



APEX CHIRO PT INC
353 LEXINGTON AVE RM 1005
NEW YORK NY 10016-0941

Provider Number:

921279283


Date through which the claims were processed:

September 1, 2023


Remittance Tracking Number:

230831090004334

How to Contact Us

 **Mail to the return address in upper left corner of this page**

 **<http://www.cigna.com>**

 **Phone: (800) 244-6224**

Explanation of Direct Deposit

Understanding this Benefits Statement

This page provides a summary of the payments made this period.

The accompanying pages give more detail on the claims we processed for this period.

Please review both the front and back of each page to see how the benefit amounts shown in the Explanation of Direct Deposit Activity Report were determined.

In the event a claim is denied.....

Rights of Review and Appeal - For Physician or Health Care Provider

If you have questions or disagree with the payment identified on the Explanation of Direct Deposit Activity Report, you may ask to have it reviewed.

If you have a contractual agreement with Cigna HealthCare, please refer to the procedural guidelines associated with your Cigna HealthCare contract, or call our office for assistance.

- Call Member Services at the toll free number on this Explanation of Benefits (EOB) or your ID card if you have questions regarding this EOB.
- If you are not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to the address listed in your plan materials within 180 days of receipt of this EOB (unless a longer time is permitted by state law or your plan).
- Send a copy of this EOB along with any relevant additional information (e.g. benefit documents, clinical records) which helps to demonstrate that your claim is covered under the plan. Contact Member Services if you need further instructions on how and where to send you request for review.
- Be sure to include your 1) Name, 2) Operation Location/Group Number, 3) Employee/Patient ID number, 4) Name of the patient and relationship, and 5) "Attention: Appeals Unit" on all supporting documents.
- You are entitled to receive free upon request access to, and copies of, all documents, records and other information relevant to your claim for benefits.
- You will be notified of the final decision in a timely manner, as described in your plan materials. If your plan is governed by ERISA, you also have the right to bring legal action under section 502(a) of ERISA following our review.

Remittance Tracking Number	Direct Deposit Date
230831090004334	September 5, 2023

Deposited for APEX CHIRO PT INC

Direct Deposit
Amount \$

1,835.91

Definition of terms used on the Provider Explanation of Deposit Activity Report section of this statement

Line:	Line item number.
Procedure Date:	Date you provided the service.
Procedure Code:	Code describing the service provided.
Adjusted Procedure Code:	Re-assigned procedure code (See Note).
Billed Amount:	Dollar amount you charged for service.
Adjusted Procedure Code Amount:	Dollar amount due to adjusted procedure code.
Allowed Amount:	Dollar amount covered by benefit plan.
Not Covered / Discount:	Part of "Billed Amount" Not Covered under benefit plan or a Provider Discount.
Deduct / Copay Amount:	Portion of billed amount applied toward patient's deductible or copay (if any).
Coinsurance Amount:	The amount of the patient's coinsurance liability.
DRG / Per Diem / APC Type:	DRG (Diagnosis Related Group) / Per Diem / APC (Ambulatory Payment Classification) Category.
DRG / Per Diem / APC Number:	DRG (Diagnosis Related Group) / Per Diem / APC (Ambulatory Payment Classification) Code describing the service provided.
DRG / Per Diem Amount:	Dollar amount for DRG (Diagnosis Related Group) / Per Diem service provided.
DRG / Per Diem Benefit Amount:	Dollar amount payable by the benefit plan for DRG (Diagnosis Related Group) / Per Diem services.
Plan Benefit:	Dollar amount payable for services provided.
See Note:	If a portion or all of the charge is Not Covered, this is the written explanation of why it is Not Covered.
Other Insurance Paid:	The amount of another insurance carrier's payment.

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 30, 2023

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Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG/ Per Diem / APC Type	DRG/ Per Diem / APC Number	DRG/ Per Diem / Amount	DRG/ Per Diem / Benefit Amount	Plan Benefit	Notes
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Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER
SUBSCRIBER NAME: XINRAN LI

REF#: 4682312813839

1	02102023	02102023	97110	400.00		35.00	\$365.00		10.50		00000	0	0	24.50	A0
2	02102023	02102023	97140	360.00		158.77			47.63		00000	0	0	111.14	
3	02102023	02102023				201.23					00000	0	0	201.23	
Total				760.00		\$395.00	365.00	\$0.00							

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$14,098.92 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$58.13

PAYMENT OF \$201.23 TO HYUK JEGAL PT

PPS SC3

VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION
ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE
(WWW.CIGNAFORHCP.COM)

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 30, 2023

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Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG/ Per Diem / APC Type	DRG/ Per Diem / APC Number	DRG/ Per Diem / Amount	DRG/ Per Diem / Benefit Amount	Plan Benefit	Notes
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Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER

SUBSCRIBER NAME: XINRAN LI

REF#: 4682312813840

1	02152023 02152023	97110		400.00		35.00	\$365.00		10.50		00000	0	0	24.50	A0
2	02152023 02152023										00000	0	0	0.00	
3	02152023 02152023	97140		360.00		158.77			47.63		00000	0	0	111.14	
4	02152023 02152023					201.23						0	0	201.23	

Total760.00\$395.00365.00\$0.00

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023

THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023

\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023

THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023

\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023

\$14,300.15 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE.....\$58.13

PAYMENT OF\$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
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Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG/ Per Diem / APC Type	DRG/ Per Diem / APC Number	DRG/ Per Diem / Amount	DRG/ Per Diem / Benefit Amount	Plan Benefit	Notes
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Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER

SUBSCRIBER NAME: XINRAN LI

REF#: 4682312813850

1	01302023 01302023	97110		400.00		35.00	\$365.00		10.50	00000	0	0	24.50	A0
2	01302023 01302023	97140		360.00		158.77		47.63		00000	0	0	111.14	
3	01302023 01302023					201.23				00000	0	0	201.23	
Total				760.00		\$395.00	365.00	\$0.00						

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$14,501.38 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$58.13

PAYMENT OF \$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 30, 2023

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PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER
SUBSCRIBER NAME: XINRAN LI

REF#: 4682312813852

1	02172023	02172023	97110	400.00		35.00	\$365.00		10.50	00000	0	0	24.50	A0
2	02172023	02172023	97140	360.00		158.77		47.63		00000	0	0	111.14	
3	02172023	02172023				201.23				00000	0	0	201.23	
Total				760.00		\$395.00	365.00	\$0.00						

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$14,702.61 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$58.13

PAYMENT OF \$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
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PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER NAME: XINRAN LI
SUBSCRIBER#: U71369331

REF#: 4682312813853

1	02242023	02242023	97110	400.00		35.00	\$365.00		10.50		00000	0	0	24.50	A0
2	02242023	02242023									00000	0	0	0.00	
3	02242023	02242023	97140	360.00		158.77			47.63		00000	0	0	111.14	
4	02242023	02242023				201.23						0	0	201.23	
Total				760.00		\$395.00	365.00	\$0.00							

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$14,903.84 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$58.13

PAYMENT OF \$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 30, 2023

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Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG/ Per Diem / APC Type	DRG/ Per Diem / APC Number	DRG/ Per Diem / Amount	DRG/ Per Diem / Benefit Amount	Plan Benefit	Notes
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PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER

SUBSCRIBER NAME: XINRAN LI

REF#: 4682312813857

1	02222023	02222023	97110	400.00		35.00	\$365.00		10.50	00000	0	0	24.50	A0
2	02222023	02222023	97140	360.00		158.77		47.63		00000	0	0	111.14	
3	02222023	02222023				201.23				00000	0	0	201.23	
Total				760.00		\$395.00	365.00	\$0.00						

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$15,105.07 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$58.13

PAYMENT OF \$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 30, 2023

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PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER: SUBSCRIBER
SUBSCRIBER NAME: XINRAN LI

REF#: 4682312813858

1	02082023	02082023	97110	400.00		35.00	\$365.00		10.50	00000	0	0	24.50	A0
2	02082023	02082023	97140	360.00		158.77		47.63		00000	0	0	111.14	
3	02082023	02082023				201.23				00000	0	0	201.23	
Total				760.00		\$395.00	365.00	\$0.00						

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$15,306.30 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$58.13

PAYMENT OF \$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 30, 2023

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Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG/ Per Diem / APC Type	DRG/ Per Diem / APC Number	DRG/ Per Diem / Amount	DRG/ Per Diem / Benefit Amount	Plan Benefit	Notes
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PATIENT NAME: XINRAN LI

PATIENT #: XLI10152770 OPERATION LOCATION/GROUP#: 56088-9-2500556 RECEIVE DATE: 05/08/2023
PROCESS DATE: 08/30
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U71369331

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:XINRAN LI

REF#: 4682312813859

1	02012023 02012023	97110		400.00		35.00	\$365.00		10.50		00000	0	0	24.50	A0
2	02012023 02012023										00000	0	0	0.00	
3	02012023 02012023	97140		360.00		158.77			47.63		00000	0	0	111.14	
4	02012023 02012023					201.23						0	0	201.23	

Total760.00\$395.00365.00\$0.00

THE \$2,250 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

\$2,250.00 HAS BEEN APPLIED TOWARDS THE \$4,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023

THE \$750 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THE \$1,500 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THE \$5,250 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023

\$5,250.00 HAS BEEN APPLIED TOWARDS THE \$10,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023

THE \$3,750 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023

\$5,255.14 HAS BEEN APPLIED TOWARDS THE \$7,500 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023

\$15,507.53 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE.....\$58.13

PAYMENT OF\$201.23 TO HYUK JEGAL PT

PPS SC3

Explanation of Direct Deposit Activity Report



Provider Number
921279283 0000001

Provider Name
APEX CHIRO PT INC

Date through which claims where processed
August 31, 2023

THIS IS NOT A BILL
Retain for your Records

Page
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Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/ Discount	Deduct/Copay Amount	Coinsurance Amount	DRG/ Per Diem / APC Type	DRG/ Per Diem / APC Number	DRG/ Per Diem / Amount	DRG/ Per Diem / Benefit Amount	Plan Benefit	Notes
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Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

PATIENT NAME: NABINA PANDAY

PATIENT #: 005-PAN10256981 OPERATION LOCATION/GROUP#: 56088-9-2500556RECEIVE DATE: 04/26/2023
PROCESS DATE: 08/31
PROVIDER NETWORK STATUS: OUT OF NETWORK
SUBSCRIBER#: U68421583

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:NABINA PANDAY

REF#: 7682311615410

1	02082023	02082023	97110	450.00		150.00	\$300.00				00000	0	0	150.00	A0
2	02082023	02082023	97140	450.00		205.25	\$244.75				00000	0	0	205.25	A0
Total				900.00		\$355.25	544.75	\$0.00							

THE \$400 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023
\$400.00 HAS BEEN APPLIED TOWARDS THE \$800 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2023
THE \$1,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023
\$1,000.00 HAS BEEN APPLIED TOWARDS THE \$2,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$296.00 HAS BEEN APPLIED TOWARDS THE \$1,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2023
\$444.06 HAS BEEN APPLIED TOWARDS THE \$2,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023
\$62,827.80 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$0.00

PAYMENT OF \$226.07 TO HYUK JEGAL PT

PPS AZO

Explanation of Direct Deposit Activity Report



Provider Number	Provider Name	Date through which claims where processed	THIS IS NOT A BILL	Page
921279283	APEX CHIRO PT INC	August 31, 2023	Retain for your Records	1

A0 DO NOT BILL THE PATIENT FOR THE NEGOTIATED AMOUNT
THROUGH DATA ISIGHT. PLEASE CALL 877.489.5984 FOR
ADDITIONAL INFORMATION ABOUT THIS AMOUNT.