decision by asking us for an appeal. Ask us for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

### If you want someone else to act for you

You can name a relative, friend, attorney, doctor or someone else to act as your representative. If you want someone else to act for you, call us at **1-833-272-8360 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.**, to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us.

**Standard Appeal** – We will give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

### How to ask for an appeal with Braven Health

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

**Step 2:** Mail, fax, deliver your appeal or call us.

Address: Braven Health  
3 Penn Plaza East PP-12L  
Newark, NJ 07101

Fax: **1-732-938-1340**

Phone: **1-833-272-8360**

### What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

### Get help & more information

- Braven Health  
Toll Free: **1-833-272-8360**  
TTY users call: **711**  
Monday - Friday 8 a.m. to 8 p.m.
- **1-800-MEDICARE (1-800-633-4227)**,  
24 hours, seven days a week.  
TTY users call: **1-877-486-2048**
- Medicare Rights Center: **1-888-HMO-9050**
- Elder Care Locator: **1-800-677-1116**





### Multi-Language Insert - Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-498-9393**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-498-9393**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-844-498-9393**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-498-9393**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-844-498-9393**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-498-9393**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-498-9393** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-498-9393**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-498-9393** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-498-9393**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-498-9393**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-498-9393** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-498-9393**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-498-9393**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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Y0159\_ECNA007272B\_C



**Hackensack  
Meridian Health**  
Medical Group

PO Box 95000-4535  
Philadelphia, PA 19195-4535  
(800)-910-0254

☐ Please check the box if below address is incorrect or if the insurance information has changed. Indicate the change(s) on the reverse side.

# 000002933 I=0001  
2933 1 AB 0.534  
DENNIS BREWER  
1210 CITY PL  
EDGEWATER NJ 07020-3143

*Rec'd  
231027  
445  
USPS via*

Payment Options		
Checks Payable to: Hackensack Meridian Medical Group		
Pay Online at <a href="http://www.hackensackmeridianhealth.org/mychart">www.hackensackmeridianhealth.org/mychart</a>		
ACCOUNT NUMBER	PAYMENT DUE DATE	STATEMENT DATE
601425196	Upon Receipt	10/18/23
<b>PLEASE PAY THIS AMOUNT: 20.00</b>		

Page 1 of 1

Hackensack Meridian Medical Group  
PO Box 95000-4535  
Philadelphia, PA 19195-4535

Please detach and return top portion with your payment.

Primary Insurance	Secondary Insurance
Horizon Blue Cross Blue Shield of NJ-BCBS Braven Health Medicare PPO	No Effective Coverage On Account

Summary of Charges					
Date	Description	Provider	Charges	Credits	Balance
<b>Charges for BREWER, DENNIS in HUMGC NORTHERN NEW JERSEY CARDIOLOGY</b>					
07/07/2023	Office/Outpatient Established Mod Mdm 30-39 Min	Luis M Astudillo, MD	435.00		20.00
07/20/2023	Insurance Payment - Horizon Blue Cross Blue Shield of NJ			126.08	
07/07/2023	Insurance Adjustment - Horizon Blue Cross Blue Shield of NJ CO-Pay Amount			288.92	

*Thank you for using Hackensack Meridian Medical Group. Your satisfaction is our primary concern. We have billed your insurance company; however there is a remaining amount as shown. Please send the amount shown to the address above.*

You can now pay your bill online at [www.Hackensackmeridianhealth.org/en/Pay-Bill](http://www.Hackensackmeridianhealth.org/en/Pay-Bill) or using the MyChart patient portal at [www.Hackensackmeridianhealth.org/mychart](http://www.Hackensackmeridianhealth.org/mychart).

To sign up for your HMH MyChart account: go to [www.Hackensackmeridianhealth.org/mychart](http://www.Hackensackmeridianhealth.org/mychart), click the Sign Up Now button, enter the MyChart Access Code below, and complete the sign-up process.

MYCHART ACCESS – S2WW9-VV8DW-3VC7F

Email [mychartsupport@hmn.org](mailto:mychartsupport@hmn.org) with any questions related to your HMH MyChart account.

Please contact our Customer Service Department if you have any questions regarding your statement or if you would like to set up a payment plan at (800) 910 0254: Monday - Friday 8:00 am - 4:30 pm EST.

October 30, 2023 BREWER et al v. BURNS, WRAY et al LP Evidentiary Exhibits Page 12233





#### **A. Ongoing Colon Threat to Life and Health:**

##### **Medical Failure Sequences (typically appx ten days from first use to failure in each cycle in the following sequence):**

Lactulose (prescription laxative by One Hudson Medical - Patel, MD and PCP), used and worked through the first bottle at 15ml twice per day, second bottle completely ineffective

Powderlax (over the counter polyethylene glycol, aka MiraLax, originally recommended over fiber by gastroenterologist office on multiple occasions)

Fiber Therapy (over the counter psyllium husks, aka Metamucil)

Lactulose (began with second bottle referenced above which worked as normal on this second attempt, also refilled and then used at 60 ml once daily, plenty of exercise daily, then failed as have other prior sequences)

Enema added as noted below with results/failures as noted

Powderlax reversion as noted in diary entries below

Summary to date as of 230827 (YYMMDD): Progressive colon health interventions are failing sequentially. Each of the following colon health methods were initially successful in generating an adequate colon response but then failed to deliver results. The methods all shared the common characteristic of progressive failure. Sequence of medications used as follows: Lactulose (bottle 1 worked at 2x15ml over roughly 2 weeks, then bottle 2 not effective at all, so switched. Polyethylene glycol worked at colon clearing dose levels (very runny stool) then failed over two 26.9 oz bottles. When nearly exhausted switched to Fiberlax which worked for about the first 30 oz (about 2 weeks) then progressively failed. Then used bottle 2 of lactulose (above) which worked for 3-4 doses at 60 ml until final 60 ml dose from bottle 2 which has failed on 230827.

##### **Daily Diary Update re Colon Threat:**

230821 (dates as YYMMDD): Appx 10-12 days since last regular sequence of BM, (which overall have become increasingly difficult to sustain as to regularity over past six months or so, requiring repeated interventions using , as originally recommended by gastro group in City Place). During this period, 1 BM regular mass runny normal brown due to Fiberlax appx mid last week, then virtually nothing. Today early AM 25% of normal Fiber Therapy (Target Stores house brand of psyllium husks as fiber supplement and laxative)BM yellowish-brown.

During this 10-12 day period, routinely used Fiberlax (propylene glycol, same as Miralax) in doses ranging from maintenance dose to about 50% of colon clearing dose in 8 hour period until two large containers 26.9 oz. were exhausted. Out of funds from Tuesday 15<sup>th</sup> until Saturday 19<sup>th</sup>, so switched to existing supply of psyllium husks (Up and Up brand fiber therapy, same as Metamucil) appx 5 days ago, 3x normal to 6x high doses since that time.

230822: 1.25 to 1.3 above normal early AM BM (x.xxBM is defined here as estimated bowel movement volume compared to 1.0 typical day as benchmark), add 0.5BM appx 1130AM

230823: 0.8BM early AM, 0.5BM 930AM, 0.15BM 145PM, 0.15BM 240pm

230824: 0.1BM at 848am, 0.8BM at 1010am, 0.02BM 9pm

230825: 0.3BM at 822am, 0.02BM at 1005am, 0.4BM 1150am, 0.01BM 404pm

230826: Travel DC MLK Rally 0.0BM entire day

230827: 0.03BM at 1023am, 0.05BM at 730pm

230828: 0.05BM at 650am, 0.4BM at 850am, blanked around 1120am so it would not be recorded as to quantity and time, 0.01BM at 124pm, 0.01BM at 922pm

230829: 0.08BM at 218pm

230830: 0.005BM at 1127am, 0.02BM at 232pm, enema (Fleet 4.5 oz bottle) then 0.8BM at 330pm

230831: Enema then 0.03BM at 425am

230831: 650am - Overall slightly clammy with cold sweat this AM for 30 minutes or so, ongoing lower intestinal/colon area pressure and slight pain, otherwise normal, less gas than normal for recent months at present moment.

230831: Moderate gas and 0.02BM at 853am.

230831: 9pm Enema attempted, colon muscle mechanically sealed by BRMT nerve activation constriction at precisely the point where enema saline fluid would flow from tip into rectum when the base of the tip is sealed to the rectum to avoid leakage. Then placed slight pressure on bottle and tip several times to determine if I could squeeze any fluid into my colon, unable to squeeze any fluid into colon. Photo taken with cell phone camera of bottle still 98% full immediately after this attempt. 10pm enema reattempt, fluid flows in normally, modest leakage. Hold as usual for several minutes, then enema fluid drop as normal but only 0.02BM (colon muscle BRMT blocked above fluid filled area, so some gas and minimal stool), photo taken of 90% emptied bottle.

230901: SDNY Letter delivered 310pm, then 4.9mi walk Mid-town from Grand Central to Bryant Park to UES to Central Park to Bryant Park. Google geolocation record checked at appx 830pm, noted extremely blurred precision as to locations traveled and quite inaccurate as noted around 9pm, including no indication of approach and entry and no tracking of meandering southeast walking path in Central Park from 71<sup>st</sup> and Central Park West to exit at Central Park South and 6<sup>th</sup> Ave.

230902: Powderlax started about 11pm on 230901, 3x3 glasses dosed by 4am, 1.3BM at 625am. Google geolocation record checked, dramatically improved accuracy on first view, then returned by hack to blurred geolocation (but with the southwest corner of Central Park - Columbus Circle immediate vicinity corner only) when opened at 644am (more evidence of mens rea, tampering, discrediting, undermining, and minimization efforts after the facts presented in SDNY letter 230901).

230903: 0.01BM 204am, 3x1 Powderlax doses, 0.03BM at 651am, 0.55BM at 833am, 3x1 powderlax 6-8 pm

230904: Two minor dark fluidic BM around 2am, then 615am

230905: Estimating two minor fluidic BMs this morning thru 931am, 3x3 powderlax doses 815pm to 9pm, 0.4BM 1032pm

230906: 0.8BM 620am, 0.01BM 750pm

230907: fibertherapy 3x1 doses appx 200pm, 3x1 powderlax doses appx 9pm

230908: powderlax 1x3 644am, 0.3BM 646am, 1.0BM 150pm

230909: 1.0BM 805am, 0.02BM 448pm, 0.05BM 127pm

230910: none

230911: 4 tbsp lactulose 530pm

230912: 0.4BM appx 645am, 4 tbsp lactulose 620pm

230913: 0.2BM 236pm, 4 tbsp lactulose 931pm

230914: 1.0BM 748am, 0.02BM 1123am

230915: 0.02BM 543am

230916: 0.02BM 1208pm

230917: 1.0BM 748am

230918: 0.02BM 805pm

230919: 2.5 tbsp lactulose appx 645am, 1.6BM 732am, 0.7BM 941am, 0.01BM 106pm, 0.1BM 848pm

230920 none

230921: 4 tbsp lactulose 649pm, 1.0BM 645pm

230924: 4 tbsp lactulose 203pm, 1.0BM 335 pm black fluidic, 0.02BM 711pm

230925: 0.02BM 535pm

230926: 2 tbsp lactulose appx 640am, 0.02BM 1230pm, enema 1115pm 0.5BM, leave, short artificial delay appx 15 seconds, then 0.5BM, 0.03BM 856pm, 0.03BM 110pm

Missing entries 230928 very small BMs

230929: 2 tbsp lactulose appx 7am, 0.01BM 107pm

**SUMMARY 230831:**

Areas of immediate concern are colon biomechanical failure and long term liver damage due to colon backup, which are most probably caused by an imposed central nervous system induced closure of colon (i.e., an artificially induced CNS closure, not a physical obstruction or structural obstruction of the colon).

Powerful laxative and/or appropriate dose of muscle relaxer required to attempt to clear colon.

General anesthetic use to conduct a direct examination of the colon or any other organ will be refused for the following reason:

It is reasonably probable presence that legacy technology inserted in my sinus cavity during nasal surgery and/or placed in my ear canal in a field operation in the mid to late 1990s. My intent is to avoid the possibility of a surgical clearing under GA of any smoking gun evidence of the neurologically driven technological successor program to CIA MKUltra. This advanced computer to brain technology driven system for the neurobiological manipulation of humans is identified by me as BRMT and described in my complaint 23-cv-415, filed February 14, 2023 in the United States District Court for the District of Columbia.

THU 231012

0.7 BM 728 AM

0.01 BM 841 AM

FRI 231013

0.1 BM 1204 PM

Sat 231014

0.1 BM 1135 AM

0.8 BM 247 PM

Sun 231015

0.3 BM 322 PM

Mon 231016

0.02 BM 811 AM

0.05 BM 1253 PM

0.3 BM 559 PM

Tues 231017

0.5 BM 835 AM

0.4 BM 218 PM

Wed 231018

0.1 BM 945

0.02 BM 707 AM

0.10 BM 1029 AM

0.30 434 PM

0.01 939 PM

Fri 231020

1.0 BM 814 AM

0.02 BM 302 PM

Sun 231022

0.6 BM 822 AM

Tues 231024

0.6 BM 815 AM

0.1 BM 1257 PM

0.3 BM 516 PM

Thu 230126

1.0 BM 712 AM

0.2 BM 126 PM

Fri 231027

#### **A. Ongoing Colon Threat to Life and Health:**

##### **Medical Failure Sequences (appx ten days from first use to failure in each cycle in the following sequence:**

Lactulose (prescription laxative by One Hudson Medical - Patel, MD and PCP), used and worked through the first bottle at 15ml twice per day, second bottle completely ineffective

Powderlax (over the counter polyethylene glycol, aka MiraLax, originally recommended over fiber by gastroenterologist office on multiple occasions)

Fiber Therapy (over the counter psyllium husks, aka Metamucil)

Lactulose (began with second bottle referenced above which worked fine, refilled and in current use at 60 ml once daily, plenty of exercise daily, failing now as have other prior sequences)

Enema added as noted below with results/failures as noted

Summary to date as of 230827 (YYMMDD): Progressive colon health interventions are failing sequentially. Each of the following colon health methods were initially successful in generating an adequate colon response but then failed to deliver results. The methods all shared the common characteristic of progressive failure. Sequence of medications used as follows: Lactulose (bottle 1 worked at 2x15ml over roughly 2 weeks, then bottle 2 not effective at all, so switched. Polyethylene glycol worked at colon clearing dose levels (very runny stool) then failed over two 26.9 oz bottles. When nearly exhausted switched to Fiberlax which worked for about the first 30 oz (about 2 weeks) then progressively failed. Then used bottle 2 of lactulose (above) which worked for 3-4 doses at 60 ml until final 60 ml dose from bottle 2 which has failed on 230827.

##### **Daily Diary Update re Colon Threat:**

230821 (dates as YYMMDD): Appx 10-12 days since last regular sequence of BM, (which overall have become increasingly difficult to sustain as to regularity over past six months or so, requiring repeated interventions using , as originally recommended by gastro group in City Place). During this period, 1 BM regular mass runny normal brown due to Fiberlax appx mid last week, then virtually nothing. Today early AM 25% of normal Fiber Therapy (Target Stores house brand of psyllium husks as fiber supplement and laxative)BM yellowish-brown.

During this 10-12 day period, routinely used Fiberlax (propylene glycol, same as Miralax) in doses ranging from maintenance dose to about 50% of colon clearing dose in 8 hour period until two large containers 26.9 oz. were exhausted. Out of funds from Tuesday 15<sup>th</sup> until Saturday 19<sup>th</sup>, so switched to existing supply of psyllium husks (Up and Up brand fiber therapy, same as Metamucil) appx 5 days ago, 3x normal to 6x high doses since that time.

230822: 1.25 to 1.3 above normal early AM BM (x.xxBM is defined here as estimated bowel movement volume compared to 1.0 typical day as benchmark), add 0.5BM appx 1130AM

230823: 0.8BM early AM, 0.5BM 930AM, 0.15BM 145PM, 0.15BM 240pm

230824: 0.1BM at 848am, 0.8BM at 1010am, 0.02BM 9pm

230825: 0.3BM at 822am, 0.02BM at 1005am, 0.4BM 1150am, 0.01BM 404pm

230826: Travel DC MLK Rally 0.0BM entire day

230827: 0.03BM at 1023am, 0.05BM at 730pm

230828: 0.05BM at 650am, 0.4BM at 850am, blanked around 1120am so it would not be recorded as to quantity and time, 0.01BM at 124pm, 0.01BM at 922pm

230829: 0.08BM at 218pm

230830: 0.005BM at 1127am, 0.02BM at 232pm, enema then 0.8BM at 330pm

230831: Enema then 0.03BM at 425am

230831: 650am - Overall slightly clammy with cold sweat this AM for 30 minutes or so, ongoing lower intestinal/colon area pressure and slight pain, otherwise normal, less gas than normal for recent months at present moment.

**SUMMARY 230831:**

Areas of immediate concern are colon biomechanical failure and long term liver damage due to colon backup, which are most probably caused by an imposed central nervous system induced closure of colon (i.e., an artificially induced CNS closure, not a physical obstruction or structural obstruction of the colon).

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230831: Enema then 0.03BM at 425am

230831: 650am - Overall slightly clammy with cold sweat this AM for 30 minutes or so, ongoing lower intestinal/colon area pressure and slight pain, otherwise normal, less gas than normal for recent months at present moment.

230831: Moderate gas and 0.02BM at 853am.

230831: 9pm Enema attempted, colon muscle mechanically sealed by BRMT nerve activation constriction at precisely the point where enema saline fluid would flow from tip into rectum when the base of the tip is sealed to the rectum to avoid leakage. Then placed slight pressure on bottle and tip several times to determine if I could squeeze any fluid into my colon, unable to squeeze any fluid into colon. Photo taken with cell phone camera of bottle still 98% full immediately after this attempt. 10pm enema reattempt, fluid flows in normally, modest leakage. Hold as usual for several minutes, then enema fluid drop as normal but only 0.02BM (colon muscle BRMT blocked above fluid filled area, so some gas and minimal stool), photo taken of 90% emptied bottle.

#### **SUMMARY 230831:**

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## Lisa Marie Presley Died From Bowel Obstruction, Officials Say

The singer-songwriter and only child of Elvis Presley died in January after she was found unresponsive, the Los Angeles County Medical Examiner's office said.

By Eduardo Medina and Matt Stevens

July 13, 2023

Lisa Marie Presley, the singer-songwriter and only child of Elvis Presley, died in January as a result of “a small bowel obstruction” caused by scar tissue that developed after bariatric surgery years ago, the Los Angeles County Medical Examiner's office said on Thursday.

Ms. Presley had been complaining on Jan. 12 of severe abdominal pain, according to an autopsy report released on Thursday by the medical examiner's office. Later that day, she was found unresponsive at her home in Calabasas, Calif., by her ex-husband, who was not named in the report.

Ms. Presley, 54, was taken by paramedics to a hospital, where she went into cardiac arrest and died that afternoon.

The report stated that although Ms. Presley had a previous history of drug use, she was sober “for the past few years.” Still, health problems appeared to have occurred after her bariatric surgery, which is generally considered a treatment option for people with a high body mass index who failed to lose weight with diet and exercise alone.

Juan M. Carrillo, a deputy medical examiner in Los Angeles County, described Ms. Presley's health problems after the bariatric surgery as a “known long-term complication of this type of surgery.”

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Ms. Presley was prescribed opiates after her surgery and after an infection, the report stated. She was then prescribed another type of medication so that she could be taken off the opiates.

The report noted that Ms. Presley had a “history of overmedicating; she was known to forget she had taken her medications and would take them again.”

The autopsy report said that toxicology results showed “therapeutic levels of oxycodone” in her blood. Buprenorphine, a medication to treat opioid addiction, was also present but did not contribute to her death, the report stated.

For months, she complained of abdominal pain, fevers, vomiting and nausea but did not seek medical attention, according to the report.

The Los Angeles County Coroner's office had initially deferred ruling on Ms. Presley's case. For months, officials said that a medical exam had been performed, but that a pathologist was awaiting further test results — including, potentially, a toxicology report — before releasing an official cause of death.

Two days before Ms. Presley's death, she attended the Golden Globe Awards, at which “Elvis,” a biopic about her father's life, was nominated for multiple awards. Some of her on-camera interviews on the red carpet prompted concern from fans and others who said she had appeared unsteady.

Ms. Presley was buried at Graceland, where a memorial was held in late January.

Weeks later, Priscilla Presley, Lisa Marie's mother, who had long helped administer Elvis's estate, went to court to challenge the validity of documents that said Lisa Marie's daughter, the actress Riley Keough, had become the sole trustee upon Lisa Marie's death.

In June, Ms. Keough agreed to provide Priscilla Presley, her grandmother and the former wife of Elvis Presley, with a lump-sum payment as part of a settlement that would resolve the dispute over control of the family trust, according to court documents.

Lawyers for the parties had sought to keep details of their agreement confidential, but the papers listed what appears to be a payment of \$1 million.

The New York Times reported that although the Elvis brand today continues to take in more than \$100 million a year as a licensing juggernaut, the family trust receives only a fraction of its proceeds.

On Wednesday, Ms. Keough was nominated for an Emmy for best actress in a limited series or TV movie for her titular role as the wild child in “Daisy Jones & the Six,” an Amazon mini-series about the rise and fall of a fictional 1970s band.

Eduardo Medina is a reporter covering breaking news. More about Eduardo Medina

Matt Stevens is an arts and culture reporter for The Times based in New York. He previously covered national politics and breaking news. More about Matt Stevens

**Table 2 Continued: First Few Steps Timeline Supplement**

<b>Year Age Jan. 1</b>	<b>Actions: Destroy Families and Personal Relationships</b>	<b>Actions: Destroy Career, Businesses; Pretext, Entrap, Incriminate</b>	<b>Actions: Destroy Physical and Mental Health</b>	<b>Executive Branch Officials</b>
2- 0001  Re- peat -ed here from main table 2	Primary Methods: Episodically intervene to destroy personal relationships, induce fraudulent and exploitive relationships, disrupt and destroy marital community, personal friendships and networks.	Primary Methods: Manage employment options using mail fraud, wire fraud, and insider recruiters directing employment options. Starve personal and corporate resources through financial frauds and legal partial settlements. Force expenditures of personal and corporate resources on expensive litigation.	Primary Methods: Induce illness through biochemical manipulation, food contamination, and BRMT brain biochemistry manipulation. Limit lifespan using BRMT to induce long-term health issues. Terminate liberty or existence of BRMT victims to perpetuate criminal acts against US persons and other innocents using “state secrets” cover as in Cointelpro and MKUltra.	Primary Method: Ostensibly protect “state secrets” while illegally experimenti ng on, manipulatin g, and depriving US persons of human and Constitution al rights.
2- 0000 A  1961 to 1964  5	Earliest interstate human trafficking is age 5 to CA for First grade in 1961 to 1962 likely in NorCal, Second grade 62 to 63 likely in SoCal (or reverse move). Dad was selling examination room paper liners and surgical drapes to doctors clinics and hospitals but was actually sent to fish for x-ray film to be destroyed for destruction of evidence by FBI in their coverup of Cointelpro violence, as he was given			

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**Table 2 Continued: First Few Steps Timeline Supplement**

<b>Year Age Jan. 1</b>	<b>Actions: Destroy Families and Personal Relationships</b>	<b>Actions: Destroy Career, Businesses; Pretext, Entrap, Incriminate</b>	<b>Actions: Destroy Physical and Mental Health</b>	<b>Executive Branch Officials</b>
	<p>specific leads to specific medical offices, clinics, and hospitals to pursue. FBI used classic misdirection through its cover company Pacific Paper Products, Tacoma, WA. Next transfer option in 1962 was to Texas for Dad. He quit and returned family to Federal Way, WA in summer 1963 to return to Washington near parents. Attended Steel Lake Elementary for 3rd grade with twin sisters in kindergarten and Kennedy assassination in November 1963.</p>			

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**Table 2 Continued: First Few Steps Timeline Supplement**

<b>Year Age Jan. 1 2- 000B</b>	<b>Actions: Destroy Families and Personal Relationships</b>	<b>Actions: Destroy Career, Businesses; Pretext, Entrap, Incriminate</b>	<b>Actions: Destroy Physical and Mental Health</b>	<b>Executive Branch Officials</b>
1964 Sum mer  8	Moved to Route 2 Box 795, later address changed to 1808 South 356 Street, Federal Way, WA. Attended Lakeland elementary School, then Lakota Junior High School. Band members included Doug Danielson who later was Army Ranger who experienced a microwave radar eye injury which forced him out of Army.			
2- 000C  1968 Esti mat ed  12	Return to northern CA through Boeing Field Terminal on Hughes AirWest DC- 6, boarding in front of federal agent immediately behind me who shows his approval on finding seat number myself. BFI to Eugene then by green VW Beetle with First name not recollected last name Jack to Redwoods and NorCal coastal tour for approximately 10 days. At CA State Park, two federal agents camp in adjacent tent camping spot to			

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**Table 2 Continued: First Few Steps Timeline Supplement**

<b>Year Age Jan.</b>	<b>Actions: Destroy Families and Personal Relationships</b>	<b>Actions: Destroy Career, Businesses; Pretext, Entrap, Incriminate</b>	<b>Actions: Destroy Physical and Mental Health</b>	<b>Executive Branch Officials</b>
<b>1</b>	boost my oxytocin hormones likely using a local device in the campground soon after dark while we are in sleeping bags. Jack served in US Army Medical Corps while Dad served at Fort Lewis. Likely was Army Intel or Bioweapons Lab specialist posing in Medical Corps as medic.			
1970	Brother born in January; sister			
14	Sandra got aspirin with codeine overdose over the phone when Mom called doctor from Dr. Kohler (Federal Way, WA) while recovering from flu, developing Reyes Syndrome and died in April; great grandparents pass in Summer 1970 about 6 weeks apart.			
1970 to 1973	Small special startup Decatur High School uses Learning Activity Packages			
14 to 17	instead of normal classes and starts in old Administration			

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**Table 2 Continued: First Few Steps Timeline Supplement**

<b>Year Age Jan.</b>	<b>Actions: Destroy Families and Personal Relationships</b>	<b>Actions: Destroy Career, Businesses; Pretext, Entrap, Incriminate</b>	<b>Actions: Destroy Physical and Mental Health</b>	<b>Executive Branch Officials</b>
<b>1</b>	Building next to Federal Way High School in September 1970, then moves to Illahee building in 1971-73, graduates about 83 in class. Typical graduating class at two other high schools was around 350. Dupont Schools Superintendent comes to Federal Way School District just before 1972-73 school year starts. Dupont School District served mostly Ft Lewis and McChord AFB children.			
Spring 1972  16	Larry's Market Federal Way, cousin of father. Grocery store in Federal Way Shopping Center. Produce manager was co-owner but likely actually FBI engaged in wrecking process in community as co-owner. This practice is later recognized as commonplace occurrence in our Brewer family businesses. Larry and Barbara Brewer			

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**Table 2 Continued: First Few Steps Timeline Supplement**

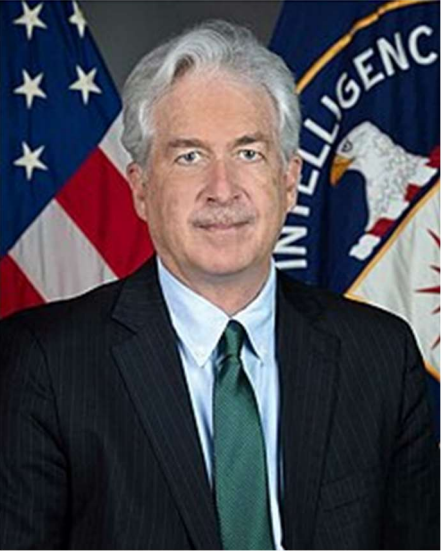
<b>Year Age Jan. 1</b>	<b>Actions: Destroy Families and Personal Relationships</b> are not members of the same church group but are related through great-grandparents.	<b>Actions: Destroy Career, Businesses; Pretext, Entrap, Incriminate</b>	<b>Actions: Destroy Physical and Mental Health</b>	<b>Executive Branch Officials</b>
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### KEY FEDERAL PARTICIPANTS – BRMT and Racketeering Operations Against Lead Plaintiff and Others



These identifications relate to participation in illegal intelligence and police powers operations conducted by federal departments and agencies operating outside Constitutional limits of authority in illegal programs and actions. FBI, CIA, military, and other intelligence operations jointly engaged in internationally and legally prohibited BRMT biomedical experimentation, involuntary servitude, and racketeering crimes, and other crimes, against Lead Plaintiff and other U.S. persons.


Most Likely Program Field Managers and Executives – Federal BRMT Racketeering	Key Field Support Team Members – Federal BRMT Racketeering
 <p>Source: Wikipedia</p>	<p>Stephen Breyer. Legend: Jack Sackville-West, Architect -Spokane, and supposed father of Sackville-West family. Hosted Lead Plaintiff at 1424 South Maple Street during WSU undergraduate program from Fall 1974 – Spring 1977, occassioanlly thereafter until alleged cancer death.</p> <p>Later Stephen Breyer, Associate Justice, U.S. Supreme Court. Encountered by Lead Plaintiff between 1974-1977.</p> <p>Supporting team - Bill Sackville-West, five brothers and one sister of varying ages; Andrew Ng – a British national from Hong Kong, Craig Page, Mike Cunha, Laurie Dolan.</p>
 <p>Source: Still from video clip in documentary film clip from “A Storm Foretold” directed by Christoffher Guldbrandsen, as shown on MSNBC “The Beat” Roger Stone in left foreground.</p>	<p>Name unknown. This female associate of Stone was known to Lead Plaintiff as the “woman on the steps” at Washington State University beginning Fall 1974 into Spring 1975 during my sophomore year. She was frequently encountered a few feet or a few yards ahead of Lead Plaintiff enroute to morning classes on a long stairway adjacent to Bohler Gym on my walking route between Perham Hall and the upper campus area.</p> <p>Any direct association she may have had with Mr. Stone in 1974-75 is unknown to Lead Plaintiff. This pattern of association is consistent with CIA involvement in the BRMT program beginning in the 1970s.</p>

General Agent – John Hancock Spokane	<p>Legend: General agent in Spokane office of insurance company, supported Lead Plaintiff's brief tenure in Coeur d'Alene, ID before MBA graduate program. Encountered by Lead Plaintiff 1977.</p> <p>Supporting team – names not recollected</p>
Dr. Paul Shaffer – WSU MBA Program	<p>Legend: Business Professor and primary academic advisor. Encountered by Lead Plaintiff between 1978-1979.</p> <p>Supporting team – John Zoulas, Gerald Thorpe, Tim Epskamp, Hamid Bahari-Kashani</p>
Harold A. Hopper – Deloitte Consulting	<p>Legend: Direct employer at Deloitte, later Board member LazerSoft. Encountered by Lead Plaintiff between 1979-1989. Harold A. Hopper was the consulting managing partner for about six of my seven years in the Seattle office consulting practice of Deloitte Haskins &amp; Sells (now Deloitte). He was a resident of Edmonds and active in Rotary there. He owned a number of rental residences in the area and purchased the Century 21 franchise for that area during its national rollout. Mr. Hopper was fairly well connected in the Seattle business community and, after his forced retirement from the Deloitte Seattle office, encouraged me to join LazerSoft where he and his business partner, James Murphy, a prominent business equipment auctioneer in the region, had made an investment. Encountered by Lead Plaintiff from 1979-1989.</p> <p>Supporting team – John Blair, Joe McGavick, Gerald Thorpe, Gwen Heathcote, Tim Easton</p>
 <p>Source: Wikipedia, see Note 1 below.</p>	<p>Andrew Weissman, NYU professor and MSNBC legal analyst, is a former FBI General Counsel and an extremely close photographic match for Lyle Whiteman. Legend: Mr. Whiteman was the General Manager of PCC, a consumer food cooperative in Seattle, Washington when I was recruited to its Board of Trustees for three years, the last one as Chair. He led Coop operations including a financially disastrous South Everett store opening. He also arranged for the creation of NutraSource, a Pacific Northwest natural foods wholesaler from three bankrupted suppliers. These organizations presented platform opportunities for FBI illegal spying on activists in the region. The Oakland California food coop was destroyed, likely by FBI generated in-fighting in that food coop during this same period. Encountered by Lead Plaintiff in the early 1980s as the result of a referral from an executive assistant then working for Deloitte's Seattle office consulting unit, Lead Plaintiff's employer from 1979-1986. Encountered by Lead Plaintiff between approximately 1982-1986.</p>

	<p>In the background of a televised interview on MSNBC in 2023, Weissman also appeared in a photograph with another figure known to me as fellow grad student Mike Worthy during my WSU MBA program and several subsequent encounters in the Pacific Northwest, also likely FBI. Worthy had distinctive red hair and mustache and was a number of years older than me while attending grad school.</p>
<p>Chuck LeFevre - NutraSource</p>	<p>Legend: Worked with Lyle Whiteman PCC General Manager, formerly Anchorage field office cover at Carrs/Gottstein, Alaska grocery wholesaler, then CEO NutraSource while Lead Plaintiff served in the Board of Directors and later as strategy consultant. Encountered by Lead Plaintiff between approximately 1982-1994. Possibly becomes Chuck Rosenberg in New Jersey from 2007. Encountered by Lead Plaintiff between approximately 1983-1994.</p> <p>Supporting team – Dana Smith, Jim Christensen, Darrell Pray</p>
 <p>Source: Wikipedia.</p>	<p>William Burns - Director, Central Intelligence Agency. Legend: Patrick Heffron, MD with Kirkland, WA OB/GYN practice, LazerSoft. Board member and principal investor. Likely key BRMT program executive during this period. Encountered by Lead Plaintiff between approximately 1986-1992.</p>

 <p>Source: Google search images citing appiciano.commons.gc.cuny.edu</p>	<p>Roger Stone. Legend: David Moller, Consulting Manager Deloitte for South Africa Banking System ATM project, then as LazerSoft CEO to transition out of Deloitte cover. Encountered by Lead Plaintiff between 1983-1989.</p> <p>Political consultant and field operative for Republican Party interests beginning in the Nixon era. Self-admitted participant in NY political payoffs during the first Reagan campaign, convicted and pardoned felon, known participant in events surrounding January 6, 2021.</p> <p>Lead Plaintiff worked alongside Moller at the time Moller was assigned to the South Africa ATM project as its deep cover project manager for CIA, worked for, then replaced Moller at LazerSoft, the roll-out cover company used to obscure Moller's identity and to perpetuate Lead Plaintiff's involuntary servitude to BRMT racketeering by CIA and FBI.</p> <p>Supporting team – Ruthanne Meyers, Tim last name not recalled, Stephen Waters, R. Kent Tarpley, Jay Conte, Glen Garrison – Keller Rohrback</p> <p>Stone is linked to a female known to Lead Plaintiff from Washington State University in 1974-75, shown above, who appears side-by-side in a documentary video clip about Stone and January 6.</p>
<p>Unknown - Steve's Maintenance/Alliance</p>	<p>Encountered by Lead Plaintiff between 1990-1994.</p> <p>Supporting team – Jay Conte, J. David Carey, Steven Brewer, Kerry Brewer Barbara – office admin., Bob Hintz, Bob Hibbs – Short Cressman &amp; Burgess</p>
 <p>Source: Wikipedia, see Note 1 below. Support team member.</p>	<p>Ari Melber, MSNBC anchor, former FBI and DOJ operative claims Ray Kelly, a former SDNY DOJ official as his former boss and Seattle as his birthplace. His face is an extremely close match for Wes Lewis. Lewis was the husband of Theresa, a half-sister to my second wife Jeanette, sharing their mother Mary. Mr. Lewis was involved in three notable incidents and circumstances – a brown recluse spider which bit Theresa, a voice-activated recording device under Theresa's vehicle driver's seat which was followed up by an accusation of an affair after she reportedly made a feint in the vehicle upon her discovery of the recorder, and a nearly four foot deep unfenced koi pond in their backyard with Theresa's toddler son playing there (though no casualty ensued).</p> <p>Encountered by Lead Plaintiff between 1990 and 2004 as extended family member.</p>

 <p>Source: Google search image, see Note 1 below. Support team member.</p>	<p>Lisa Rubin, MSNBC legal analyst and a former DOJ official. She is an extremely close match for Michelle Yarbrough, wife of Jess Yarbrough, a Tacoma area attorney and half-brother to Jeanette, my second wife. Michelle and Jess shared four children, one born while I knew her who was baptized in a Lutheran Church in Tacoma with Jeanette and I attending as godparents. Encountered by Lead Plaintiff between 1990 and 2004 as extended family member.</p>
 <p>Source: Wikipedia, see Note 1 below. Support team member.</p>	<p>Alexander Vindman, and twin brother below, National Security Council members during the Trump Administration who testified during the Ukraine impeachment inquiry. An extremely close photographic match with Paul Yarbrough. Paul was a brother to Jess and half-brother to Jeanette through parental marriage. He was reportedly a USAF AWACS program manager at McChord AFB and stationed at Scott AFB for a time after returning from South Korea. He later retired from USAF and opened a restaurant in Graham, Washington working for his South Korean wife. Encountered by Lead Plaintiff between 1990 and 2004 as field support extended family member.</p>
<p>Gerry Cornwell - PAN</p>	<p>Legend: Located by Lead Plaintiff to identify financing sources for Alliance in Vancouver, BC, which effort failed. Then relocated as CEO of PAN, three environmental service companies seeking financing through Mike Kurtanek, Managing Director, Credit Lyonnais Laing, London office (MI-6 field operative). Encountered by Lead Plaintiff between 1992-1995. FBI handler posed as spouse residing in Newcastle, WA.</p> <p>Supporting team – Ralph Shearing (likely RCMP), John Young (likely CSIS), Ron Williams Ontario, CA based field operations asphalt sealing cover company. Orland Howard former sealing turned rail right of way telegraph wire recycler.</p>

Vito Perillo – Pacific Pipeline	<p>Legend: Pacific Northwest book wholesaler to independent, national chains, Costco. Encountered by Lead Plaintiff first as Board member, then as COO of Pacific Pipeline between 1995-1996.</p> <p>Supporting team – Darrell Pray, Jim Christensen, Tim Epskamp – U.S. Bank, Portland</p>
Larry R. Cook – CNA Industrial Engineering	<p>Legend: Industrial engineering especially aerospace, military, and Japanese multi-national technology companies. Later sued by Lead Plaintiff for compensation theft. Encountered by Lead Plaintiff between 1996-2002, 2004.</p> <p>Supporting team – Chuck Hadjinian, Greg Lins, H. Paul Lowber, Mike Babcock – attorney, Mike Kurgan – logistics software for CUC project referred by Darrell Pray</p>
Darrell Pray - Performa	<p>Legend: CSC Alaska Retirement System contractor, Food Services of America CIO, NutraSource CIO, Pacific Pipeline CIO, CNA technology consulting manager, Performa partner to Lead Plaintiff. Encountered by Lead Plaintiff between 1984-2005.</p> <p>Supporting team – Technology Sales Leads FBI bogus leads, Kurgan ShipNow bogus checks, Mike Larson – Larson, Hart, Shepherd, then Pivotal Law attorney referred by Jay Conte</p>
 <p>Source: <a href="https://wsb.com/speakers/chuck-rosenberg">wsb.com/speakers/chuck-rosenberg</a></p>	<p>Chuck Rosenberg, fka William Drumm, General Manager for North America for Establish, a global logistics 4PL. Rosenberg self-identifies on MSNBC as former FBI and DOJ official. Drumm (Rosenburg) was the individual who interviewed Lead Plaintiff soon after the 2007 Mossad interview for another fake consulting position in Boston. Rosenberg orchestrated employment and trafficking from homelessness (previously arranged by FBI/CIA while I resided in Washington state) to false employment at Establish, Fort Lee, NJ on projects for PPG Paint and Coatings Division, Pittsburgh, PA and Clipper Windpower, Carpinteria, CA and Cedar Rapids, IA. Possibly originally appears as Chuck LeFevre in 1982-1994. Encountered by Lead Plaintiff between 2007-2008.</p> <p>Drumm also most probably led the FBI orchestration of regional police powers participation including, without limitation, NYPD, PAPD, NJTPD, Bergen County, NJ Sheriff, and NY, NJ, and PA State Police in the region, and directly engaged participation by UK police powers and intelligence operations through our London visit in 2007.</p>





Source: Wikipedia

Leslie Ragon Caldwell was known to Lead Plaintiff Dennis Brewer as a Seed and Berry intellectual property (IP) lawyer who was hired to pursue IP litigation in Allegent dba Performa v ShipNow matter to resolve a case originally filed in King County regarding fraudulent checks in February 2004 which pended through June 2005. This case was dismissed with prejudice after Brewer surrendered his interest in Performa to be removed from Allegent bank loan which was an FBI front funded loan. Pray was a faked business partner rolled out of CNA Industrial Engineering, Brewer and Pray's prior employer

Per Wikipedia biography, Caldwell "is an American attorney, who served as the Assistant Attorney General for the Criminal Division of the United States Department of Justice from 2014 to 2017. Caldwell served as an Assistant United States Attorney in the Eastern District of New York from 1987 to 1998, after which she was recruited by then US Attorney Robert Mueller to serve as Chief of the Criminal Division and Chief of the Securities Fraud Section of the United States Attorney's office for the Northern District of California; she served from 1999 to 2002. In 2002, Caldwell was selected to lead a team of investigators and prosecutors in the Department of Justice's Enron Task Force" where she worked directly with another participant in this overall associated-in-fact enterprise, Andrew Weissman (see above).

Note 1: These identifications are made using the photograph shown. Note that for most people listed here the listed biographical age in Wikipedia is too young to match the age as encountered during the time period they were encountered. Ages of current and former undercover persons are sometimes distorted in subsequent biographies as legend building devices to cover for prior assignments.

#### **OTHER KEY CONNECTIONS - Defense/Military/Intel Lines of Further Inquiry**

- *Defense Logistics Agency*
  - Dean T. Smith former DLA freight broker, alleged investor in FBI sabotaged Winnett Perico startup, see Eastern District of California Case 2:19-cv-01918-TLN-DB.
- *Army*
  - Ft. Lewis Housing asbestos abatement subcontract awarded to Alliance while Lead Plaintiff was an owner. Destroyed using deprivation of benefits (SBA bonding), check fraud, and bonding and contract fraud on a federally funded project at Sea-Tac Airport to cover a past FBI investigation.

- *USAF*
  - Michael Cunha - CIA, alleged WSU AFROTC psych medical doctor candidate, later appears Mark Gross, NYC international investment banker. Likely also tour guide on PSNS nuclear submarine pump inculcation tour. Based upon very similar morphology, there is also a possible connection to Vito Perillo, Chairman and Founder, Pacific Pipeline, Kent, Washington book distributor and FBI bookstore surveillance operation which employed Lead Plaintiff from 1995 to 1996.
  - Paul Yarbrough, allegedly USAF Captain, later Vindman – NSC, brother-in-law by marriage to Jeanette from 1990 to 2005.
  - Classified USAF pulse jet daylight operations siting in restricted airspace southwest of Hill AFB orchestrated and directed to Lead Plaintiff during February 2008 ski vacation while trafficked to and employed at the illegal FBI cover operation Establish, Fort Lee, NJ, Lead Plaintiff's last permitted employment.
- *Navy*
  - PSNS nuke submarine pump personal inculcation attempt, likely by CIA Cunha/Gross while Lead Plaintiff was employed at CNA Industrial Engineering, Bellevue, Washington, an illegal FBI domestic spying operation.
- *CNA Military Related Contacts – as Defense Subcontractor*
  - Boeing Delta IV – CNA as material handling systems design subcontractor to The Austin Company.
  - PSNS Waterfront Improvement engineering study - CNA as subcontractor.
  - Hughes Satellite post-launch solar array deployment failures – CNA employee Art Thompson.
  - Zetec – non-destructive test services defense aviation and nuclear power – directly managed by Lead Plaintiff
  - Media Arts Group interim project manager – CIA agent in southeast Asia on U.S. hiatus, returned to Thailand, name not recollected
- *Performa Military Related Contacts – Defense Subcontractor*
  - Aerodyne procurement software - Bogus sales lead provided through Technology Sales Leads, Boston, Massachusetts during that FBI starve-out of Performa from September 2002, which resulted in forced sale of residence and loss of all possessions by December 2005, for trafficking to homelessness in Boston until August 2007 trafficking by FBI Rosenberg to Establish, Fort Lee, NJ
- *WSU CIA contact*
  - Michael Cunha - CIA/military, alleged WSU AFROTC psych medical doctor candidate, later appears Mark Gross, NYC international investment banker. Likely also tour guide on PSNS nuclear submarine pump inculcation tour.

- *Deloitte CIA Related Contacts*
  - Saudia Airlines – Deloitte cover - John Blair, Gerald Thorpe
  - South Africa ATM – Deloitte cover - David Moller, later known as Roger Stone
  - Palau ERP – USDOJ – Deloitte cover - Timothy Easton, Gerald Thorpe
- *LazerSoft/LaserAccess*
  - David Moller CIA (Roger Stone, long-time Republican political operative) as temporary CEO, replaced by me after approximately 90 days
  - Patrick Heffron CIA (William Burns) as key investor, actually BRMT program executive and funder, now CIA director
- *Winnett Perico and subsequent entities*
  - Michael Cunha - CIA, alleged WSU AFROTC psych medical doctor candidate, later appears Mark Gross, NYC international investment banker. Likely also tour guide on PSNS nuclear submarine pump inculcation tour.

**OTHER PARTICIPANTS - Possible BRMT and Racketeering Enablers – Witting or Unwitting**

	Warren Wilkins, Colonel, Washington Army National Guard, was employed as a salesperson at LazerSoft from approximately 1986 to 1989. He left in late 1988 soon after his apparent role in dissuading a Walden venture capital investment in LazerSoft citing a lack of sales backlog. Wilkins then returned to LazerSoft upon my termination, when the company was purchased by Pacer, Bothell, Washington, a Wembley plc company. Encountered by Lead Plaintiff between 1986-1989.
	Name not currently recollected, a reporter who recently appear on MSNBC reporting from Tel Aviv, was known to me during this same time period as an employee of CNA, the industrial engineering consulting company I worked for from 1996, then ran until September 2002. He left CNA to join HomeGrocer, a client and internet food startup, in 1999. Distinctive for his blond curly hair. E Encountered by Lead Plaintiff between 1996 and 2001.



Sept. 13, 2023, 10:39 a.m. ET  
Amanda Holpuch



"I can assure you he will not escape while he is in our custody," Lt. Col. George Bivens of the Pennsylvania State Police said as the news conference on the capture of Danelo Calvacante ended. He said that after Cavalcante is transferred to a state prison, "I have every confidence that they will be able to safely and securely house him as well."



Source: Screenshot from search result at [nytimes.com/live/us/pa-fugitive-captured-Danelo-Cavalcante?.....](https://www.nytimes.com/live/us/pa-fugitive-captured-Danelo-Cavalcante?hpid=hp_t-america%3Apolice%3Ahomepage%3Fhpa-fugitive-captured-Danelo-Cavalcante&hpt=hp_t-america%3Apolice%3Ahomepage%3Fhpa-fugitive-captured-Danelo-Cavalcante)

Lt. Col. George Bivens, Pennsylvania State Police, fka John Steele, Project Superintendent, Alliance Environmental Services, on the Port of Seattle Concourse B, C, D improvement project. Promoted by me (likely with a BRMT assist) to this role from his asbestos laborer role during the FBI wrecking of Steve's Maintenance/Alliance Environmental Services during that involuntary servitude episode. The dual purpose of the wrecking was to remove traceable records of that intelligence operation and sustain control of certain principal human subjects of BRMT, including the Lead Plaintiff. Encountered by Lead Plaintiff between about 1991-1992.

John Steele (Bivens) may have been assigned the undercover role as an employee of Alliance as a result of the work of Gregory R. Boyle, the first and second ex-husband of Lead Plaintiff's first wife, Lynne, as a malign referral by that head of the Green River Killer Task Force, which was then searching for Gary Leon Ridgway. Ridgway was subsequently convicted of 48 murders and confessed to 71 total.

FBI and/or CIA likely also have brought in various police powers operations in pursuit of their criminal intent related to sustaining the BRMT human experiments/bioweapons development, and involuntary servitude/trafficking operations against Lead Plaintiff. I did travel extensively during 1980-1986 and 1996-2004 at their surreptitious direction on illegal domestic intelligence operations (illegal general searches) known to Lead Plaintiff at the time as consulting assignments and consulting sales visits

## BRMT RELATED RACKETEERING CIVIL RIGHTS CRIMES - RELATIONSHIP EMPLOYMENT ASSET STRIPPING HACKS

Involuntary Servitude/Trafficking/Mobility Hacks as integrated into BRMT and psy ops with other civil rights violations and racketeering

Programmed Relationship Destruction incorporating – Oxytocin first (Lynne); second episodic disappearances (Jeanette); ED provocation campaign (Marinka, add Yale psych review), oxytocin and remote asset stripping (Laura); ED, erratic dates, and jealousy provocation campaign (Gia).

Forced Relocations/Trafficking by orchestrated displacements and housing instability, incorporating programmed losses of assets (personal, real, financial)

Redmond – improve landscaping, divorce/oxytocin forces house sale

Kirkland – rebuild house, Performa sales leads starve out and ShipNow bad checks, expensive dragged out compensation theft litigation with CNA combine to force liquidation of assets. ClubFed baits for Boston relocation (fear campaign in Kirkland accompanies this) using Lisa Randall Harvard book and Scientific American cover (2005). 21 months homeless in Boston including 17 months in Pine Street Inn.

Cliffside Park – trafficked from Boston, fake employment 10 months to job loss and homeless displacement to Bergen Regional, then 6 months to rehouse under state mental health housing stability program

Ramsey – ran thru 5 year cash assistance grant, then to Social Security and Laura/oxytocin funds extract, then furniture and improvements to residence, then Section 8 pops up

Edgewater - Section 8 in, pay for security deposit and all furnishings, property foreclosure gets lease timing out of synch with Section 8 renewal to create conditions for (potential) loss of security deposit on forced exit if Section 8 is not renewed (most feasible method is mail fraud and wire fraud)

### Employment Restraints/Forced Labor/Network Capture and Retention

Mail and wire frauds – resume diversions, applications diversions

Captive headhunters and embeds

Capture for network trafficking/employment/unemployment

Reputation management to sustain capture and indentured servitude