

Claim Number : 0646436090000002

Total Charges : \$352.00

EOB # GG8836577

Billing Provider : ALLCARE HEALTH & PAIN LLC

Service Provider : ALLCARE HEALTH & PAIN LLC JAMES LIU, EN-CHIA

Patient Name : LIGONDE, MARIE

Dates of Service : 10/15/2025 - 10/15/2025

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
FS_NJ	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.4.	1

Comments: Questions regarding this review may be directed to:

ISG

P.O. Box 1247

Daphne, AL 36526

All BILL appeals MUST BE MAILED TO THE ABOVE ADDRESS

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WARNING: N.J. Stat. 17:33A-6 states: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

ASSIGNMENT OF BENEFITS

Assignment of an Insured's/ Eligible Injured Person's rights to receive benefits for medically necessary treatment, durable medical equipment, tests or other services is prohibited except to licensed health care providers who must agree to:

- a. Fully Comply with GEICO's Decision Point Review Plan, including Precertification requirements,
- b. Comply with the terms and conditions of GEICO's Family Automobile Insurance Policy,
- c. Provide complete and legible medical records or other pertinent information when requested by us,
- d. Complete the "Internal Appeals Process" which shall be a condition precedent to the filing of a demand for Dispute Resolution for any issue related to bill payment, bill processing, Decision Point Review Request or Precertification requests. Completion of the internal appeal process means timely submission of an appeal, receipt of the response, and completion of the expiration of the forty five (45) calendar day waiting period for post-service appeals, prior to filing for alternate dispute resolution. Except for emergency care as defined in N.J.A.C. 11:3-4.2, any treatment that is the subject of the appeal that is performed prior to the receipt by the provider of the appeal decision shall invalidate the assignment of benefits.
- e. Submit disputes to Dispute Resolution pursuant to N.J.A.C. 11:3-5,
- f. Submit to statements and/or Examinations Under Oath as often as deemed reasonable and necessary.

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Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at:
<https://partners.geico.com/mpctweb>.

Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at: www.cariskic.com or call 888-207-6366.

For questions regarding payment please contact GEICO. For questions regarding this EOR please call 856-810-4759.

Detailed Payment Summary

GEICO INDEMNITY CO
Field Claim Center: 12 Buffalo

NO. N 262033594

Date: 11/13/2025

300 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Claim #: 0610690690000002
Date of Loss: 05/30/2025

Claimant Name: Lizander Leguisamontolenti
Insured Name: Aquilino Leguisamon-Anduja
Tax ID / SS# / XX-XXX6222
Atty ADJ Code:
Adjuster Code: P180

Pay To:
Allcare Health & Pain Llc



Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-0001



Total Amount:
\$*****85.01

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

02 NBM \$*****85.01



In Payment Of
Personal Injury Protection
Acct #: 31357
DOS: 10/14/2025-10/14/2025

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* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO INDEMNITY CO
300 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Claimant: Lizander Leguisamontolenti
Insured Name: Aquilino Leguisamon-Anduja

Feature Symbol & Amount

NBM \$*****85.01

EIGHTY-FIVE*AND*01/100*DOLLARS***

Pay to the Order of:
Allcare Health & Pain Llc

Bank of America
South Portland, ME 04106

52-153
112 ME

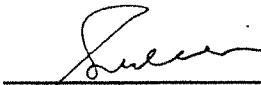
NO. N 262033594

VOID AFTER 180 DAYS

Date: 11/13/2025

Amount:
\$*****85.01

Mail To:
Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-0001


Authorized Signer

11 26 2033594 10 11 2015391 22 2007960 711

B-9339514 003091 01 04 0

1328798992 000003091 00000001 / 00000004 0000068867 / 000010000

EXPLANATION OF REVIEW

New Jersey

Receive Date : 10/28/2025 **Claim Number** : 0610690690000002
Service Provider : ALLCARE HEALTH & PAIN LLC JAMES LIU, EN-CHIA **Date Of Loss** : 05/30/2025
Patient : LEGUISAMONTOLENTI, LIZANDER
550 NEWARK AVE STE 201
Jersey City, NJ 07306-1348 135 BELMONT AVE APT 502
Case Number : Jersey City, NJ 07304
Billing Provider : ALLCARE HEALTH & PAIN LLC **Patient Account #** : 31357
Adjuster Name : Makenzie Rolle
XX-XXX6222 550 Newark Ave Ste 201
Jersey City, NJ 07306-1348 **Carrier** : GEICO
Dates Of Service : 10/14/2025 - 10/14/2025 PO Box 9515
Fredericksburg, VA 22403-9515

Diagnostic Codes **Description**
M54.12 Radiculopathy, cervical region
M54.16 Radiculopathy, lumbar region

LINE DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	10/14/25	99213	Office o/p est low 20 min	1.0	\$352.00	\$266.99	\$0.00	\$85.01	FS_NJ
Total Lines : 1					\$352.00	\$266.99	\$0.00	\$85.01	

Reimbursement Amount :	\$	85.01
Previous Reimbursement Amount :	\$	0.00
Difference in Reimbursement Amount :	\$	0.00
Apportionment Amount :	\$	0.00
Less Deductible :	\$	0.00
Limited Benefits/Copay :	\$	0.00
EOR Check Amount :	\$	85.01

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at:
<https://partners.geico.com/mpctweb>.

Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at:
www.cariskic.com or call 888-207-6366.

Claim Number : 0610690690000002	Total Charges : \$352.00	eor # GG8836574
Billing Provider : ALLCARE HEALTH & PAIN LLC		
Service Provider : ALLCARE HEALTH & PAIN LLC JAMES LIU, EN-CHIA		
Patient Name : LEGUISAMONTOLENTI, LIZANDER	Dates of Service : 10/14/2025 - 10/14/2025	

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
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FS_NJ	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.4.	1
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Comments: Questions regarding this review may be directed to:

ISG

P.O. Box 1247

Daphne, AL 36526

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Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at:
www.cariskic.com or call 888-207-6366.

For questions regarding payment please contact GEICO. For questions regarding this EOR please call 856-810-4635.

EXPLANATION OF REVIEW

New Jersey

Receive Date : 10/28/2025 Claim Number : 0646436090000002
 Service Provider : ALLCARE HEALTH & PAIN LLC JAMES LIU, EN-CHIA Date Of Loss : 05/28/2025
 Patient : LIGONDE, MARIE
 550 NEWARK AVE STE 201
 Jersey City, NJ 07306-1348 470 BRAMHALL AVE APT 1D
 Case Number : Jersey City, NJ 07304
 Billing Provider : ALLCARE HEALTH & PAIN LLC Patient Account # : 31416
 Adjuster Name : Jesseca Cintron
 XX-XXX6222 550 Newark Ave Ste 201
 Jersey City, NJ 07306-1348 Carrier : GEICO
 PO Box 9515
 Fredericksburg, VA 22403-9515

Dates Of Service : 10/15/2025 - 10/15/2025

Diagnostic Codes
M54.16 Description
Radiculopathy, lumbar region

LINE DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	10/15/25	99213 Office o/p est low 20 min	1.0	\$352.00	\$266.99	\$0.00	\$85.01	FS_NJ
Total Lines :	1			\$352.00	\$266.99	\$0.00	\$85.01	

Reimbursement Amount :	\$	85.01
Previous Reimbursement Amount :	\$	0.00
Difference in Reimbursement Amount :	\$	0.00
Apportionment Amount :	\$	0.00
Less Deductible :	\$	0.00
Limited Benefits/Copay :	\$	17.00
EOR Check Amount :	\$	68.01

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<https://partners.geico.com/mpctweb>.

Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at:
www.cariskic.com or call 888-207-6366.

2000016464360900000002006891

1328798993 000000002/000000004 000006891/00010000

E-93339514 003092 02 04 0

Detailed Payment Summary

GEICO INDEMNITY CO
Field Claim Center: 12 Buffalo

NO. N 262033574

Date: 11/13/2025

300 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Claim #: 8728352250000006

Date of Loss: 06/07/2025

Claimant Name: Nadirah Keith
Insured Name: Nadirah Keith
Tax ID / SS# / XX-XXX6222
Atty ADJ Code:
Adjuster Code: P814

Pay To:
Allcare Health & Pain Llc



Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-0001



Total Amount:
\$*****85.01

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

01 NBM \$*****85.01

In Payment Of
Personal Injury Protection
Acct #: 31718
DOS: 10/14/2025-10/14/2025

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PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO INDEMNITY CO
300 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Claimant: Nadirah Keith
Insured Name: Nadirah Keith

Feature Symbol & Amount

NBM \$*****85.01

EIGHTY-FIVE*AND*01/100*DOLLARS***

Pay to the Order of:
Allcare Health & Pain Llc

Bank of America
South Portland, ME 04106

52-153
112 ME

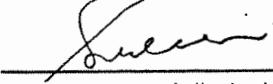
NO. N 262033574

VOID AFTER 180 DAYS

Date: 11/13/2025

Amount:
\$*****85.01

Mail To:
Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-0001


Authorized Signer

11262033574 10112015391 222007960711

B-9339514 003071 01 04 0

1328798972 000003071 00000001/00000004 000006817/00010000

EXPLANATION OF REVIEW

New Jersey

Receive Date : 10/28/2025 Claim Number : 8728352250000006
 Service Provider : ALLCARE HEALTH & PAIN LLC JAMES Date Of Loss : 06/07/2025
 LIU, EN-CHIA Patient : KEITH, NADIRAH
 550 NEWARK AVE STE 201
 Jersey City, NJ 07306-1348 24 CANAL CIR APT 101
 Case Number : Jersey City, NJ 07304
 Billing Provider : ALLCARE HEALTH & PAIN LLC Patient Account # : 31718
 Adjuster Name : Colleen Schwarz
 XX-XXX6222 550 Newark Ave Ste 201
 Jersey City, NJ 07306-1348 Carrier : GEICO
 PO Box 9515
 Fredericksburg, VA 22403-9515

 Dates Of Service : 10/14/2025 - 10/14/2025

Diagnostic Codes Description
M54.2 Cervicalgia

LINE DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	10/14/25	99213 Office o/p est low 20 min	1.0	\$352.00	\$266.99	\$0.00	\$85.01	FS_NJ
Total Lines : 1				\$352.00	\$266.99	\$0.00	\$85.01	

Reimbursement Amount :	\$	85.01
Previous Reimbursement Amount :	\$	0.00
Difference in Reimbursement Amount :	\$	0.00
Apportionment Amount :	\$	0.00
Less Deductible :	\$	0.00
Limited Benefits/Copay :	\$	0.00
EOR Check Amount :	\$	85.01

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Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at:
www.cariskic.com or call 888-207-6366.

Claim Number : 8728352250000006

Total Charges : \$352.00

EOB # GG8836571

Billing Provider : ALLCARE HEALTH & PAIN LLC

Service Provider : ALLCARE HEALTH & PAIN LLC JAMES LIU, EN-CHIA

Patient Name : KEITH, NADIRAH

Dates of Service : 10/14/2025 - 10/14/2025

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
FS_NJ	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.4.	1

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For questions regarding payment please contact GEICO. For questions regarding this EOB please call 856-703-2925.

Detailed Payment Summary

GEICO INDEMNITY CO
Field Claim Center: 04 Woodbury

NO. N 262025965

Date: 11/13/2025

P.O. BOX 9507
FREDERICKSBURG, VA 22403-9526

Claim #: 8752105270000005
Date of Loss: 07/23/2025

Claimant Name: Edwin Vuelto
Insured Name: Edwin Vuelto
Tax ID / SS# / XX-XXX6222
Atty ADJ Code:
Adjuster Code: P562

Pay To:
Allcare Health & Pain Llc



Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-0001



Total Amount:
\$*****143.55

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

01 DBI \$***143.55

In Payment Of
Personal Injury Protection
Acct #: 33590
DOS: 10/20/2025-10/20/2025

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* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO INDEMNITY CO
P.O. BOX 9507
FREDERICKSBURG, VA 22403-9526

Claimant: Edwin Vuelto
Insured Name: Edwin Vuelto

Feature Symbol & Amount

DBI \$***143.55

ONE-HUNDRED-FORTY-THREE*AND*55/100*DOLLARS***

Pay to the Order of:
Allcare Health & Pain Llc

Bank of America
South Portland, ME 04106

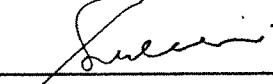
52-153
112 ME

NO. N 262025965

VOID AFTER 180 DAYS
Date: 11/13/2025

Amount:
\$*****143.55

Mail To:
Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-0001


Authorized Signer

11 26 2025 965 11 10 11 2015 391 22 200 7960 711

E-93339531 0000691 01 04 0

1328458205 00000691 00000001/00000004 00004969/00010003

EXPLANATION OF REVIEW

New Jersey

Receive Date	: 10/28/2025	Claim Number	: 8752105270000005
Service Provider	: ALLCARE HEALTH & PAIN LLC HAMADANI, SUNIL	Date Of Loss	: 07/23/2025
		Patient	: VUELTO, EDWIN
	550 NEWARK AVE STE 201		
	Jersey City, NJ 07306-1348		28 CLARKE AVE APT 1
Case Number	:		Jersey City, NJ 07304
Billing Provider	: ALLCARE HEALTH & PAIN LLC	Patient Account #	: 33590
		Adjuster Name	: Donya Stewart
XX-XXX6222	550 Newark Ave Ste 201		
	Jersey City, NJ 07306-1348	Carrier	: GEICO
			PO Box 9507
Dates Of Service	: 10/20/2025 - 10/20/2025		Fredericksburg, VA 224

Diagnostic Codes	Description
M25.561	Pain in right knee
S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
R26.2	Difficulty in walking, not elsewhere classified

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	10/20/25	97140		Manual therapy 1/> regions	1.0	\$110.00	\$65.53	\$0.00	\$44.47	FS_NJ
2	10/20/25	97116		Gait training therapy	1.0	\$75.00	\$26.79	\$0.00	\$48.21	FS_NJ
3	10/20/25	97110		Therapeutic exercises	1.0	\$110.00	\$59.13	\$0.00	\$50.87	FS_NJ
Total Lines : 3						\$295.00	\$151.45	\$0.00	\$143.55	

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Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at: www.cariskic.com or call 888-207-6366.

Claim Number : 8752105270000005	Total Charges : \$295.00	eor # GK3446175
Billing Provider : ALLCARE HEALTH & PAIN LLC		
Service Provider : ALLCARE HEALTH & PAIN LLC HAMADANI, SUNIL		
Patient Name : VUELTO, EDWIN	Dates of Service : 10/20/2025 - 10/20/2025	

Reimbursement Amount : \$ 143.55
Previous Reimbursement Amount : \$ 0.00
Difference in Reimbursement Amount : \$ 0.00
Apportionment Amount : \$ 0.00
Less Deductible : \$ 0.00
Limited Benefits/Copay : \$ 0.00
EOR Check Amount : \$ 143.55

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
FS_NJ	Reimbursed according to New Jersey fee schedule, as specified in NJAC 11:3-29.4.	1, 2, 3

Comments: Questions regarding this review may be directed to:

ISG

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Daphne, AL 36526

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For questions regarding payment please contact GEICO. For questions regarding this EOR please call 856-703-2928.

Detailed Payment Summary

GOVERNMENT EMPLOYEES INSURANCE CO
Field Claim Center: 12 Buffalo

NO. N 261976148

Date: 11/12/2025

300 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Claim #: 0497007200101018

Date of Loss: 07/11/2025

Claimant Name: Gabriella Facchini
Insured Name: Vito Facchini
Tax ID / SS# / XX-XXX6222
Atty ADJ Code:
Adjuster Code: P31L

Pay To:
ALLCARE HEALTH & PAIN LLC



Allcare Health & Pain Llc
550 Newark Ave Ste 201
Jersey City Nj 07306-1348



Total Amount:
\$*****73.23

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

03 NBM \$*****73.23

In Payment Of
Personal Injury Protection
Acct #: 33395
DOS: 10/21/2025-10/21/2025

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GOVERNMENT EMPLOYEES INSURANCE CO
300 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Claimant: Gabriella Facchini
Insured Name: Vito Facchini

Feature Symbol & Amount

NBM \$*****73.23

SEVENTY-THREE*AND*23/100*DOLLARS***

Pay to the Order of:
ALLCARE HEALTH & PAIN LLC

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South Portland, ME 04106

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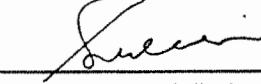
NO. N 261976148

VOID AFTER 180 DAYS

Date: 11/12/2025

Amount:
\$*****73.23

Mail To:
Allcare Health & Pain Llc
550 Newark Ave Ste 201
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Authorized Signer

■ 261976148 ■ 10112015391 2220079607 ■

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