

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](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 OC Claim No: 8636836 Patient DOB: 10/18/1963	GPVendorID: MOKCONW00002489 Date Bill Received: 6/5/2025 Date of Review 6/5/2025
Adjuster:	RETRO ADJUSTER SISCO BENEFITS	Patient's Account 8636836_1	Voucher Number Z2025071404364329
Employer:	SISC	Jurisdiction State MD Coverage: Workers Compensation	Payer Claim No: 33431470 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

DRAFT NO.
DRAFT DATE

Electronic Payment Clearinghouse
Echo Health, Inc.

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

VOID

HUNTINGTOWN MD 20639

*****\$260.00

VOID AFTER 180 DAYS

NON-NEGOTIABLE

374078904

0433016271 1069954659