



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

Provider Number:  
**200064971958**

Date Created:  
**09/07/2023**

Remittance Tracking Number:  
**603600789007**

Retain This Statement For Your Records:

**How to Contact Us:**

**Mail to the return address in  
upper left corner of this page  
Phone: 1-866-494-2111  
or visit [www.cignaforhcp.com](http://www.cignaforhcp.com)**

***Explanation of Direct Deposit***

***Understanding this Benefits Statement***

- This page is a summary of the behavioral plan 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 in the Provider Explanation of Direct Deposit Activity Report were determined.

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

If you have questions or disagree with the payment identified on this Explanation of Medical Benefits statement, 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.

***Federal Rights of Review and Appeal - For Employee***

- 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're 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 frame is provided by applicable state law or permitted by 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 your 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
603600789007	09/08/2023

Deposited For: APEX CHIRO PT INC

Direct Deposit Amount \$ **723.36**

**Advice of Deposit  
Non-Negotiable**

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***Definitions of terms used on the Explanation of Deposit Activity Report section of this statement***

- Administrative Service Only - ERISA:** The Employee Retirement Income Security Act of 1974 (ERISA) sets standards for private sector retirement and health plans. ERISA governs most Administrative Services Only (ASO) plans.
- Line:** Line item number.
- Procedure Date:** Date you provided the service.
- Procedure Code:** Code describing the service provided.
- DRG/APC Code:** DRG (Diagnosis Related Group)/APC (Ambulatory Payment Classification) Code describing the service provided.
- Billed Amount:** Dollar amount you charged for service.
- Discount:** Amounts are the provider's responsibility and are considered savings by the plan. Examples included contractual agreement for network providers or discounts negotiated by the plan
- Amount Not Covered:** Dollar amount not covered by benefit plan.
- Covered Amount:** Dollar amount covered by the plan.
- Copay/Deductible Amount:** Portion of billed amount applied toward patient's deductible or copay (if any).
- Plan Paid:** Dollar amount payable for services provided.
- Coinsurance:** The amount of the patient's coinsurance liability.
- Patient Owes:** Portion of the billed amount that is patient responsibility; does not reflect prior payments that may have been made to the health care professional.
- See Note:** Explanation of Cigna's payment calculation. Please see the Explanation of Direct Deposit Activity Report for the written description of the Note.
- Other Insurance Paid:** The amount of another insurance carrier's payment.

# Explanation of Direct Deposit Activity



Health Care Professional Number: 200064971958

Health Care Professional Name: APEX CHIRO PT INC

Provider Network Status: OUT OF NETWORK

Date Created: 09/07/2023

THIS IS NOT A BILL  
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PATIENT NAME: <b>CHRISTINA DISANZA</b> PATIENT ID: 001-DIS10403552 Patient's relationship to subscriber: Subscriber GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA												
REC'D DATE: 08/30/2023 PROCESS DATE: 09/06/2023 SUBSCRIBER NAME: CHRISTINA DISANZA SUBSCRIBER ID: 106945895 CLAIM ID: 232588119900												
Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
1	07/03 - 07/03/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902
2	07/03 - 07/03/23	97140		360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
<b>Total</b>				<b>\$760.00</b>	<b>\$630.82</b>	<b>\$0.00</b>	<b>\$129.18</b>	<b>\$0.00</b>	<b>\$90.42</b>	<b>\$38.76</b>	<b>\$38.76</b>	
<b>Payment of \$90.42 to APEX CHIRO PT INC</b>												

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: <b>CHRISTINA DISANZA</b> PATIENT ID: 002-DIS10403552 Patient's relationship to subscriber: Subscriber GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA												
REC'D DATE: 08/30/2023 PROCESS DATE: 09/06/2023 SUBSCRIBER NAME: CHRISTINA DISANZA SUBSCRIBER ID: 106945895 CLAIM ID: 232588120600												
Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
3	07/07 - 07/07/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902
4	07/07 - 07/07/23	97140		360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
<b>Total</b>				<b>\$760.00</b>	<b>\$630.82</b>	<b>\$0.00</b>	<b>\$129.18</b>	<b>\$0.00</b>	<b>\$90.42</b>	<b>\$38.76</b>	<b>\$38.76</b>	
<b>Payment of \$90.42 to APEX CHIRO PT INC</b>												

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: <b>CHRISTINA DISANZA</b> PATIENT ID: 008-DIS10403552 Patient's relationship to subscriber: Subscriber GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA												
REC'D DATE: 08/30/2023 PROCESS DATE: 09/06/2023 SUBSCRIBER NAME: CHRISTINA DISANZA SUBSCRIBER ID: 106945895 CLAIM ID: 232588121000												
Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
5	07/14 - 07/14/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902

Explanation of Direct Deposit Activity



Health Care Professional Number: 200064971958

Health Care Professional Name: APEX CHIRO PT INC

Date Created: 09/07/2023

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6	07/14 - 07/14/23	97140	360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
Total			\$760.00	\$630.82	\$0.00	\$129.18	\$0.00	\$90.42	\$38.76	\$38.76	
Payment of \$90.42 to APEX CHIRO PT INC											

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: CHRISTINA DISANZA PATIENT ID: 006-DIS10403552 Patient's relationship to subscriber: Subscriber GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA  
REC'D DATE: 08/30/2023 PROCESS DATE: 09/06/2023 SUBSCRIBER NAME: CHRISTINA DISANZA SUBSCRIBER ID: 106945895 CLAIM ID: 232588120200

Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
7	07/21 - 07/21/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902
8	07/21 - 07/21/23	97140		360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
Total				\$760.00	\$630.82	\$0.00	\$129.18	\$0.00	\$90.42	\$38.76	\$38.76	
Payment of \$90.42 to APEX CHIRO PT INC												

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: CHRISTINA DISANZA PATIENT ID: 003-DIS10403552 Patient's relationship to subscriber: Subscriber GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA  
REC'D DATE: 08/30/2023 PROCESS DATE: 09/06/2023 SUBSCRIBER NAME: CHRISTINA DISANZA SUBSCRIBER ID: 106945895 CLAIM ID: 232588122400

Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
9	08/15 - 08/15/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902

Explanation of Direct Deposit Activity



Health Care Professional Number: 200064971958

Health Care Professional Name: APEX CHIRO PT INC

Date Created: 09/07/2023

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10	08/15 - 08/15/23	97140		360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
Total				\$760.00	\$630.82	\$0.00	\$129.18	\$0.00	\$90.42	\$38.76	\$38.76	
Payment of \$90.42 to APEX CHIRO PT INC												

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: CHRISTINA DISANZA    PATIENT ID: 004-DIS10403552    Patient's relationship to subscriber: Subscriber    GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA  
REC'D DATE: 08/30/2023    PROCESS DATE: 09/06/2023    SUBSCRIBER NAME: CHRISTINA DISANZA    SUBSCRIBER ID: 106945895    CLAIM ID: 232588119500

Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
11	08/22 - 08/22/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902
12	08/22 - 08/22/23	97140		360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
Total				\$760.00	\$630.82	\$0.00	\$129.18	\$0.00	\$90.42	\$38.76	\$38.76	
Payment of \$90.42 to APEX CHIRO PT INC												

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: CHRISTINA DISANZA    PATIENT ID: 007-DIS10403552    Patient's relationship to subscriber: Subscriber    GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA  
REC'D DATE: 08/30/2023    PROCESS DATE: 09/06/2023    SUBSCRIBER NAME: CHRISTINA DISANZA    SUBSCRIBER ID: 106945895    CLAIM ID: 232588122800

Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
13	08/25 - 08/25/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902

Explanation of Direct Deposit Activity



Health Care Professional Number: 200064971958

Health Care Professional Name: APEX CHIRO PT INC

Date Created: 09/07/2023

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14	08/25 - 08/25/23	97140	360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
Total			\$760.00	\$630.82	\$0.00	\$129.18	\$0.00	\$90.42	\$38.76	\$38.76	
Payment of \$90.42 to APEX CHIRO PT INC											

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

PATIENT NAME: CHRISTINA DISANZA    PATIENT ID: 005-DIS10403552    Patient's relationship to subscriber: Subscriber    GROUP: 00634060 , PROGYNY, INC. Administrative Service Only - ERISA  
REC'D DATE: 08/30/2023    PROCESS DATE: 09/06/2023    SUBSCRIBER NAME: CHRISTINA DISANZA    SUBSCRIBER ID: 106945895    CLAIM ID: 232588119300

Line	Procedure date	Procedure code	DRG/ APC Code	Billed Amount	Discount	Amount Not covered	Covered Amount	Copay / Deductible Amount	Plan Paid	Coinsurance	Patient Owes	See Note
15	08/29 - 08/29/23	97110		400.00	332.68	0.00	67.32	0.00	47.12	20.20	20.20	902
16	08/29 - 08/29/23	97140		360.00	298.14	0.00	61.86	0.00	43.30	18.56	18.56	902
Total				\$760.00	\$630.82	\$0.00	\$129.18	\$0.00	\$90.42	\$38.76	\$38.76	
Payment of \$90.42 to APEX CHIRO PT INC												

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 typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates. If you'd like information on how much the customer met towards their accumulators (e.g., deductibles), please visit our website at [cignaforhcp.com](http://cignaforhcp.com) or contact customer service.

NOTES

902-PROVIDER THIS IS THE DATA ISIGHT ALLOWED AMOUNT OFFERED, DIRECT INQUIRIES TO 877.489.5984. MEMBER YOU MAY OWE MORE IF OFFER IS NOT ACCEPTED.