

Decision Memorandum

To: [DECISION MAKER]

From: [NAME]

Date: [DATE]

Re: Proposed complaint and records request concerning potentially unauthorized treatment and related billing

Decision Needed

Decide whether to send a formal, non-accusatory complaint, records request, and preservation notice to [PROVIDER / FACILITY], with a copy to [HEALTH PLAN / INSURER], concerning a potentially unauthorized treatment, service, device, or related insurance claim.

Material Risks

- **Insufficient evidence:** The currently available articles about purported scalar-wave, vibrational-energy, bioenergetic, and AI-supported interventions do not establish that any such treatment was provided, clinically validated, medically necessary, authorized, or improperly billed in this matter.
- **Overstatement risk:** Alleging fraud, intentional misconduct, or a specific unauthorized intervention before reviewing the complete medical, consent, and billing record could undermine credibility and provoke an avoidable dispute.
- **Timing and preservation risk:** Delaying a written request may make it harder to obtain or preserve relevant consent records, portal communications, audit logs, device or treatment logs, coding records, and insurer-claim information.
- **Financial and health risk:** Unresolved charges may proceed to collections, and any ongoing treatment should be evaluated promptly with an independent, appropriately qualified clinician if there is a concern about safety, informed consent, or medical necessity.

Options

Option 1 — Send the complaint, records request, and preservation notice now

Submit the draft to the provider's patient-relations/compliance and billing offices, and provide the insurer a focused dispute notice. The request should seek factual clarification, complete records, an itemized billing and claim history, and a temporary hold on collection activity, without asserting unverified wrongdoing.

Advantages: Creates a dated record; seeks preservation; identifies the services and claims at issue; and preserves flexibility for a later clinical, insurance, regulatory, or legal review.

Disadvantages: May require follow-up and may result in a provider response that is incomplete or defensive.

Option 2 — Obtain records informally before filing a complaint

Request medical and billing records through the patient portal or medical-records office, then decide whether to escalate.

Advantages: Lower-conflict first step and may resolve a simple documentation or billing misunderstanding.

Disadvantages: Does not expressly request preservation, may delay resolution, and may not elicit internal compliance or billing-review records.

Option 3 — Take no action pending additional information

Wait for additional bills, explanations of benefits, or recollection of events.

Advantages: No immediate administrative burden.

Disadvantages: Creates the greatest risk of lost evidence, missed dispute or appeal deadlines, continued collection efforts, and an incomplete factual record.

Recommendation

Choose Option 1. Send the formal complaint, records request, and preservation notice promptly, using neutral language and limiting assertions to documented concerns and requests for clarification. The current record supports an inquiry into consent, treatment documentation, coding, and claims submission; it does not support alleging fraud, conspiracy, or clinical misconduct as established fact.

Next Step

Complete the placeholders in the draft with the provider, dates of service, disputed charges, claim or explanation-of-benefits numbers, and requested delivery email. Send it by a trackable method, retain a complete copy with attachments, and calendar the requested response date. On receipt of the records, compare each documented service, consent record, code, and claim against the patient's timeline before deciding whether to pursue an insurer appeal, professional/regulatory complaint, or legal review.