

COMPLAINT
RCW 48.80 Health Care False Claim Act
RCW 9.45.100 Fraud in assignment for benefit of creditors
RCW 9A.28.040 Criminal conspiracy

Molen Orthodontics Financial Specialist Kirsten Joy Juth
Kelli Lynn Hamilton the insured (Delta Dental)

March 25, 2022

HEALTHCARE FACILITY: Molen Orthodontics
1110 Harvey Rd.
Auburn, WA 98002
253-939-2552
UBI #: 600 173 687
RICHARD L MOLEN DDS # DE00008621



HEALTHCARE PROVIDER: Kirsten Joy Juth
Financial Specialist Molen Orthodontics
DOB: September 2, 1966



Kirsten Joy Juth

ADDRESS: 5852 Marshall Place SE
Auburn, WA. 98092

INSURED PERSON: Kelli Lynn Hamilton
DOB: April 1, 1970
SSN: 542-11-1459

ADDRESS: 16807 SE 354th Pl
Auburn, WA. 98092
650-302-9530



Kelli Lynn Hamilton

INSURANCE COMPANY: Delta Dental

COMPLAINANT:

[REDACTED]

PATIENT NAME:

[REDACTED]

RELATIONSHIP TO PATIENT:

[REDACTED]

DATES:

January 2022 – March 2022

COMPLAINT NARRATIVE:

[REDACTED] My child, [REDACTED] is a patient of Molen Orthodontics. I enjoy full legal custody of my child. Per Washington State Superior Court Order, I am financially responsible for 20% of all out of pocket uninsured medical expenses incurred for my child. Kelli Lynn Hamilton is my daughter's mother. Ms. Hamilton is financially responsible for 80% of all out of pocket uninsured medical expenses incurred for our child.

On 12-15-21 Kelli Hamilton, sent to me via email the attached Molen Orthodontics Orthodontic Treatment Payment Options Payment Plan Option sheet dated 12-09-21 (the "payment plan"). This payment plan estimated an out-of-pocket payment in full for \$8,980.00 to Molen Orthodontics for our daughter's braces. The payment plan listed a 5% cash discount and an estimated insurance benefit of \$0.00 for a total patient investment of \$8,531.00 if the total due was paid by cash or via credit card. A true and correct copy of the payment plan is attached to this complaint.

On 01-19-22 my daughter began her treatment plan with Molen Orthodontics.

On 02-2-22 Kelli Hamilton sent me an email message demanding to know when I was going to pay Molen Orthodontics my (father's) 20% obligation for unreimbursed out of pocket medical expenses for our daughter's braces. Mrs. Hamilton claimed my 20% obligation was outlined in the 12-09-21 payment plan based on a total of \$8,531.00 which was to be paid directly to Molen Orthodontics. My 20% obligation based on a total cost of \$8,531.00 was \$1706.20.

On 02-03-22 I telephoned Molen Orthodontics Treatment Coordinator Alissa @ (253) 735-7736 to confirm what total treatment plan cost was due for my daughter's treatment after insurance, and after the application of any cash discounts. Alissa was not available and I left a voice message.

Less than an hour later I received a return telephone call from Molen Orthodontics Finance Specialist Kristen Joy Juth.

After a brief discussion, Mrs. Juth explained to me she was aware of the provisions of the Washington State child support order regarding unreimbursed out of pocket medical expenses for my daughter, my (father's) obligation to pay 20% of unreimbursed out of pocket medical expenses, and that my 20% obligation was 20% of \$8,531.00 for a total of \$1706.20 if paid via check or credit card directly to Molen Orthodontics.

Mrs. Juth explained this \$1706.20 total represented 20% (after 5% cash discount) of the 12-09-21 payment plan quote of \$8,531.00 for unreimbursed out of pocket medical expenses for my daughter's braces.

I inquired of Mrs. Juth if Kelli Hamilton was paying Option 1 or Option 2 of the payment plan.

Mrs. Juth claimed she could not discuss Mrs. Hamilton's payments or her financial agreement.

I inquired of Mrs. Juth if Kelli Hamilton was being reimbursed via medical or dental insurance for any portion of the total cost (\$8,531.00) outlined in the 12-09-21 payment plan.

Mrs. Juth claimed she could not discuss Mrs. Hamilton's payments or her financial agreement.

I inquired of Mrs. Juth how she calculated the my (father's) unreimbursed out of pocket medical expense obligation to be \$1706.20 or 20% of \$8,531.00 and if Ms. Hamilton was applying insurance to some or all of the total \$8,531.00 outlined in the 12-09-21 payment plan.

Mrs. Juth repeatedly insisted that while she could not discuss Ms. Hamilton's payment option or insurance if any, that my (father's) unreimbursed out of pocket medical expense obligation was \$1706.20 or 20% of \$8,531.00.

Mrs. Juth invited me to pay \$1706.20 via credit card over the phone explaining I would receive the 5% cash discount if I paid my 20% support obligation in total that day.

After some discussion and argument regarding if Mrs. Juth's \$1706.20 quote in fact represented 20% of UNREIMBURSED out of pocket medical expenses for my daughter's Orthodontic treatment at Molen Orthodontics, Mrs. Juth insisted multiple times that \$1706.20 represented my 20% obligation for UNREIMBURSED out of pocket medical expenses.

Mrs. Juth again invited me to pay \$1706.20 via credit card over the phone explaining I would receive the 5% cash discount if I paid my 20% support obligation in total that day.

I declined to pay the \$1706.20 solicited by Mrs. Juth and I informed Mrs. Juth I would follow up with Ms. Hamilton to verify that my (father's) unreimbursed out of pocket medical expense support obligation was in fact \$1706.20 or 20% of \$8,531.00.

After the telephone call with Mrs. Juth, I sent Ms. Hamilton an email on 02-03-2022 inquiring as to which option Ms. Hamilton chose for payment outlined in the 12-09-21 Molen Orthodontics payment plan.

The next day on 02-04-2022 Kelli Hamilton forwarded to me an email containing Delta Dental insurance coverage that Ms. Hamilton was applying to the 12-09-21 payment plan total as well as an email communication from Molen Orthodontics Finance Specialist Kristen Joy Juth. A copy of Ms. Hamilton's 02-04-2022 email is attached to this complaint.

In her email communication to Ms. Hamilton, Mrs. Juth explains the application of \$2000.00 from Ms. Hamilton's Delta Dental insurance coverage as well as **the father's true 20% unreimbursed out of pocket medical expense obligation of \$1306.20 not \$1706.20.** This \$1306.20 is \$400 less than the \$1706.20 Ms. Juth attempted to solicit from me just 24 hours earlier.

Mrs. Juth's 02-04-2022 quote of \$1306.20 for the father's true 20% unreimbursed out of pocket medical expense obligation to the mother Kelli Hamilton was \$400.00 less than the quote (\$1706.20) Mrs. Juth provided to me as health care payer less than 24 hours prior.

Molen Orthodontics Finance Specialist Kristen Joy Juth was fully aware Kelli Hamilton was applying a \$2000.00 insurance benefit to the payment plan of our daughter's braces with Molen Orthodontics but chose to intentionally conceal this fact from me even after I inquired about it.

Molen Orthodontics Finance Specialist Kristen Joy Juth falsely insisted on multiple occasions on my 02-03-2022 telephone call with her that my (father's) unreimbursed out of pocket medical expense obligation was \$1706.20 or 20% of \$8,531.00. However, this was not true and Ms. Juth knew this not to be true. Ms. Juth knew at the time her quote of \$1706.20 was \$400.00 more than I was obligated to pay.

Molen Orthodontics Finance Specialist Kristen Joy Juth attempted to collect from me over \$400.00 more than my Washington State 20% support obligation for unreimbursed out of pocket medical expenses in relation to my daughter's braces.

On 02-12-2022 I mailed to Molen Orthodontics a Cashier's Check # 0030345901 in the amount of \$1306.20 representing payment in full of my (father's) new 20% out of pocket medical (orthodontics) expense obligation. A copy of the receipt of this payment is attached. Note: it is unknown if this payment represents a true and correct 20% of unreimbursed out of pocket medical expenses for my daughter's Molen Orthodontics treatment.

**COMPLAINT – KRISTEN JOY JUTH AND KELLI LYNN HAMILTON
VIOLATIONS OF THE HEALTH CARE FALSE CLAIM ACT**

RCW 48.80.030(1) A person shall not make or present or cause to be made or presented to a health care payer a claim for a health care payment knowing the claim to be false.

Kristen Joy Juth, Molen Orthodontics Financial Specialist, a person, knowingly presented a false claim for health care payment of \$1706.20 to me, a health care payer, multiple times on 02-04-2022.

Kelli Lynn Hamilton, insured by Delta Dental, a person, knowingly presented a false claim for health care payment of \$1706.20 to me, a health care payer, multiple times on 02-02-2022.

RCW 48.80.030(3) No person shall knowingly make a false statement or false representation of a material fact to a health care payer for use in determining rights to a health care payment. Each claim that violates this subsection shall constitute a separate violation.

Kristen Joy Juth, Molen Orthodontics Financial Specialist, a person, knowingly made false statements and made false representations of material fact that my financial payment obligation was \$1706.20, to me, a health care payer, multiple times via telephone on 02-04-2022, when in fact my actual financial obligation was \$1306.20.

Kelli Lynn Hamilton, a person, insured by Delta Dental, knowingly presented a false claim for health care payment of \$1706.20 to me, a health care payer, multiple times on 02-02-2022.

RCW 48.80.030(4) No person shall conceal the occurrence of any event affecting his or her initial or continued right under a contract, certificate, or policy of insurance to have a payment made by a health care payer for a specified health care service. A person shall not conceal or fail to disclose any information with intent to obtain a health care payment to which the person or any other person is not entitled, or to obtain a health care payment in an amount greater than that which the person or any other person is entitled.

Kristen Joy Juth, Molen Orthodontics Financial Specialist, a person, knowingly concealed and failed to disclose requested health care payer financial information with the intent to obtain a health care payment to which Molen Orthodontics was not entitled in an amount greater than that which Molen Orthodontics or Kelli Lynn Hamilton was entitled.

Kelli Lynn Hamilton, a person, insured by Delta Dental, knowingly concealed and failed to disclose requested health care payer financial information with the intent to obtain a health

care payment to which Molen Orthodontics was not entitled in an amount greater than that which Molen Orthodontics or Kelli Lynn Hamilton was entitled.

**COMPLAINT – KRISTEN JOY JUTH AND KELLI LYNN HAMILTON
VIOLATIONS OF RCW 9A.28.040 – Criminal Conspiracy
VIOLATIONS OF RCW 9.45.100 - Fraud in assignment for benefit of creditors.**

Upon information and belief Kristen Joy Juth, Molen Orthodontics Financial Specialist a person, and Kelli Lynn Hamilton, insured by Delta Dental, a person, knowingly engaged in a criminal conspiracy to defraud a health care payer per RCW 9A.28.040 and RCW 9.45.100 in the amount of \$400.00 in an illegal scheme to unjustly enrich Kelly Lynn Hamilton.

REQUEST FOR INVESTIGATION AND REFERRAL FOR PROSECUTION

On 02-28-2022 I sent to Molen Orthodontics management via certified USPS Mail a formal letter of complaint including a request for an investigation and a request for written confirmation my payment of \$1306.20 represents a true and accurate 20% cost for unreimbursed out of pocket medical expenses for my daughter's treatment. My certified letter to Molen Orthodontics management was received by Molen Orthodontics on 03-01-2022 and signed for by Molen Orthodontics employee Bridgette DeFrance. My 02-28-2022 letter to Molen Orthodontics management is attached to this complaint.

Molen Orthodontics management did not respond to my complaint. Nor did Molen Orthodontics management confirm \$1306.20 represents a true and accurate 20% cost for unreimbursed out of pocket medical expenses for my daughter's treatment.

I formally request an investigation into this matter and into the false representations of Kristen Joy Juth and Kelli Lynn Hamilton under RCW 48.80 The Health Care False Claim Act, RCW 9.45.100 Fraud in assignment for benefit of creditors, and RCW 9A.28.040 Criminal conspiracy as well as any other law applicable to false representations to a health care payer.

I also formally request an order or directive to compel Molen Orthodontics to confirm the true and correct total cost for unreimbursed out of pocket medical expenses for my daughter's treatment.

Thank you.

Sincerely,





Creating A Family Of Smiles
253-939-2552 • molensmiles.com
Auburn • Enumclaw • Sumner - Bonney Lake

Rick L Molen, D.D.S

Aaron D. Molen, D.D.S., M.S.

Bruce R. Molen, D.D.S

Chris Eitzen, D.D.S

December 9, 2021

Ms. Kelli Hamilton
16907 SE 354th Pl
Auburn, WA 98092

Dear Ms. Hamilton,

Thank you for allowing us to complete [REDACTED] orthodontic examination. Below you will find a summary of our findings and recommendations:

Findings:

- The back teeth do not fit together properly. Over time, this can lead to excessive wear of the back teeth and jaw joint problems.
- The upper front teeth are too far in front of the lower front teeth
- The upper front teeth overhang the lower front teeth too much. This is called a deep bite and it has already begun to wear down the lower front teeth. Left untreated, the teeth will continue to wear.
- The upper and lower jaws are narrow in width
- Crowding of both the upper and lower teeth is present
- Both of the upper lateral incisors are smaller than normal

Recommendations:

- ✓ Orthodontic treatment is recommended to improve the function of the bite and the aesthetics of the smile.
- ✓ Damon braces will be used to custom design the smile, align the teeth, & detail the bite.
- ✓ Rubber bands will need to be worn to correct the bite. Failure to wear them full-time will prevent us from ideally finishing the bite.
- ✓ Temporary build-ups will be needed to idealize the size and shape of the small lateral incisors. Your dentist will do permanent restorations in the future.
- ✓ Clear, removable retainers will be used at the end of treatment to maintain the orthodontic correction. These retainers are guaranteed forever and replaced at no charge if something happens to them. This helps ensure that [REDACTED] beautiful new "Molen Magic Smile" lasts a lifetime!
- ✓ At your convenience, please call our office to schedule an appointment to begin orthodontic treatment.

You can review what we talked about and learn more by visiting our YouTube channel at www.YouTube.com/MolenOrthodontics. Following are a few links to videos specific to your treatment plan:

- Welcome to the Molen Family: <https://youtu.be/rE463E5CY0A>
- The Molen Story: <https://youtu.be/hwGiih6DFTs>
- The Art of Smile Design: <https://youtu.be/23cKLtcFve8>
- Deep Bite: www.youtube.com/watch?v=5FJ1WI-CO-A
- Damon Braces: <https://youtu.be/xSTPjAbkvl0>
- Lateral Incisor Build-Ups: www.youtube.com/watch?v=U-OWcAIF4sw

If you have any questions concerning our recommendations, please feel free to email or call your Treatment Coordinator, Alissa, directly at 253-735-7736 or Alissa@molensmiles.com. We are looking forward to seeing you again soon!

Sincerely,

A handwritten signature in black ink that reads "Dr. Rick Molen".

Rick Molen, DDS



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 Auburn • Enumclaw • Sumner - Bonney Lake

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Bruce R. Molen, D.D.S

Chris Eitzen, D.D.S

December 9, 2021

Orthodontic Treatment Payment Options

Patient: [REDACTED]
 Responsible Party: Kelli Hamilton

Treatment Type: Child Comprehensive TX

Investment for Orthodontic Treatment:	\$8,980.00
*Estimated Insurance Benefit:	(\$0.00)
:	\$0.00

Out of Pocket Investment: \$8,980.00

We pride ourselves in offering the highest quality of care and service to all patients; the following is also included in your orthodontic investment:

- Photographs and X-rays
- Custom Diagnosis and Treatment Planning
- Molen Home Care Kit
- Appliances and All Treatment Visits
- Comfort Appointments
- The **Original Retainers for a Lifetime** Program and all Retainer Follow-up Appointments
- Bonded Lower Retainer
- Patient Rewards Program
- 0% In-House Financing
- 24/7 Emergency Line

PAYMENT PLAN OPTION

Option 1

Payment in full	
\$8,980.00	Patient Investment
\$ 449.00	5% Courtesy
\$8,531.00	Initial payment

Option 2

Interest free in-office payments	
\$1,000.00	Initial payment
31	Monthly payments
\$260.00	Payment amount

We are committed to not allow finances to create a barrier for our patients who really desire treatment and will work with you to develop a plan that fits within your budget. Please feel free to call us at 253-939-2552 and ask to speak with your Treatment Coordinator if you would like to discuss alternative payment options.

*I understand this is only an estimate and that I am personally responsible for any balance not paid by the insurance carrier.

Hi Kelli,

He did call yesterday and left a voicemail so I called him back at the end of the day. He wanted documentation showing everything, including what you had paid and what insurance was going to pay. I let him know I could only give him the total fee, but was unable to give him any information regarding your payments or insurance. He said he wasn't able to pay until he had that information in writing.

You should be receiving a total of \$2000 from DD of CA, as long as the plan is still active next January when the 2nd payment is issued (you should receive \$1000 in the next 30 days and then another \$1000 next Jan or Feb). The \$2000 is based on the out-of-network lifetime max for your plan. Because the payments will be coming directly to you, it's up to you how you want to handle the insurance and Jamey's portion.

If you want to have him pay based off the net fee after insurance and the Pay in Full courtesy, then his portion would be \$1306.20. This would mean that you would need to pay the difference of \$400 that would still be remaining due. Let me know if you have any questions.

Warm Regards,

Kristen Juth
Finance Specialist
O: (2<tel:(253)%20939-2552>53) 939-2552
D: (<tel:(253)%20939-2552>253) 735-7732

[cid:f0a860f5-a5c5-4f93-af24-c941a9084a77]

Facebook<<https://www.facebook.com/molenorthodontics/>> | Twitter <<https://twitter.com/MolenOrtho>> |
Instagram<<https://www.instagram.com/molenorthodontics/>> |
Pinterest<<https://www.pinterest.com/molenortho/?etslf=6089&eq=molen%20orthodontics>> |
YouTube<<https://www.youtube.com/user/MolenOrthodontics>>

"This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. Please notify us immediately at (253)-939-2552<tel:%28253%29-939-2552> if you have received this message in error and securely destroy all copies of this message."



Primary Enrollee

Kelli Hamilton

Delta Dental PPO™

Provided by Delta Dental of California

Enrollee ID

Group number

Claims

Delta Dental dentists file claims for you. You only need to file a claim if you've seen an out-of-network dentist. If your dentist asks for a claims address, please provide the following:

Mail claims to:

Delta Dental of California
PO Box 997330
Sacramento, CA 95899-7330

Or, they can log in to Provider Tools at:

deltadentalins.com/roche

For questions about claims, contact us at:

888-335-8227

Learn more about [how to file a claim](#).

Disclaimers

This card is for informational purposes only and is not a guarantee of coverage. Please contact Delta Dental of California to confirm coverage at the time of your appointment.

ELIGIBILITY & BENEFITS SUMMARY

Benefit information is based on our records as of 02/04/2022

Enrollee Name: **Kelli Hamilton**
 Date of Birth: [Redacted]
 Enrollee ID: [Redacted]
 Plan Name: [Redacted]
 Plan Number: [Redacted]
 Effective Date: [Redacted]
 End Date: [Redacted]
 Eligibility Status: [Redacted]
 Program Type: [Redacted]

Family Member Name: [Redacted]
 Family Member Effective Date: **07/19/2010**
 Family Member ID: [Redacted]
 Family Member End Date: [Redacted]
 Family Member Date of Birth: [Redacted]
 Family Member Eligibility Status: **Active**

Family Members Eligibility Status List

Name	Relationship	Spoken Language <input type="checkbox"/> Apply to All	Date of Birth	Effective Date	End Date	Eligibility Status
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	Dependent	English	[Redacted]	07/19/2010		Active

Benefits and Covered Services

For detailed information per procedure code, select a link from the Treatment Type listed below.



Treatment Type	Description	Contract Benefit Level		
		Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Delta Dental Dentist (Benefits based on contract allowance)
Diagnostic	Oral Exams and X-Rays	100%	100%	100%
Preventive	Routine Cleanings and Fluoride Treatment	90% - 100%	90% - 100%	90% - 100%
Restorative	Restorative Procedures	70% - 90%	70% - 90%	70% - 90%
Endodontics	Root Canals	90%	90%	90%
Periodontics	Gum Treatment	90% - 100%	90% - 100%	90% - 100%
Prosthodontics; Removable	Partial Dentures, Full Dentures	70%	70%	70%
Prosthodontics; Fixed	Inlays, Onlays, Bridges	70%	70%	70%
Oral & Maxillofacial Surgery	Tooth Extraction	70% - 90%	70% - 90%	70% - 90%
Orthodontics	Orthodontic Related Services	70%	70%	70%
Adjunctive General Services	Miscellaneous Services	70% - 100%	70% - 100%	70% - 100%
Implant Services	Implant Related Services	70% - 90%	70% - 90%	70% - 90%

Maximums

Maximum dollars used for one Provider Network, will apply across all Networks.

Type	Program Maximum (Applies to the following services)	Network	Amount	Remaining

Calendar Individual Maximum	Accumulation period for this program (01/01/2022-12/31/2022) Diagnostic Accumulation period for this program (01/01/2022-12/31/2022) Adjunctive General Services Endodontics Implant Services Oral & Maxillofacial Surgery Other Restorative Services Periodontics Preventive Prosthodontics; Fixed Prosthodontics; Removable Restorative Temporomandibular Joint (TMJ)	Non-Delta Dental Dentist (Benefits based on contract allowance) Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance)	\$2000.00	\$1766.00
Lifetime Individual Maximum	Oral & Maxillofacial Surgery Orthodontics	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist	\$2500.00	\$1500.00
Lifetime Individual Maximum	Oral & Maxillofacial Surgery Orthodontics	Non-Delta Dental Dentist (Benefits based on contract allowance)	\$2000.00 	\$1000.00

Deductibles

Deductible amounts satisfied for one Provider Network, will apply across all Networks.

Type	Program Deductible (Applies to the following services)	Network	Amount	Remaining
Carryover Family Deductible	Accumulation period for this program (01/01/2022-12/31/2022) Adjunctive General Services Endodontics Implant Services Oral & Maxillofacial Surgery Other Restorative Services Periodontics Preventive Prosthodontics; Fixed Prosthodontics; Removable Restorative Temporomandibular Joint (TMJ)	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance)	\$100.00	\$50.00
Carryover Individual Deductible	Accumulation period for this program (01/01/2022-12/31/2022) Adjunctive General Services Endodontics Implant Services Oral & Maxillofacial Surgery Other Restorative Services Periodontics Preventive	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist (Benefits based on contract allowance)	\$50.00	\$0.00

Prosthodontics; Fixed
Prosthodontics; Removable
Restorative
Temporomandibular Joint (TMJ)

Family Members Waiting Periods Summary

Treatment Type	Effective Date	End Date
Some programs require patients to wait a certain length of time before they are eligible to receive certain types of services. This coverage has no waiting period.		

Other Provisions

Basis of Payment	N/A
Child Covered to Age	26
Student Covered to Age	26
Missing Tooth Coverage	N/A
Orthodontic Age Limit	Click Here for age limits.
Orthodontic Payment	Following the initial claim payment, the remaining orthodontic benefit will be paid within 12 months provided there has been no lapse in coverage.
Removal of Impacted Teeth	If the removal of impacted teeth with procedure codes D7220, D7230, D7240 or D7241 is covered under your plan, claims should first be submitted to your dental plan.

Optional Benefits

SmileWay® Wellness Benefits	This program allows additional benefits for patients with certain medical conditions (sign-up required).
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This information is based on our records and claims processed as of the day you accessed this system. This is not an authorization, nor a guarantee of eligibility, benefits, or payment.

User Terms and Conditions | Web Privacy Notice | ?? Delta Dental Current Dental Terminology (CDT) ?? American Dental Association (ADA). All rights reserved.

February 28, 2022

Molen Orthodontics
16202 64th ST. E. STE 103
Sumner, WA. 98390

VIA CERTIFIED US MAIL # 9410 8036 9930 0146 9032 05

RE: FORMAL COMPLAINT – FINANCIAL SPECIALIST KRISTEN JUTH MEDICAL BILLING MALPRACTICE

To whom it may concern,

On 12-15-21 Kelli Hamilton, my daughter's mother sent to me via email the attached Molen Orthodontics Orthodontic Treatment Payment Options Payment Plan Option sheet dated 12-09-21 (the "payment plan"). This payment plan estimated an out-of-pocket payment in full of \$8,980.00 for our daughter's braces. The payment plan listed a 5% cash discount and an estimated insurance benefit of \$0.00 for a total patient investment of \$8,531.00 if the total due was paid by cash or via credit card.

As parent/father to my daughter, my Washington State child support obligation for unreimbursed out of pocket medical expenses for my daughter is 20%.

On 01-19-22 my daughter began her treatment plan with Molen Orthodontics.

At that point I never received any billing statements, invoices, or communications of any kind from Molen Orthodontics regarding my daughter's treatment plan or payment options.

On 02-2-22 Kelli Hamilton sent me an email message demanding to know when I was going to pay Molen Orthodontics my (father's) 20% obligation for unreimbursed out of pocket medical expenses for our daughter's braces. Mrs. Hamilton claimed my 20% obligation (\$8,531.00) was outlined in the 12-09-21 payment plan and was to be paid directly to Molen Orthodontics.

On 02-03-22 I telephoned Molen Orthodontics Treatment Coordinator Alissa @ (253) 735-7736 to determine what the actual total number was due for my daughter's treatment plan after insurance, and after the application of any cash discounts. Alissa was not available and I left a voice message.

Less than an hour later I received a return telephone call from Molen Orthodontics Finance Specialist Kristen Juth.

After a brief discussion, Mrs. Juth explained to me she was aware of the provisions of the Washington State child support order regarding unreimbursed out of pocket medical expenses for my daughter, my (father's) obligation to pay 20% of unreimbursed out of pocket medical expenses, and that my 20% obligation was 20% of \$8,531.00 for a total of \$1706.20 if paid via check or credit card directly to Molen Orthodontics.

Mrs. Juth explained this \$1706.20 total represented 20% (after 5% cash discount) of the 12-09-21 payment plan quote of \$8,531.00 for unreimbursed out of pocket medical expenses for our daughter's braces.

I inquired of Mrs. Juth if Kelli Hamilton was paying Option 1 or Option 2 of the payment plan.

Mrs. Juth claimed she could not discuss Mrs. Hamilton's payments or her financial agreement.

I inquired of Mrs. Juth if Kelli Hamilton was being reimbursed via medical or dental insurance for any portion of the total cost (\$8,531.00) outlined in the 12-09-21 payment plan.

Mrs. Juth claimed she could not discuss Mrs. Hamilton's payments or her financial agreement.

I inquired of Mrs. Juth how she calculated the my (father's) unreimbursed out of pocket medical expense obligation to be \$1706.20 or 20% of \$8,531.00 and if Ms. Hamilton was applying insurance to some or all of the total \$8,531.00 outlined in the 12-09-21 payment plan.

Ms. Juth repeatedly insisted that while she could not discuss Ms. Hamilton's payment option or insurance if any, that my (father's) unreimbursed out of pocket medical expense obligation was \$1706.20 or 20% of \$8,531.00.

Ms. Juth invited me to pay \$1706.20 via credit card over the phone explaining I would receive the 5% cash discount if I paid my 20% support obligation in total that day.

I declined to pay the \$1706.20 quoted by Ms. Juth and I informed Ms. Juth I would follow up with Ms. Hamilton to verify that my (father's) unreimbursed out of pocket medical expense support obligation was in fact \$1706.20 or 20% of \$8,531.00.

After the telephone call with Ms. Juth, I sent Ms. Hamilton an email on 02-03-2022 inquiring as to which option Ms. Hamilton chose for payment outlined in the 12-09-21 Molen Orthodontics payment plan.

On 02-04-2022 Kelli Hamilton sent me an email containing Delta Dental insurance coverage that Ms. Hamilton was applying to the 12-09-21 payment plan total as well as an email communication from Molen Orthodontics Finance Specialist Kristen Juth. In this email communication Ms. Juth explains the application of \$2000.00 from Ms. Hamilton's Delta Dental insurance coverage as well as **the father's true 20% unreimbursed out of pocket medical expense obligation of \$1306.20.**

Ms. Juth's 02-04-2022 quote of \$1306.20 for the father's true 20% unreimbursed out of pocket medical expense obligation to the mother Kelli Hamilton was \$400.00 less than the quote (\$1706.20) Ms. Juth provided to me as father less than 24 hours prior.

Molen Orthodontics Finance Specialist Kristen Juth was fully aware Kelli Hamilton was applying a \$2000.00 insurance benefit to the payment plan of our daughter's braces with Molen Orthodontics but chose to conceal this fact from me even after I inquired about it.

Molen Orthodontics Finance Specialist Kristen Juth falsely insisted on multiple occasions on my 02-03-2022 telephone call with her that my (father's) unreimbursed out of pocket medical expense obligation was \$1706.20 or 20% of \$8,531.00. However, this was not true and Ms. Juth knew this not to be true. Ms. Juth knew at the time her quote was \$400.00 more than I was obligated to pay.

Molen Orthodontics Finance Specialist Kristen Juth invited me to pay over \$400.00 more than my Washington State 20% support obligation for unreimbursed out of pocket medical expenses in relation to my daughter's braces.

On 02-12-2022 I mailed to Molen Orthodontics a Cashier's Check # 0030345901 in the amount of \$1306.20 representing payment in full of my (father's) real and true 20% out of pocket medical (orthodontics) expense obligation.

This letter and supporting attachments represent my formal complaint regarding medical and insurance billing malpractice on the part of Molen Orthodontics Finance Specialist Kristen Juth.

I request a formal investigation into this matter by Molen Orthodontics and a written letter of explanation and findings including formal confirmation by Molen Orthodontics management that my (father's) true total 20% unreimbursed out of pocket medical expense obligation per the 12-09-21 payment plan is in fact \$1306.20 and not in fact less.



Attachments: 12-09-21 Molen Orthodontics Orthodontic Treatment Payment Options Payment Plan (1 page)
12-04-21 Kristen Juth to Kelli Hamilton email and Delta Dental Insurance coverage (6 pages)