

**From:** [Renner, Jamie](#)  
**To:** [Van T. Jackson, Jr.](#)  
**Cc:** [Mishaan, Jessica](#)  
**Subject:** Your Public Records Request  
**Date:** Tuesday, September 21, 2021 5:14:57 PM  
**Attachments:** [Taconic Spine PRR 2021.09.21.pdf](#)

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Van:

You recently requested copies of complaints to our Office regarding Taconic Spine's recent letter to former / current patients in Vermont. See attached. We have redacted certain personal identifying information of complainants. As I indicated to you by phone, the office of the Vermont Health Care Advocate contacted our Office to relay its receipt of related complaints. As far as I am aware, to date, it has not sent us copies of those complaints.

Please let me know if you have any questions.

Regards,

Jamie

Jamie Renner  
Assistant Attorney General  
Office of the Vermont Attorney General  
109 State Street, Montpelier, VT 05609  
Dir: 802-828-5947

THOMAS J. DONOVAN  
ATTORNEY GENERAL

JOSHUA R. DIAMOND  
DEPUTY ATTORNEY GENERAL

SARAH E.B. LONDON  
CHIEF ASST. ATTORNEY GENERAL



STATE OF VERMONT  
OFFICE OF THE ATTORNEY GENERAL  
CONSUMER ASSISTANCE PROGRAM  
HOTLINE: (800) 649-2424  
FAX: (802) 304-1014

ADDRESS REPLY TO :  
Office of the Attorney General  
ATTN: Consumer Assistance Program  
109 State Street  
Montpelier, VT 05609

Website: ago.vermont.gov  
Email: AGO.CAP@vermont.gov

Consumer Complaint Form:

Reference Number: \_\_\_\_\_

**Consumer Information (Complaint By):**

Consumer First and Last Name: \_\_\_\_\_ Age: [REDACTED]

Submitted by: \_\_\_\_\_ (if filing on another's behalf.)

Organization Name: \_\_\_\_\_ (If filing on behalf of a business/organization.)

Mailing Address: [REDACTED]

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: [REDACTED] Phone Type (Please Select One): **Home** / Cell / Office / Other: \_\_\_\_\_

Email Address: [REDACTED]

Consumer identifies as: A Senior (60+) \_\_\_\_\_ Active Military \_\_\_\_\_ A Veteran \_\_\_\_\_ A Student \_\_\_\_\_ Under 18 \_\_\_\_\_

**Business Information (Complaint Against):**

Business Name \_\_\_\_\_ [REDACTED]

Point of Contact for Business: \_\_\_\_\_ (if applicable.)

Mailing Address: [REDACTED]

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Business: [REDACTED] Fax: \_\_\_\_\_

Email Address: [REDACTED]

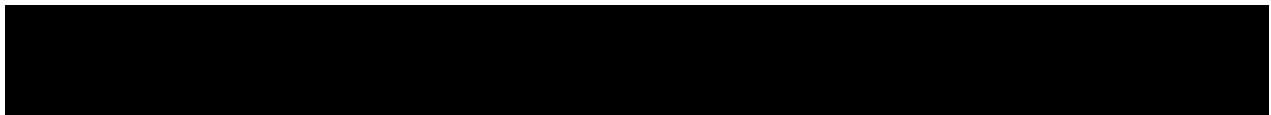
Website: \_\_\_\_\_

**\* PLEASE COMPLETE THE CONSUMER COMPLAINT FORM ON THE NEXT PAGE \***

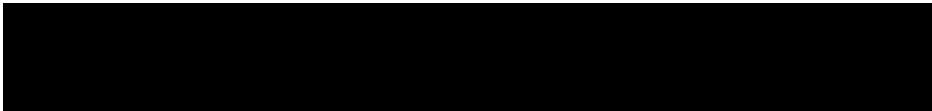
Amount of Loss: \_\_\_\_\_ How did you find CAP? : \_\_\_\_\_

**Complaint Details** *(please attach any copies of documentation related to this complaint if applicable):*

Complaint Description:



How you would like this complaint to be resolved:



**CONSUMER ASSISTANCE PROGRAM**

ATTORNEY GENERAL'S OFFICE & UNIVERSITY OF VERMONT  
GET HELP WITH CONSUMER PROBLEMS AND REPORT SCAMS



# Taconic Spine

3505 Richville Rd  
Manchester Center, VT 05255  
Phone: (802) 366-1144/ Fax (802) 768-8466

FINAL COLLECTION NOTICE!!!

August 15<sup>th</sup>, 2021

SAMUEL LISS

[REDACTED]  
EAST ARLINGTON, VT 05252

RE: 82839

Dear SAMUEL,

THIS IS AN ATTEMPT TO COLLECT A DEBT

We understand that the debt that is owed is dating back from balances as far back as 10 years, however the balances are still owed to our organization. You have received statements from Taconic Orthopedics', Taconic Spine, or our collection agency. It is our goal by sending this letter that we can clear up this debt, resolve any misinformation, and come to a resolution without further escalation. Please contact our office immediately to discuss the amount due and methods of resolution.

The personal balance on your account has not been satisfied.  
Our provider has rendered their service in good faith, and they expect payment for each service they provide.

Due to the above facts, your account will be referred to collection within the next 30 days and you will be discharged from our practice unless you choose one of the following options:

Option 1: Automatic Payment Plan- You will need to contact our office and speak to the billing department about setting up an automatic payment plan.

Option 2: Settlement offer of the balance on the account if payment is made in full. Please contact our office to accept this settlement.

This offer expires 30 days from the date of this letter. Failure to make payment or contact our office will result in your account being sent to collections which can be escalated to legal action up to and including wage garnishment and the practice will find it necessary to discontinue the care of you or your family. The Physician(s) at Taconic Orthopedics' and Taconic Spine will render emergency treatment for 30 days until you obtain another physician.

We regret taking this action; however, you leave this office no alternative. Please consider this letter null and void if you meet your obligation as described above.

Please Contact our office IMMEDIATELY and ask to speak to our billing department at 802-366-1144.

Sincerely,  
Collection Department  
Taconic Spine  
Taconic Orthopedics'

Phoned  
9/3/2021  
4:45 PM  
"Will phone me  
Tuesday"

**From:** [Office of the Vermont Attorney General](#)  
**To:** [REDACTED]  
**Subject:** Taconic Spine 2021-08432  
**Date:** Wednesday, September 8, 2021 12:42:21 PM

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**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

<b>First Name</b>	Samuel
<b>Last Name</b>	Liss
<b>Email</b>	[REDACTED]
<b>Daytime Phone</b>	[REDACTED]
<b>Daytime Phone Type</b>	Home
<b>Alternative Phone</b>	[REDACTED]
<b>Alternative Phone Type</b>	Mobile
<b>Address</b>	[REDACTED]
<b>City</b>	East Arlington
<b>State</b>	VT
<b>Zip Code</b>	05252
<b>Your Age</b>	[REDACTED]
<b>I am a... (Select all that apply)</b>	[REDACTED]
<b>Is your complaint about:</b>	Debt collector
<b>Business Address</b>	3505 Richville Rd.
<b>Business Name or Person's First Name</b>	Taconic Spine
<b>Business City</b>	Manchester Center

<b>Person's Last Name</b>	Giering
<b>Business State</b>	VT
<b>Business E-Mail Address</b>	rwgiering@taconicspine.com
<b>Business Zip Code</b>	05255
<b>Business Phone (1)</b>	(802) 366-1144
<b>Phone (1) Type</b>	Office
<b>Business Website/URL</b>	www.TaconicSpine.com
<b>Please Describe Your Complaint</b>	<p>Unwarranted, irresponsible and abusive debt collection letter with erroneous information. I do not owe anything to my knowledge. I [REDACTED] and follow up. I was told by their office that Medicare would pay (along with Medicare supplemental policy).</p> <p>I received Medicare statements which stated that some of the charges were paid but some were denied. Upon receiving the denial statements, I phoned Taconic Spine business office. I was told that they were still working on it and asked to fax them the Medicare statements of denial. I did that immediately a few weeks ago. (I can document.) I had not heard anything since until this irresponsible letter.</p> <p>Contrary to the misstatements in the letter, I had NOT received any statements whatsoever from Taconic Spine indicating debt.</p> <p>Upon receiving this letter, I phoned Taconic Spine last Friday, Sept. 3rd. I reached their business office and was told by a female that someone would get back to me yesterday, Tuesday. No one did. The female said their collection agency sent out the letter.</p> <p>I understand many people were sent this abusive letter inappropriately at the same time.</p>
<b>Incident Date</b>	September 3, 2021
<b>How would you like this matter to be resolved?</b>	I would Like Taconic Spine to be contacted and explain such irresponsibility and issue an apology for the inconvenience and upset it has caused many people.

**From:** [Office of the Vermont Attorney General](#)  
**To:** [AGO - CAP](#) [REDACTED]  
**Subject:** Taconic Spine 2021-08444  
**Date:** Monday, September 13, 2021 11:32:07 AM

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<b>First Name</b>	Bonnie
<b>Last Name</b>	Kalinowski
<b>Email</b>	[REDACTED]
<b>Daytime Phone</b>	[REDACTED]
<b>Daytime Phone Type</b>	Home
<b>Alternative Phone</b>	[REDACTED]
<b>Alternative Phone Type</b>	Mobile
<b>Address</b>	[REDACTED]
<b>City</b>	Bennington
<b>State</b>	VT
<b>Zip Code</b>	05201
<b>Your Age</b>	[REDACTED]
<b>Is your complaint about:</b>	Debt collector
<b>Business Address</b>	3505 Richville Road
<b>Business Name or Person's First Name</b>	Taconic Spine
<b>Business City</b>	Manchester
<b>Business</b>	VT

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**State**

---

**Business  
Phone (1)** 8023661144

---

**Phone (1)  
Type** Office

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**Business  
Phone (2)** 802-768-8466

---

**Phone (2)  
Type** Other

---

**Please  
Describe  
Your  
Complaint** I received a letter from Taconic Spine that I owed a debt that could be 10 years old. It said I needed to respond to letter in 30 days or they would send me to collections. If I don't respond the offer expires in 30 days. they will send me to collections and they will discontinue care for me and my family. I have went there personal to ask them about the letter, and they couldn't tell me anything. I have called and they can't tell me anything. It said I have received statements from Taconic Orthopedics or their collection agency. Which I have not. It doesn't list no date of service on this letter. The letter is very threatening with no information and then when you call they can't help you. And I have NEVER been a patient there.

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**Amount of  
Loss** I don't know

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**Incident  
Date** September 7, 2021

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**How  
would you  
like this  
matter to  
be  
resolved?** I would like a letter telling me that it is too old to collect any payment. I would like the paperwork where they sent information to my insurance company. I would like copies of the letters they sent to me looking for payment. I would like to know who the doctor is, when I went to see the doctor, why I was there and a complete breakdown of the services and cost. I would like to know why they waited so long to contact me.

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**From:** [Office of the Vermont Attorney General](#)  
**To:** AGO - CAP: [REDACTED]  
**Subject:** Taconic Spine 2021-08454  
**Date:** Monday, September 20, 2021 10:47:40 AM

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<b>First Name</b>	Mary
<b>Last Name</b>	Chester
<b>Email</b>	[REDACTED]
<b>Daytime Phone</b>	[REDACTED]
<b>Daytime Phone Type</b>	Home
<b>Alternative Phone</b>	[REDACTED]
<b>Alternative Phone Type</b>	Mobile
<b>Address</b>	[REDACTED]
<b>City</b>	Belmont
<b>State</b>	VT
<b>Zip Code</b>	05730-0008
<b>Your Age</b>	[REDACTED]
<b>Is your complaint about:</b>	Other
<b>Type of business</b>	Spine
<b>Business Name or Person's First Name</b>	Taconic Spine
<b>Business City</b>	Manchester
<b>Business</b>	VT

---

**State**

---

**Business  
Zip Code** 05255

---

**Business  
Phone (1)** 802-366-1144

---

**Phone (1)  
Type** Office

---

**Business  
Phone (2)** 802-768-8466

---

**Phone (2)  
Type** Other

---

**Please  
Describe  
Your  
Complaint** I received a letter stating that I owe money from about ten years ago. It doesn't give a dollar amount owed or when the date of service was, no patient or account number. There is a reference number? While I did go there once a long time ago I do not have any memory or any records anymore of what or what isn't owed. I called VT aid for help and they said there is a VT statute of limitation of 6 years. I was/am afraid this is a scam? So I didn't call them for fear I would be trapped.

---

**Incident  
Date** September 20, 2021

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**How  
would you  
like this  
matter to  
be  
resolved?** Like to know if it is a scam and make it go away

---

**From:** [Office of the Vermont Attorney General](#)  
**To:** AGO - CAP: [REDACTED]  
**Subject:** Taconic Spine 2021-08446  
**Date:** Tuesday, September 14, 2021 2:45:54 PM

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**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

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<b>First Name</b>	Laurie
<b>Last Name</b>	Blow
<b>Email</b>	[REDACTED]
<b>Daytime Phone</b>	[REDACTED]
<b>Daytime Phone Type</b>	Mobile
<b>Address</b>	[REDACTED]
<b>City</b>	Proctor
<b>State</b>	VT
<b>Zip Code</b>	05765
<b>Is your complaint about:</b>	Debt collector
<b>Business Address</b>	[REDACTED]
<b>Business Name or Person's First Name</b>	Taconic Spine
<b>Business City</b>	Manchester
<b>Business State</b>	VT
<b>Business Zip Code</b>	05255
<b>Business Phone (1)</b>	8023661144
<b>Phone (1) Type</b>	Office

---

**Business Website/URL** <https://www.taconicspine.com/>

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**Please Describe Your Complaint** I received a letter dated 8/15/21 on 9/3/21. The letter includes the text "FINAL COLLECTION NOTICE!!", "THIS IS AN ATTEMPT TO COLLECT A DEBT" and "This offer expires 30 days from the date of this letter." The letter also instructs to call the billing department immediately. There are no details in the letter as to what the debt is from, the date of debt or the amount of debt.

I have not been a patient of this office for over eight years and have not received correspondence from them during that time besides this letter.

I made eight attempts to call the number in the letter. I was able to get through twice but the billing department was unavailable and no one else had access to billing records. I was told on 9/7 my call would be returned but it never was. I followed up 9/10 and was told to be patient as they were receiving many calls. On 9/7 I had also tried to fax the office but the fax number on letter times out as no answer.

I am unaware of any unpaid bills. Since I have not been to this office in eight years, I also no longer have any financial records associated with my services from this office. I am also not sure if these records would be available through BCBS.

---

**Amount of Loss** unsure

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**Incident Date** September 3, 2021

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**How would you like this matter to be resolved?** I would like details of what this attempt to collect is in regards to and written confirmation of no balance due.

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**From:** [Office of the Vermont Attorney General](#)  
**To:** [AGO - CAP:](#) [REDACTED]  
**Subject:** Taconic Spine 2021-08453  
**Date:** Tuesday, September 14, 2021 7:43:42 PM

---

**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

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<b>First Name</b>	Andrew
<b>Last Name</b>	Lampron
<b>Email</b>	[REDACTED]
<b>Daytime Phone</b>	[REDACTED]
<b>Daytime Phone Type</b>	Mobile
<b>Address</b>	[REDACTED]
<b>City</b>	Whitingham
<b>State</b>	VT
<b>Zip Code</b>	05361
<b>Your Age</b>	[REDACTED]
<b>Is your complaint about:</b>	Debt collector
<b>Business Address</b>	3505 Richville Rd
<b>Business Name or Person's First Name</b>	Taconic Spine
<b>Business City</b>	Manchester Center
<b>Business State</b>	VT
<b>Business Zip Code</b>	05255
<b>Business Phone (1)</b>	8023661144
<b>Business</b>	<a href="https://www.taconicspine.com/">https://www.taconicspine.com/</a>

**Website/URL**

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**Please Describe Your Complaint** No Knowledge of ever receiving treatment from this provider and no bill received from this provider prior to receiving a "Final Collection Notice." Unable to reach this provider by phone or email and am worried about this info impacting my credit report. Letter states that the debt owed could go back as far as 10 years and will be turned over to collections within the next 30 days.

---

**Amount of Loss** unknown

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**Incident Date** September 14, 2021

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**How would you like this matter to be resolved?** Need documentation from the provider if this is indeed a legitimate claim or simply a phishing scam. They should be held responsible for any impact on my credit report for not properly sending out any notification in a timely manner.

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**From:** [REDACTED]  
**To:** [Consumer](#)  
**Subject:** Taconic Spine-Medical Bill 2021-08427  
**Date:** Thursday, September 2, 2021 12:00:29 PM  
**Attachments:** [image001.png](#)

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**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

Good afternoon,

I received a medical bill in the mail from Taconic Orthopedics on 08/27/2021. The date of services rendered on this is 10/25/2011. So this bill is almost 10 years old. When I called about the bill they indicated that the owed this amount and that it had been previously with collections. I however have never heard anything from a collection agency. So, I called the collection agency. They indicated that they did not have any record of sending me directly any notifications and that all the collections for Taconic Orthopedics were returned to them over 4 years ago. (so they have sat on this for over 4 years) I have asked Taconic for any statements since the 10/25/2011 statement and they cannot provide me with any verification that I have not paid the debt just the one bill they sent me. Today I received another letter in the mail from them stating that they were gong to send me to another collections agency if I did not pay the bill within 30 days.

My questions are as follows:

1. I was under the impression that Vermont law indicates that a bill for services if not billed or unpaid for more than 6 years is considered no longer valid;
2. Can they send me again to collections for a bill that is almost 10 years old that they have no proof and cannot provide me proof of sending me any bills since the 10/25/2011.

They were not pleasant to speak with and were very down grading. Due to this bill 10 years old (this bill was [REDACTED]). Is this legal???? Can they do this??? In order for me to go back 10 years in bank statements my bank had indicated that it could cost me hundreds of dollars due to the amount of time it will take to research this matter.

I am looking for some assistance with this.

Thank you

Holly

Holly O'Brien  
Business Banking Portfolio Management  
Northeast Bank  
[REDACTED]  
Lewison, ME 04240  
[REDACTED]



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ADDRESS REPLY TO :  
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Website: ago.vermont.gov  
Email: AGO.CAP@vermont.gov

Consumer Complaint Form:

Reference Number: \_\_\_\_\_

**Consumer Information (Complaint By):**

Consumer First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Submitted by: \_\_\_\_\_ (if filing on another's behalf.)

Organization Name: \_\_\_\_\_ (If filing on behalf of a business/organization.)

Mailing \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone Type (Please Select One): **Home** / Cell / Office / Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Consumer identifies as: A Senior (60+) \_\_\_\_\_ Active Military \_\_\_\_\_ A Veteran \_\_\_\_\_ A Student \_\_\_\_\_ Under 18 \_\_\_\_\_

**Business Information (Complaint Against):**

Business Name \_\_\_\_\_

Point of Contact for Business: \_\_\_\_\_ (if applicable.)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**\* PLEASE COMPLETE THE CONSUMER COMPLAINT FORM ON THE NEXT PAGE \***

Amount of Loss: \_\_\_\_\_ How did you find CAP? : \_\_\_\_\_

**Complaint Details** *(please attach any copies of documentation related to this complaint if applicable):*

Complaint Description:

[REDACTED]

[REDACTED]

How you would like this complaint to be resolved:

[REDACTED]



**CONSUMER ASSISTANCE PROGRAM**

ATTORNEY GENERAL'S OFFICE & UNIVERSITY OF VERMONT  
GET HELP WITH CONSUMER PROBLEMS AND REPORT SCAMS