

Feb 04 2015 7:14PM

Landmark Healthcare, Inc.
 1610 Arden Way Suite 280
 Sacramento, CA 95815
 www.lmhhealthcare.com
 Provider Services: 800.638.4557

Payee Name: CHIROPRACTIC
 Payee Tax ID:
 Payee ID:
 Check/EFT Number:
 Payment Amount: \$1.00
 Check/EFT Date: 01/16/2015
 Prod End: 01/12/2015

1

CHIROPRACTIC

Patient: Contract: HMO of Colorado
 Patient ID: Rend Prov:
 Patient Ctrl #: Rend Prov ID:
 Auth/Ref #: Prov NPI:

Claim Number:
 Claim Charge Amount: \$60.00
 Claim Payment Amount: \$1.00
 Patient Responsibility: \$40.00

Line Ctrl#	Dates of Service	POS	Sub Svc/Mod	Adj Svc/Mod	Charge	Adj Amt	Payment Amount	Remark Code	Clm Adj Rsn Code	Group Code
1	12/22/14 - 12/22/14	11	98940	98940	\$60.00	\$19.00 \$40.00	\$1.00		45 3	CO PR
Claim Total					\$60.00	\$59.00	\$1.00			

Clm Adj Rsn Code Description

- 3 Co-payment amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- CO Contractual Obligations
- PR Patient Responsibility

Handwritten notes:
 Clinic charges 60.00 for service
 Ins Company says charges exceed contract fee by 19.00
 Insurance Allows 41.00
 Patient Co-pay 40.00
 Insurance Pay's \$ 1.00

RECEIVED JAN 20 2015

Landmark Healthcare, Inc.
 1610 Arden Way Suite 280
 Sacramento, CA 95815
 www.fmhealthcare.com
 Provider Services: 800.638.4557

Payee Name: CHIROPRACTIC
 Payee Tax ID:
 Payee ID:
 Check/EFT Number:
 Payment Amount: \$1.00
 Check/EFT Date: 11/28/2014
 Prod End: 11/24/2014

(2)

CHIROPRACTIC

Patient:	Contract: HMO of Colorado	Claim Number:
Patient ID:	Revd Prov: [REDACTED]	Claim Charge Amount: \$60.00
Patient Ctrl #:	Revd Prov ID: [REDACTED]	Claim Payment Amount: \$1.00
Auth/Ref #:	Prov NPI: [REDACTED]	Patient Responsibility: \$40.00

Line Ctrl#	Dates of Service	POS	Sub Svc/Mod	Adj Svc/Mod	Charge	Adj Amt	Payment Amount	Remark Code	Clm Adj Rsn Code	Group Code
1	11/05/14 - 11/05/14	11	98940	98940	\$60.00	\$19.00	\$1.00		45	CO
						\$40.00			3	PR
Claim Total					\$60.00	\$59.00	\$1.00			

Clm Adj Rsn Code Description

- 3 Co-payment amount
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
- CO Contractual Obligations
- PR Patient Responsibility

Same info as page 1

RECEIVED DEC 04 2014

BlueCross BlueShield MEMBER FINANCIAL CORPORATION

Subscriber Name: **BOKE PPO**

By: **IDENTIFICATION NUMBER:**

Group Number: **[REDACTED]**

Office Visit	\$10
Specialist	\$50
Urgent Care	\$30

RxBIN: 011552
RxFPCN: 1215

BLUESHIELD PPO

PPO **Rx**

30
50
30

www.bhsmok.com

BlueCross BlueShield of Oklahoma

Customer Service: 1-800-215-1204
Prescription: 1-800-215-1204
Doctor Referrals: 1-800-215-1204
Pharmacy: 1-877-388-1204
Non-OK Pharmacy: 1-877-544-2776

This card is for identification only and is not to be used for benefit eligibility. Max MEDICAL CLASS is PPO 604 1293. IN-STATE SERVICES. Subject to terms of your local Plan Rules and Plan Coverages.

PRIME

BlueCross BlueShield of Oklahoma is an Equal Opportunity Employer. Minorities and women are encouraged to apply. For more information, please contact your local office.

Pharmacy Services Manager



700 BROADWAY
DENVER, CO 80273-0002

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EXPLANATION OF BENEFITS

ISSUE DATE November 11, 2014	PAGE 00001 OF 00003
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CHIROPRACTIC

Sequence Number: [REDACTED]
 Provider ID: [REDACTED]
 NETWORK PROVIDER: Y
 FOUNDATION PHYSICIAN: N

Verified Copayment is \$50 for chiropractic services. Contracted rate is \$41, so FCB will not show a \$50 copayment is required because it is more than \$41.00.

Insurance Pays Zero
 Patient Pays \$50? or \$41?

SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
11/05/14	98940	001	60.00	41.00	19.00/02		41.00/01	0.00
11/05/14	97140	001	55.00	0.00				0.00
11/05/14	89203	001	125.00	0.00				0.00
TOTAL THIS CLAIM			240.00	41.00	19.00	0.00	41.00	0.00*

FOR INFORMATION CALL: 888-817-3717

MESSAGES:

- 01 - This amount is the member's copayment responsibility.
- 02 - This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.

THIS IS NOT A BILL

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. An independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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myCigna.com

Cigna Health and Life Insurance Co.
 Coverage Effective Date: 01/01/2014
 Group: 336700
 Issue: 5/2/10
 ID:
 Name:

OA Plus In-Network
 No Services Excluded
 PCP Visit: \$30
 Specialist: \$50
 Hospital Inpatient: \$100
 Urgent Care: \$75
 RX: \$10/\$5/70
 Network Coinsurance: 80/70/90

Return Path, Inc.
 R#BY 600428 R#PCN 02150000

Member Savings Program

30
 50
 150
 75

PCP
 Specialist
 Hospital
 Urgent Care

WWW.CIGNA.COM

You may be asked to present this card when you receive care. This card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:
 Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 72 hours.

Some claims to:

P.O. Box 182220, Chesapeake, VA 23742-7225

Customer Service: 1-800-244-6224

We encourage you to use a PCP as a valuable resource and personal health advocate.

4000000

\$50
 Copy

Nov. 5th
 Stated



CLAIMS RECEIVED FOR ORGANIZATION: ██████████

THIS IS NOT A BILL

MEMBER: ██████████
 CLAIM #: ██████████
 CHP processed this claim on September 19, 2014

Service Date	Type of Service	Amount Billed	Covered Amount	Copay/Deductible applied	Plan paid/Coins.	Admin Fee	Adjustment Amount	Patient Owes	See notes
8/25/2014	██████████ P-99203 - OFFICE/OUTPATIENT VISIT NEW	125.00	45.00	45.00	0.00	0.00	0.00	45.00	
8/25/2014	P-98940 - CHIROPRACT MANJ 1-2 REGIONS	60.00	0.00	0.00	0.00	0.00	0.00	0.00	
8/25/2014	P-97014 - ELECTRIC STIMULATION THERAPY	30.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL:		\$215.00	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	

NOTES:
 This EOB looks pretty generic, but in actuality the patient's copay is 50, but since the capped amount paid is \$45, the \$50 required copayment is not billed as the "copay applied" as it is more than \$45 contract rate.
 Insurance pays \$50 or \$45?
 Patient pays \$50

This EOB looks pretty generic, but in actuality the patient's copay is 50, but since the capped amount paid is \$45, the \$50 required copayment is not billed as the "copay applied" as it is more than \$45 contract rate.

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RETAIN THIS FOR YOUR RECORDS.