

No. **2025-9152**

**Official Order  
of the  
Texas Commissioner of Insurance**

**Date: 02/25/2025**

**Subject Considered:**

Medical Claims Negotiations LLC  
972 Route 45  
Pomona, New York 10970

Default Order  
TDI Enforcement File No. 36053

**General Remarks and Official Action Taken:**

This is a default order taken against Medical Claims Negotiations LLC (Respondent) because it failed to comply with requirements to maintain its third-party administrator (TPA) certificate of authority. Respondent did not respond to a Notice of Allegations mailed by the Texas Department of Insurance. This order revokes Respondent's certificate of authority.

The following findings of fact and conclusions of law are adopted.

**Findings of Fact**

**Failure to Respond to Notice of Allegations**

1. On December 5, 2024, the department sent a Notice of Allegations, attached as Exhibit A, to Respondent.
2. The department sent the Notice of Allegations to Respondent's last known address provided in writing to the department, 972 Route 45, Pomona, New York 10970.
3. Respondent received and waived an opportunity for a hearing because Respondent failed to send the department a written response to the Notice of Allegations within 20 days after the date the Notice of Allegations was mailed.

# 2025-9152

Commissioner's Order  
Medical Claims Negotiations LLC  
Page 2 of 4

4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

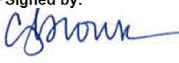
## Conclusions of Law

1. The commissioner has jurisdiction under Texas law, including TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.051–2001.178, 2001.003(1); and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.
2. The commissioner has authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE § 1.47.
3. The department provided proper notice to Respondent under TEX. GOV'T CODE §§ 2001.003(1), 2001.051, 2001.052, 2001.054, and 2001.056(4), and 28 TEX. ADMIN. CODE §§ 1.28 and 1.47.
4. Based on Respondent's failure to send the department a written response to the Notice of Allegations, the department is entitled to disposition by default under 28 TEX. ADMIN. CODE § 1.47.
5. Respondent failed to show compliance with the law.
6. The department's factual and legal allegations set out in the attached Notice of Allegations are incorporated in this order and deemed admitted as true under 28 TEX. ADMIN. CODE § 1.47.

## Order

It is ordered that the third-party administrator certificate of authority held by Medical Claims Negotiations LLC is revoked.

It is also ordered that Medical Claims Negotiations LLC cease and desist engaging in the business of a third-party administrator in Texas.

Signed by:  
  
FC5D7EDDFFB84F8...

Cassie Brown  
Commissioner of Insurance

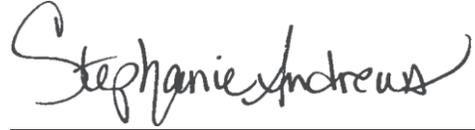
# 2025-9152

Commissioner's Order

Medical Claims Negotiations LLC

Page 3 of 4

Prepared and reviewed by:

A handwritten signature in black ink that reads "Stephanie Andrews". The signature is written in a cursive style with a large initial 'S'.

---

Stephanie Andrews, Staff Attorney  
Enforcement

# 2025-9152

Commissioner's Order  
Medical Claims Negotiations LLC  
Page 4 of 4

## Affidavit

**STATE OF TEXAS** §

§

**COUNTY OF TRAVIS** §

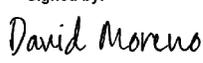
Before me, the undersigned authority, personally appeared David Moreno, who, being by me duly sworn, deposed as follows:

"My name is David Moreno, and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI's records concerning Medical Claims Negotiations LLC. I have confirmed that:

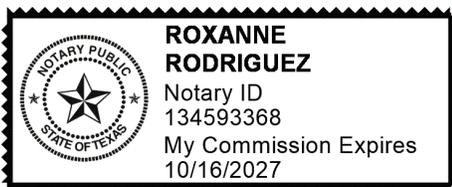
- a. The last mailing address provided to the department in writing by Medical Claims Negotiations LLC is 972 Route 45, Pomona, New York 10970.
- b. The file maintained by Enforcement contains a Notice of Allegations dated December 5, 2024, which was sent to Medical Claims Negotiations LLC.
- c. On December 5, 2024, the Notice of Allegations addressed to Medical Claims Negotiations LLC was mailed first-class and certified, return receipt requested, to its last known address.

Copies of the certified mail log maintained by Enforcement is attached as Exhibit B."

Signed by:  
  
5D7C5D222F2E4F3...  
Attiant

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 1/24/2025. This notarial act was an online notarization.

### Notary Seal



### Digital Certificate

DocuSigned by:  
  
C3FD016A04434A6...  
Notary Public State of Texas

2025-9152



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

December 5, 2024

Medical Claims Negotiations LLC  
c/o Rachel Wizel  
972 Route 45  
Pomona, New York 10970  
rachel@GMRHealthcare.com

*Via CM/RRR No.: 9214890194038390493712*

*Via Email*

**TDI ENFORCEMENT CASE NO. 36053  
NOTICE OF ALLEGATIONS AGAINST MEDICAL CLAIMS NEGOTIATIONS LLC**

The Texas Department of Insurance (TDI) seeks to take disciplinary action against Medical Claims Negotiations LLC (Medical Claims) to revoke its certificate of authority to act as a third party administrator. This Notice states the allegations against Medical Claims and the relief sought by TDI.

**YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS**

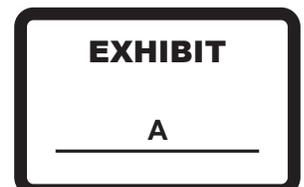
**YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW.** To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

If you fail to send a written response by the deadline, *you waive your right to a hearing*, and TDI may seek disposition by default under 28 TEX. ADMIN. CODE § 1.47, TEX. INS. CODE § 82.055, and TEX. GOV'T. CODE § 2001.056.

If you fail to send a written response by the deadline, without further notice to you, the commissioner of insurance may issue a default order that admits the factual matters asserted, deems all allegations as true, and orders the relief recommended in this Notice.

You must send your written response by mail, fax, or email to:

Stephanie Andrews, Staff Attorney  
Texas Department of Insurance  
Enforcement, MC ENF  
P.O. Box 12030  
Austin, Texas 78711-2030



(512) 490-1020 (Fax)  
stephanie.andrews@tdi.texas.gov

## **Jurisdiction**

The commissioner of insurance has jurisdiction over this matter under TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.051–2001.178; 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609; and TEX. GOV'T CODE § 2001.003(1).

## **Factual Allegations**

1. On May 16, 2018, TDI issued Medical Claims third party administrator (TPA) certificate of authority no. 2989324.
2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.
3. TPAs must file annual reports by June 30th of each year covering the preceding calendar year. The report must include an audited financial statement performed by an independent certified public accountant.
4. TPAs must pay a non-refundable \$200 filing fee for each annual report.
5. A TPA is subject to discipline, including revocation of its certificate of authority, if it fails to timely file its annual report.
6. Medical Claims failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2019-2023.

## **Legal Allegations**

1. Medical Claims failed to timely file annual TPA reports by June 30th on a form prescribed by the commissioner, in violation of TEX. INS. CODE §§ 4151.205 and 4151.301(14), and 28 TEX. ADMIN. CODE § 7.1609.
2. Medical Claims failed to pay the annual \$200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).

3. Medical Claims has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
4. Medical Claims has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

**Relief Sought**

TDI seeks the following relief:

1. revocation of your TPA certificate of authority;
2. an order mandating you cease and desist from engaging in the acts of a TPA in Texas; and
3. imposition of any other just and appropriate relief to which the department may be entitled to by law, including any combination of the above actions.

Respectfully,



---

Stephanie Andrews  
State Bar No. 24063672  
Texas Department of Insurance  
Enforcement, MC ENF  
P.O. Box 12030  
Austin, Texas 78711-2030  
(512) 676-6346 (Direct)  
(512) 490-1020 (Fax)  
stephanie.andrews@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF  
Ginger Loeffler, Litigation Director, Enforcement, MC: ENF

**CERTIFICATE OF SERVICE**

I, Stephanie Andrews, certify that a true and correct copy of this *Notice of Allegations Against Medical Claims Negotiations LLC* was sent by the following methods on this 5th day of December, 2024 to:

Medical Claims Negotiations LLC  
c/o Rachel Wizel  
972 Route 45  
Pomona, New York 10970  
rachel@GMRHealthcare.com

*Via CM/RRR No.: 9214890194038390493712*

*Via Email*

A handwritten signature in black ink that reads "Stephanie Andrews". The signature is written in a cursive style with a large initial 'S' and a long horizontal flourish at the end.

---

Stephanie Andrews

2025-9152

# Shipment Confirmation Acceptance Notice



## A. Mailer Action

**Note to Mailer:** The labels and volume associated to this form online, **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 12/05/2024

Shipped From:

Name: ENF R RODRIGUEZ

Address: 1601 CONGRESS AVE

City: AUSTIN

State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®	
Priority Mail®	
First-Class Package Service®	
Returns	
International*	
Other	1
Total	1

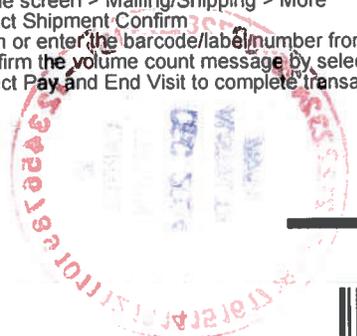
\*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

## B. USPS Action

Note to RSS Clerk:

1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

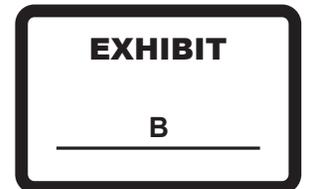
USPS EMPLOYEE: Please scan upon pickup or receipt of mail.  
Leave form with customer or in customer's mail receptacle.



USPS SCAN AT ACCEPTANCE



9275 0901 1935 6200 0057 4821 00



Andrews/36053



Name and Address of Sender  
ENF R. RODRIGUEZ  
1601 CONGRESS AVE  
STE 6,900  
AUSTIN TX 78701

- Check type of mail or service
- Adult Signature Required
  - Adult Signature Restricted Delivery
  - Certified Mail
  - Certified Mail Restricted Delivery
  - Collect on Delivery (COD)
  - Insured Mail
  - Priority Mail
  - Priority Mail Express
  - Registered Mail
  - Return Receipt for Merchandise
  - Signature Confirmation
  - Signature Confirmation Restricted Delivery

Affix Stamp Here  
(for additional copies of this receipt).  
Postmark with Date of Receipt.

USPS Tracking/Article Number	9214 8901 9403 8390 4937 12	Postage	0.69	(Extra Service) Fee	4.85	Handling Charge	Handling Charge - if Registered and over \$50,000 in value	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
Address (Name, Street, City, State, & ZIP Code™)	MEDICAL CLAIMS NEGOTIATIONS LLC C/O RACHEL WIZEL 972 ROUTE 45 POMONA, NEW YORK 10970													2.62			

RECEIVED  
DEC 06 2024  
TDI - ENFORCEMENT



Total Number of Pieces Listed by Sender	1	Total Number of Pieces Received at Post Office	1	Postmaster's Name of receiving employee	[Signature]
---	---	--	---	---	-------------

2025-9152