

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).
Please visit: www.providerpayments.com for any payment questions.

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 #:	380630693	Payment Week:	38	Payment Date:	09/23/2025	Page 1 of 5
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:	8/11/2025	
Employer:	SISC			Patient's DOB:	10/18/1963	Date of Review	Z2025092204415247	
Rendering Provider Name:	K CONWAY PHYSICAL THERAPY, INC			Patient's Account:	8636836_1	Voucher Number		
Rendering Provider ID:	1780889154			Jurisdiction State:	MD	Payer Claim No:	33431470	
				Coverage:	Workers Compensation	Network:		

Voucher	Service Date	Procedure Code	Revenue Code	Units	Billed Charges	FS/UCR Reduction	Contract Reduction	Paid Amount	Payment Status	Reason Code
M195115919	06/26/25	97014	/	1	35.00	(15.00)	50.00	0.00	1	45
M195115916	06/26/25	97140	/	2	80.00	(10.00)	90.00	0.00	1	45
M195115913	06/26/25	97112	/	2	50.00	(95.00)	80.00	65.00	1	45
M195115910	06/26/25	97110	/	1	90.00	68.43	21.57	0.00	1	45
M195115924	06/23/25	97112	/	1	50.00	(36.57)	21.57	65.00	1	45
M195115917	06/23/25	97110	/	2	90.00	10.00	80.00	0.00	1	45
M195115914	06/23/25	97014	/	2	35.00	(55.00)	90.00	0.00	1	45
M195115909	06/23/25	97140	/	1	80.00	95.00	(15.00)	0.00	1	45
M195115923	07/02/25	97110	/	1	90.00	105.00	(15.00)	0.00	1	45
M195115921	07/02/25	97014	/	2	35.00	(45.00)	80.00	0.00	1	45
M195115920	07/02/25	97112	/	2	50.00	(105.00)	90.00	65.00	1	45
M195115915	07/02/25	97140	/	2	80.00	(10.00)	90.00	0.00	1	45
M195115922	06/30/25	97140	/	1	80.00	95.00	(15.00)	0.00	1	45

M195115918	06/30/25	97112	/	1	50.00	(36.57)	21.57	65.00	1	45
M195115912	06/30/25	97014	/	2	35.00	(45.00)	80.00	0.00	1	45
M195115911	06/30/25	97110	/	1	90.00	65.00	25.00	0.00	1	45

See NOTE-0001

SISCO BENEFITS

HUNT VALLEY,MD 21030

Patient	BERNICE SIMPSON	Date of Injury:	08/18/2024	GPVendorID:	MOKCONW00002489
Name:	5800 EUCALYPTUS DR	OC Claim No:	8636836	Date Bill Received:	8/12/2025
	ST LEONARD MD 20685	Patient DOB:	10/18/1963	Date of Review	
Adjuster:	RETRO ADJUSTER SISCO BENEFITS	Patient's Account:	8636836_2	Voucher Number	Z2025092204415247
Employer:	SISC	Jurisdiction State:	MD	Paver Claim No:	33431470
		Coverage:	Workers Compensation	Network:	

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	Reason Code
M195167244	06/18/25	97110	/	2	90.00	0.00	90.00	0.00	1	45
M195167242	06/18/25	97140	/	2	80.00	0.00	80.00	0.00	1	45
M195167238	06/18/25	97014	/	1	35.00	13.43	21.57	0.00	1	45
M195167250	06/16/25	97140	/	2	80.00	0.00	80.00	0.00	1	45
M195167245	06/16/25	97014	/	1	35.00	13.43	21.57	0.00	1	45
M195167228	06/02/25	97112	/	1	50.00	0.00	(15.00)	65.00	1	45
M195167230	06/10/25	97140	/	2	80.00	0.00	80.00	0.00	1	45
M195167248	06/04/25	97164	/	1	90.00	0.00	25.00	65.00	1	45
M195167241	06/04/25	97112	/	1	50.00	0.00	50.00	0.00	1	45
M195167240	06/04/25	97110	/	2	90.00	0.00	90.00	0.00	1	45
M195167236	06/04/25	97140	/	2	80.00	0.00	80.00	0.00	1	45
M195167231	06/04/25	97014	/	1	35.00	13.43	21.57	0.00	1	45
M195167249	06/02/25	97014	/	1	35.00	13.43	21.57	0.00	1	45
M195167235	06/02/25	97140	/	2	80.00	0.00	80.00	0.00	1	45
M195167232	06/02/25	97110	/	2	90.00	0.00	90.00	0.00	1	45
M195167239	06/16/25	97110	/	2	90.00	0.00	90.00	0.00	1	45
M195167229	06/16/25	97112	/	1	50.00	0.00	(15.00)	65.00	1	45
M195167246	06/12/25	97014	/	1	35.00	13.43	21.57	0.00	1	45
M195167243	06/12/25	97112	/	1	50.00	0.00	(15.00)	65.00	1	45
M195167234	06/12/25	97140	/	2	80.00	0.00	80.00	0.00	1	45
M195167233	06/12/25	97110	/	2	90.00	0.00	90.00	0.00	1	45
M195167252	06/10/25	97110	/	2	90.00	0.00	90.00	0.00	1	45
M195167247	06/10/25	97112	/	1	50.00	0.00	(15.00)	65.00	1	45
M195167237	06/10/25	97014	/	1	35.00	13.43	21.57	0.00	1	45
M195167251	06/18/25	97112	/	1	50.00	0.00	(15.00)	65.00	1	45

See NOTE-0001

SISCO BENEFITS

HUNT VALLEY,MD 21030

Statement Summary	Charged Amount	Reduction Amount	Net Paid Amount	Phone Number
Administered By				
One Call Physical Therapy	\$90.00	\$90.00	\$0.00	866-389-0211
One Call Physical Therapy	\$170.00	\$170.00	\$0.00	866-389-0211
One Call Physical Therapy	\$205.00	\$205.00	\$0.00	866-389-0211
One Call Physical Therapy	\$285.00	\$285.00	\$0.00	866-389-0211
One Call Physical Therapy	\$320.00	\$320.00	\$0.00	866-389-0211
One Call Physical Therapy	\$355.00	\$355.00	\$0.00	866-389-0211
One Call Physical Therapy	\$435.00	\$435.00	\$0.00	866-389-0211
One Call Physical Therapy	\$485.00	\$420.00	\$65.00	866-389-0211
One Call Physical Therapy	\$575.00	\$510.00	\$65.00	866-389-0211
One Call Physical Therapy	\$625.00	\$495.00	\$130.00	866-389-0211
One Call Physical Therapy	\$715.00	\$585.00	\$130.00	866-389-0211
One Call Physical Therapy	\$750.00	\$620.00	\$130.00	866-389-0211
One Call Physical Therapy	\$830.00	\$700.00	\$130.00	866-389-0211
One Call Physical Therapy	\$880.00	\$685.00	\$195.00	866-389-0211
One Call Physical Therapy	\$970.00	\$775.00	\$195.00	866-389-0211
One Call Physical Therapy	\$1,005.00	\$810.00	\$195.00	866-389-0211
One Call Physical Therapy	\$1,055.00	\$795.00	\$260.00	866-389-0211
One Call Physical Therapy	\$1,135.00	\$875.00	\$260.00	866-389-0211
One Call Physical Therapy	\$1,215.00	\$955.00	\$260.00	866-389-0211
One Call Physical Therapy	\$1,265.00	\$940.00	\$325.00	866-389-0211
One Call Physical Therapy	\$1,300.00	\$975.00	\$325.00	866-389-0211
One Call Physical Therapy	\$1,390.00	\$1,065.00	\$325.00	866-389-0211
One Call Physical Therapy	\$1,470.00	\$1,145.00	\$325.00	866-389-0211
One Call Physical Therapy	\$1,560.00	\$1,170.00	\$390.00	866-389-0211
One Call Physical Therapy	\$1,610.00	\$1,220.00	\$390.00	866-389-0211
One Call Physical Therapy	\$1,700.00	\$1,310.00	\$390.00	866-389-0211
One Call Physical Therapy	\$1,780.00	\$1,390.00	\$390.00	866-389-0211
One Call Physical Therapy	\$1,815.00	\$1,425.00	\$390.00	866-389-0211
One Call Physical Therapy	\$1,850.00	\$1,460.00	\$390.00	866-389-0211
One Call Physical Therapy	\$1,930.00	\$1,540.00	\$390.00	866-389-0211
One Call Physical Therapy	\$2,020.00	\$1,630.00	\$390.00	866-389-0211
One Call Physical Therapy	\$2,110.00	\$1,720.00	\$390.00	866-389-0211
One Call Physical Therapy	\$2,160.00	\$1,705.00	\$455.00	866-389-0211
One Call Physical Therapy	\$2,195.00	\$1,740.00	\$455.00	866-389-0211
One Call Physical Therapy	\$2,245.00	\$1,725.00	\$520.00	866-389-0211
One Call Physical Therapy	\$2,325.00	\$1,805.00	\$520.00	866-389-0211
One Call Physical Therapy	\$2,415.00	\$1,895.00	\$520.00	866-389-0211
One Call Physical Therapy	\$2,505.00	\$1,985.00	\$520.00	866-389-0211
One Call Physical Therapy	\$2,555.00	\$1,970.00	\$585.00	866-389-0211
One Call Physical Therapy	\$2,590.00	\$2,005.00	\$585.00	866-389-0211
One Call Physical Therapy	\$2,640.00	\$1,990.00	\$650.00	866-389-0211
Statement Totals		Charged Amount	Reduction Amount	Net Paid Amount
		\$2,640.00	\$1,990.00	\$650.00

Explanations	Code	Description
NOTE-0001	45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
		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

Tran Nbr: 380630693
Card Value: 650.00
Date: 09/23/2025

K CON PHY THE INC
PO BOX 492

HUNTINGTOWN MD 20639

Visa Purchasing

Virtual Card

Account Number

XXXX XXXX XXXX 0750

CVV

Good Thru

XXX

12/25

Limited Use

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pursuant to a license from Visa U.S.A Inc.



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The virtual credit card payment is for one-time use only and is equal to the remittance payment amount. Payments can be processed as a total amount or itemized by claim.

Input the following items to process this payment :

- 16 digit card number
- Payment Amount
- Card Verification Code (CVV) code
- Expiration Date
- Address: 810 Sharon Dr, Westlake OH 44145

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Transaction fees are based on standard Visa Card rates established by your bank.

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