

One Call
841 Prudential Drive, Suite 204
Jacksonville, FL 32207

Service Type: Physical Medicine



K CON PHY THE INC
PO BOX 492

HUNTINGTOWN MD 20639

To submit an inquiry or appeal payment amount, please visit One Call: <https://Providers.AlignNetworks.com>.
Questions Regarding This Payment? Please Visit: www.providerpayments.com

Your name, K CON PHY THE INC, and Tax ID have been verified by the IRS.

EXPLANATION OF BILL REVIEW

Tax ID: 208873415 **EPC Draft #:** 374078904 **Payment Week:** 28 **Payment Date:** 07/15/2025 Page 1 of 3

| | | | | | |
|----------------------|--|---------------------------|----------------------|----------------------------|--------------------|
| Patient Name: | BERNICE SIMPSON 5800 EUCALYPTUS DR ST LEONARD MD 20685 | Date of Injury: | 08/18/2024 | GPVendorID: | MOKCONW00002489 |
| Adjuster: | RETRO ADJUSTER SISCO BENEFITS | OC Claim No: | 8636836 | Date Bill Received: | 6/5/2025 |
| Employer: | SISC | Patient DOB: | 10/18/1963 | Date of Review: | 6/5/2025 |
| | | Patient's Account | 8636836_1 | Voucher Number | Z2025071404364329 |
| | | Jurisdiction State | MD | Payer Claim No: | 33431470 |
| | | Coverage: | Workers Compensation | Network: | Align Networks Inc |

Rendering Provider Name: K CONWAY PHYSICAL THERAPY, INC
Rendering Provider ID 1780889154

| Voucher | Service Date | Procedure Code | Revenue Code | Units | Billed Charges | FS/UCR Reduction | Contract Reduction | Paid Amount | Payment Status Code | Reason Code |
|------------|--------------|----------------|--------------|-------|----------------|------------------|--------------------|-------------|---------------------|-------------|
| M192673911 | 04/07/25 | 97140 | / | 2 | 80.00 | 0.00 | 80.00 | 0.00 | 1 | 45 |
| M192673916 | 04/07/25 | 97112 | / | 1 | 50.00 | 0.00 | (15.00) | 65.00 | 1 | 45 |
| M192673917 | 04/07/25 | 97014 | / | 1 | 35.00 | 13.43 | 21.57 | 0.00 | 1 | 45 |
| M192673923 | 04/07/25 | 97110 | / | 2 | 90.00 | 0.00 | 90.00 | 0.00 | 1 | 45 |
| M192673909 | 04/09/25 | 97014 | / | 1 | 35.00 | 13.43 | 21.57 | 0.00 | 1 | 45 |
| M192673913 | 04/09/25 | 97140 | / | 2 | 80.00 | 0.00 | 80.00 | 0.00 | 1 | 45 |
| M192673915 | 04/09/25 | 97110 | / | 2 | 90.00 | 0.00 | 90.00 | 0.00 | 1 | 45 |
| M192673920 | 04/09/25 | 97112 | / | 1 | 50.00 | 0.00 | (15.00) | 65.00 | 1 | 45 |
| M192673908 | 04/14/25 | 97014 | / | 1 | 35.00 | 13.43 | 21.57 | 0.00 | 1 | 45 |
| M192673918 | 04/14/25 | 97140 | / | 2 | 80.00 | 0.00 | 80.00 | 0.00 | 1 | 45 |
| M192673921 | 04/14/25 | 97112 | / | 1 | 50.00 | 0.00 | (15.00) | 65.00 | 1 | 45 |
| M192673922 | 04/14/25 | 97110 | / | 2 | 90.00 | 0.00 | 90.00 | 0.00 | 1 | 45 |
| M192673910 | 04/21/25 | 97112 | / | 1 | 50.00 | 0.00 | (15.00) | 65.00 | 1 | 45 |
| M192673912 | 04/21/25 | 97014 | / | 1 | 35.00 | 13.43 | 21.57 | 0.00 | 1 | 45 |
| M192673914 | 04/21/25 | 97140 | / | 2 | 80.00 | 0.00 | 80.00 | 0.00 | 1 | 45 |
| M192673919 | 04/21/25 | 97110 | / | 2 | 90.00 | 0.00 | 90.00 | 0.00 | 1 | 45 |

See NOTE-0001

Totals: 1,020.00 53.72 706.28 260.00

SISCO BENEFITS
HUNT VALLEY, MD 21030

| Statement Summary | Charged Amount | Reduction Amount | Net Paid Amount | Phone Number |
|---------------------------|----------------|------------------|-----------------|--------------|
| Administered By | | | | |
| One Call Physical Therapy | 1,020.00 | 760.00 | 260.00 | 866-389-0211 |
| Statement Totals | Charged Amount | Reduction Amount | Net Paid Amount | |
| | 1,020.00 | 760.00 | 260.00 | |

| Explanations | Code | Description |
|--------------|------|-------------|
|--------------|------|-------------|

45 CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

NOTE-0001 Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect this unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable.

To appeal this EOB: Utilize the One Call Physical Therapy Claim Status website at: <https://claimstatus.alignnetworks.com>

Electronic Payment Clearinghouse

One Call
841 Prudential Drive, Suite 204
Jacksonville, FL 32207

PNC Bank, N.A. 001

~~60-162~~
433

Electronic Payment Clearinghouse
Echo Health, Inc.

| | |
|-------------------|------------|
| DRAFT NO. | 374078904 |
| DRAFT DATE | 07/15/2025 |

PAYABLE Two Hundred Sixty & 00 / 100 DOLLARS
THROUGH
DRAFT
TO THE K CON PHY THE INC
ORDER OF PO BOX 492

HUNTINGTOWN MD 20639

| |
|---------------|
| AMOUNT |
| *****\$260.00 |

VOID AFTER 180 DAYS

NON-NEGOTIABLE

⑈ 374078904 ⑈

⑆043301627⑆ 1069954659⑈