



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

Provider Number:

**921279283**


Date through which the claims were processed:

**August 16, 2024**


Remittance Tracking Number:

**240816090002811**

**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
240816090002811	August 21, 2024

Deposited for      APEX CHIRO PT INC

Direct Deposit  
Amount      \$

4,784.58

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

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

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Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

THIS IS NOT A BILL  
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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: CODY M WALL

PATIENT #: 002-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 05/29/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:CODY M WALL

REF#: 4682415012033

1	01102024	01102024	97110	400.00		300.00	\$100.00		60.00		00000	0	0	240.00	A0
2	01102024	01102024	97140	360.00		184.44	\$175.56		36.89		00000	0	0	147.55	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,851.11 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$60,548.63 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP HWS

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 16, 2024

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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: CODY M WALL

PATIENT #: 003-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 05/29/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:CODY M WALL

REF#: 4682415012034

1	01122024	01122024	97110	400.00		184.44	\$215.56		36.89		00000	0	0	147.55	A0
2	01122024	01122024	97140	360.00		300.00	\$60.00		60.00		00000	0	0	240.00	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,948.00 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$60,936.18 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP SWG

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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PATIENT NAME: CODY M WALL

PATIENT #: 004-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 05/29/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

REF#: 4682415012035

1	01152024	01152024	97110	400.00		300.00	\$100.00	300.00			00000	0	0	0.00	A0
2	01152024	01152024	97140	360.00		184.44	\$175.56	31.72	30.54		00000	0	0	122.18	A0
Total				760.00		\$484.44	275.56	\$331.72							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,269.77 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$58,223.33 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$362.26

PAYMENT OF \$122.18 TO APEX CHIRO PT INC

DLP AEK

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: CODY M WALL

PATIENT #: 006-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 05/29/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:CODY M WALL

REF#: 4682415012037

1	01192024	01192024	97110	400.00		300.00	\$100.00		60.00		00000	0	0	240.00	A0
2	01192024	01192024	97140	360.00		184.44	\$175.56		36.89		00000	0	0	147.55	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,754.22 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$60,161.08 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP HWS

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: CODY M WALL

PATIENT #: 007-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 05/29/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

REF#: 4682415012038

1	02052024	02052024	97110	400.00		184.44	\$215.56		36.89		00000	0	0	147.55	A0
2	02052024	02052024	97140	360.00		300.00	\$60.00		60.00		00000	0	0	240.00	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$4,044.89 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$61,323.73 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP SWG

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: CODY M WALL

PATIENT #: 008-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 05/29/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:CODY M WALL

REF#: 4682415012039

1	01292024	01292024	97110	400.00		300.00	\$100.00		60.00		00000	0	0	240.00	A0
2	01292024	01292024	97140	360.00		184.44	\$175.56		36.89		00000	0	0	147.55	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,366.66 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$58,610.88 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP AEK



Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: CODY M WALL

PATIENT #: 014-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878 RECEIVE DATE: 06/19/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

REF#: 4682417115019

1	03082024	03082024	97110	400.00		184.44	\$215.56		36.89		00000	0	0	147.55	A0
2	03082024	03082024	97140	360.00		300.00	\$60.00		60.00		00000	0	0	240.00	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$4,141.78 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$61,711.28 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP SWG

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: CODY M WALL

PATIENT #: 010-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 06/19/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

REF#: 4682417115020

1	02232024	02232024	97110	400.00		300.00	\$100.00		60.00		00000	0	0	240.00	A0
2	02232024	02232024	97140	360.00		184.44	\$175.56		36.89		00000	0	0	147.55	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,463.55 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$58,998.43 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP AEK

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: CODY M WALL

PATIENT #: 009-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 06/19/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

REF#: 4682417115022

1	02192024	02192024	97110	400.00		300.00	\$100.00		60.00		00000	0	0	240.00	A0
2	02192024	02192024	97140	360.00		184.44	\$175.56		36.89		00000	0	0	147.55	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,657.33 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$59,773.53 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP HWS

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: CODY M WALL

PATIENT #: 012-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 06/19/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U68769899

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

REF#: 4682417115023

1	02292024	02292024	97110	400.00		184.44	\$215.56		36.89		00000	0	0	147.55	A0
2	02292024	02292024	97140	360.00		300.00	\$60.00		60.00		00000	0	0	240.00	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$4,238.67 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$62,098.83 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP SWG

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: CODY M WALL

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

SUBSCRIBER NAME:CODY M WALL

PATIENT #: 011-WAL10632070 OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 06/19/2024

PROCESS DATE: 08/16

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER#: U68769899

REF#: 4682417115211

1	02262024	02262024	97110	400.00		300.00	\$100.00		60.00		00000	0	0	240.00	A0
2	02262024	02262024	97140	360.00		184.44	\$175.56		36.89		00000	0	0	147.55	A0
Total				760.00		\$484.44	275.56	\$0.00							

THE \$3,000 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$1,600 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,560.44 HAS BEEN APPLIED TOWARDS THE \$5,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$1,792.29 HAS BEEN APPLIED TOWARDS THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$59,385.98 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$96.89

PAYMENT OF \$387.55 TO APEX CHIRO PT INC

DLP AEK

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: ELIVERTA NIKA

PATIENT #: 010-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594899

1	03012024	03012024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A1
2	03012024	03012024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A1
Total				800.00		\$92.90	707.10	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,579.95 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,579.95 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,803.31 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,038.46 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR6

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: ELIVERTA NIKA

PATIENT #: 011-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594900

1	03082024	03082024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A1
2	03082024	03082024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A1
Total				800.00		\$92.90	707.10	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,664.03 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,664.03 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,887.39 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,234.64 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR6

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: ELIVERTA NIKA

PATIENT #: 008-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594901

1	02232024	02232024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A1
2	02232024	02232024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A1
Total				800.00		\$92.90	707.10	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,720.24 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,720.24 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,943.60 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,365.79 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR6



Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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PATIENT NAME: ELIVERTA NIKA

PATIENT #: 015-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594902

1	03182024	03182024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A1
2	03182024	03182024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A1
Total				800.00		\$94.46	705.54	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,692.37 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,692.37 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,915.73 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,300.76 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR6

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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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: ELIVERTA NIKA

PATIENT #: 016-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594903

1	03272024	03272024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A1
2	03272024	03272024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A1
Total				800.00		\$94.46	705.54	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,552.08 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,552.08 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,775.44 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$4,973.43 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR6

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: ELIVERTA NIKA

PATIENT #: 009-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594904

1	02282024	02282024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A1
2	02282024	02282024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A1
Total				800.00		\$92.90	707.10	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,832.66 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,832.66 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$4,056.02 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,628.09 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR6

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: ELIVERTA NIKA

PATIENT #: 017-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594905

1	04012024	04012024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A1
2	04012024	04012024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A1
Total				800.00		\$94.46	705.54	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,608.29 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,608.29 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,831.65 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,104.58 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR6

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
August 16, 2024

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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: ELIVERTA NIKA

PATIENT #: 007-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594906

1	02212024	02212024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A1
2	02212024	02212024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A1
Total				800.00		\$92.90	707.10	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,636.16 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,636.16 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,859.52 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,169.61 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR6

Explanation of Direct Deposit Activity Report



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APEX CHIRO PT INC

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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: ELIVERTA NIKA

PATIENT #: 018-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419594907

1	04082024	04082024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A1
2	04082024	04082024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A1
Total				800.00		\$94.46	705.54	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,748.58 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,748.58 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$3,971.94 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,431.91 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR6

Explanation of Direct Deposit Activity Report



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Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
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PATIENT NAME: ELIVERTA NIKA

PATIENT #: 012-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419595466

1	03062024	03062024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A1
2	03062024	03062024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A1
Total				800.00		\$92.90	707.10	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,804.79 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,804.79 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$4,028.15 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,563.06 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR6

Explanation of Direct Deposit Activity Report



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PATIENT NAME: ELIVERTA NIKA

PATIENT #: 013-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419595467

1	03132024	03132024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A1
2	03132024	03132024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A1
Total				800.00		\$94.46	705.54	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,861.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,861.00 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$4,084.36 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,694.21 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR6



Explanation of Direct Deposit Activity Report



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Provider Name  
APEX CHIRO PT INC

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PATIENT NAME: ELIVERTA NIKA

PATIENT #: 014-NIK10585494OPERATION LOCATION/GROUP#: 53822-9-3336878RECEIVE DATE: 07/13/2024  
PROCESS DATE: 08/16  
PROVIDER NETWORK STATUS: OUT OF NETWORK  
SUBSCRIBER#: U49610508

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER  
SUBSCRIBER NAME:ELIVERTA NIKA

REF#: 7682419595468

1	03152024	03152024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A1
2	03152024	03152024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A1
Total				800.00		\$94.46	705.54	\$0.00							

THE \$2,000 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$2,000.00 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
THE \$1,000 IN NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
THE \$2,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$3,776.92 HAS BEEN APPLIED TOWARDS THE \$4,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,776.92 HAS BEEN APPLIED TOWARDS THE \$8,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$3,000 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$4,000.28 HAS BEEN APPLIED TOWARDS THE \$6,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
\$5,498.03 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR6

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

A1 PROVIDER: THIS IS THE OFFERED ALLOWED AMOUNT.  
QUESTIONS: CALL DATA ISIGHT AT 877.489.5984.  
CUSTOMER: YOU MAY OWE MORE IF OFFER NOT ACCEPTED.