



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

Provider Number:

**921279283**


Date through which the claims were processed:

**May 17, 2024**


Remittance Tracking Number:

**240516090004339**

**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
240516090004339	May 20, 2024

Deposited for      APEX CHIRO PT INC

Direct Deposit

Amount      \$

2,174.99

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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  
May 15, 2024

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Page  
1

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: YONGXIANG LIAO

PATIENT #: 010-LIA10563635 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 03/20/2024

PROCESS DATE: 05/15

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:YONGXIANG LIAO

SUBSCRIBER#: U56733636

REF#: 9652408096438

1	12112023	12112023	97110	450.00		208.35	\$241.65				00000	0	0	208.35	A1
2	12112023	12112023	97140	450.00		208.35	\$241.65				00000	0	0	208.35	A1
Total				900.00		\$416.70	483.30	\$0.00							

\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK FAMILY DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023  
THE \$6,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
THE \$6,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
\$11,208.09 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK INDIVIDUAL DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$0.00

PAYMENT OF \$240.00 TO APEX CHIRO PT INC

PPS SUL

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 15, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
2

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: YONGXIANG LIAO

PATIENT #: 003-LIA10563635 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 03/20/2024

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROCESS DATE: 05/15

SUBSCRIBER NAME:YONGXIANG LIAO

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER#: U56733636

REF#: 9652408096440

1	11132023	11132023	97110	450.00		208.35	\$241.65				00000	0	0	208.35	A1
2	11132023	11132023	97140	450.00		208.35	\$241.65				00000	0	0	208.35	A1
Total				900.00		\$416.70	483.30	\$0.00							

\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK FAMILY DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023  
THE \$6,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
THE \$6,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
\$11,624.79 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK INDIVIDUAL DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE.....\$0.00

PAYMENT OF\$319.81 TO APEX CHIRO PT INC

PPS SUL

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 15, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
3

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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: YONGXIANG LIAO

PATIENT #: 006-LIA10563635 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 03/20/2024

PROCESS DATE: 05/15

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:YONGXIANG LIAO

SUBSCRIBER#: U56733636

REF#: 9652408096441

1	11292023	11292023	97110	450.00		208.35	\$241.65				00000	0	0	208.35	A1
2	11292023	11292023	97140	450.00		208.35	\$241.65				00000	0	0	208.35	A1
Total				900.00		\$416.70	483.30	\$0.00							

\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK FAMILY DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023  
THE \$6,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
THE \$6,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
\$12,041.49 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK INDIVIDUAL DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$0.00

PAYMENT OF \$319.81 TO APEX CHIRO PT INC

PPS SUL

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 15, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
4

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PATIENT NAME: YONGXIANG LIAO

PATIENT #: 007-LIA10563635 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 03/20/2024

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROCESS DATE: 05/15

SUBSCRIBER NAME:YONGXIANG LIAO

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER#: U56733636

REF#: 9652408096443

1	12072023	12072023	97110	450.00		208.35	\$241.65				00000	0	0	208.35	A1
2	12072023	12072023	97140	450.00		208.35	\$241.65				00000	0	0	208.35	A1
Total				900.00		\$416.70	483.30	\$0.00							

\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK FAMILY DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023  
THE \$6,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
THE \$6,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
\$12,874.89 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK INDIVIDUAL DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE.....\$0.00

PAYMENT OF\$319.81 TO APEX CHIRO PT INC

PPS SUL

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 15, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
5

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: YONGXIANG LIAO

PATIENT #: 009-LIA10563635 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 03/20/2024

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROCESS DATE: 05/15

SUBSCRIBER NAME:YONGXIANG LIAO

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER#: U56733636

REF#: 9652408096663

1	11202023 11202023	97110		450.00		208.35	\$241.65				00000	0	0	208.35	A1
2	11202023 11202023	97140		450.00		208.35	\$241.65				00000	0	0	208.35	A1
Total				900.00		\$416.70	483.30	\$0.00							

\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK FAMILY DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2023  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$3,550 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2023  
THE \$6,000 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
THE \$6,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2023  
\$12,458.19 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM  
\$0.00 HAS BEEN APPLIED TOWARDS THE \$2,250 IN NETWORK INDIVIDUAL DEDUCTIBLE FOR 2023  
THE \$4,750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2023

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

BALANCE..... \$0.00

PAYMENT OF \$319.81 TO APEX CHIRO PT INC

PPS SUL

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
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Page  
6

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: ELEN C SALTOS

PATIENT #: 016-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800131

1	02142024	02142024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A0
2	02142024	02142024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A0
Total				800.00		\$92.90	707.10	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024

\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024

\$3,363.26 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024

\$3,363.26 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024

THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024

THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024

\$6,952.36 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR9

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  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
7

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PATIENT NAME: ELEN C SALTOS

PATIENT #: 019-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800132

1	02282024	02282024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A0
2	02282024	02282024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A0
Total				800.00		\$92.90	707.10	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,419.00 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,419.00 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$7,082.42 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
8

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PATIENT NAME: ELEN C SALTOS

PATIENT #: 020-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROCESS DATE: 05/16

SUBSCRIBER NAME:ELEN C SALTOS

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER#: U91200304

REF#: 4682412800133

1	03062024	03062024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A0
2	03062024	03062024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A0
Total				800.00		\$92.90	707.10	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,503.08 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,503.08 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$7,278.60 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
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Page  
9

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: ELEN C SALTOS

PATIENT #: 023-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800134

1	03272024	03272024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A0
2	03272024	03272024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A0
Total				800.00		\$94.46	705.54	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,307.05 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,307.05 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$6,821.21 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims were processed  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
10

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: ELEN C SALTOS

PATIENT #: 021-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800135

1	03132024	03132024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A0
2	03132024	03132024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A0
Total				800.00		\$94.46	705.54	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,250.37 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,250.37 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$6,688.97 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
11

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: ELEN C SALTOS

PATIENT #: 024-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800136

1	04032024	04032024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A0
2	04032024	04032024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A0
Total				800.00		\$94.46	705.54	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,278.71 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,278.71 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$6,755.09 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
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Page  
12

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: ELEN C SALTOS

PATIENT #: 017-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROCESS DATE: 05/16

SUBSCRIBER NAME:ELEN C SALTOS

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER#: U91200304

REF#: 4682412800137

1	02162024	02162024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A0
2	02162024	02162024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A0
Total				800.00		\$92.90	707.10	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,391.13 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,391.13 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$7,017.39 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
13

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: ELEN C SALTOS

PATIENT #: 018-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800138

1	02212024	02212024	97110	400.00		48.41	\$351.59		14.52		00000	0	0	33.89	A0
2	02212024	02212024	97140	400.00		44.49	\$355.51		13.35		00000	0	0	31.14	A0
Total				800.00		\$92.90	707.10	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,446.87 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,446.87 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$7,147.45 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$27.87

PAYMENT OF \$65.03 TO APEX CHIRO PT INC

SYS MR9

Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
14

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: ELEN C SALTOS

PATIENT #: 022-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800139

1	03202024	03202024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A0
2	03202024	03202024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A0
Total				800.00		\$94.46	705.54	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,335.39 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,335.39 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$6,887.33 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR9



Explanation of Direct Deposit Activity Report



Provider Number  
921279283 0000001

Provider Name  
APEX CHIRO PT INC

Date through which claims where processed  
May 16, 2024

THIS IS NOT A BILL  
Retain for your Records

Page  
15

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: ELEN C SALTOS

PATIENT #: 025-SAL10558189 OPERATION LOCATION/GROUP#: 57968-9-3344051 RECEIVE DATE: 05/07/2024

PROCESS DATE: 05/16

PATIENT'S RELATIONSHIP TO SUBSCRIBER:SUBSCRIBER

PROVIDER NETWORK STATUS: OUT OF NETWORK

SUBSCRIBER NAME:ELEN C SALTOS

SUBSCRIBER#: U91200304

REF#: 4682412800140

1	04102024	04102024	97110	400.00		49.22	\$350.78		14.77		00000	0	0	34.45	A0
2	04102024	04102024	97140	400.00		45.24	\$354.76		13.57		00000	0	0	31.67	A0
Total				800.00		\$94.46	705.54	\$0.00							

THE \$750 OUT OF NETWORK INDIVIDUAL DEDUCTIBLE HAS BEEN SATISFIED FOR 2024  
\$982.46 HAS BEEN APPLIED TOWARDS THE \$1,500 OUT OF NETWORK FAMILY DEDUCTIBLE FOR 2024  
\$3,475.21 HAS BEEN APPLIED TOWARDS THE \$3,750 OUT OF NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' FOR 2024  
\$3,475.21 HAS BEEN APPLIED TOWARDS THE \$7,500 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR 2024  
THE \$1,500 IN NETWORK INDIVIDUAL 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
THE \$3,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR 2024  
\$7,213.57 HAS BEEN APPLIED TO THE UNLIMITED ALL MEDICAL BENEFITS INDIVIDUAL LIFETIME MAXIMUM

BALANCE..... \$28.34

PAYMENT OF \$66.12 TO APEX CHIRO PT INC

SYS MR9

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	May 16, 2024	Retain for your Records	1

A0 PROVIDER: THIS IS THE OFFERED ALLOWED AMOUNT.  
QUESTIONS: CALL DATA ISIGHT AT 877.489.5984.  
CUSTOMER: YOU MAY OWE MORE IF OFFER NOT ACCEPTED.

A1 DO NOT BILL THE PATIENT FOR THE NEGOTIATED AMOUNT  
THROUGH DATA ISIGHT. PLEASE CALL 877.489.5984 FOR  
ADDITIONAL INFORMATION ABOUT THIS AMOUNT.