

Claim Number : 0646436090000002	Total Charges : \$352.00	EOR # 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

"No health care provider may demand or request any payment from any person in excess of those permitted by N.J.A.C. 11:3-29, and that no person is liable to any health care provider for any amount of money which results from charging of fees in excess of those permitted by N.J.A.C. 11:3-29, pursuant to N.J.S.A. 39:6A-4.6"

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:

- Fully Comply with GEICO's Decision Point Review Plan, including Precertification requirements,
- Comply with the terms and conditions of GEICO's Family Automobile Insurance Policy,
- Provide complete and legible medical records or other pertinent information when requested by us,
- 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.
- Submit disputes to Dispute Resolution pursuant to N.J.A.C. 11:3-5,
- Submit to statements and/or Examinations Under Oath as often as deemed reasonable and necessary.

Failure by the health care provider to comply with all the foregoing requirements will render any Assignment of Benefits null and void. Should the health care provider accept direct payment of benefits, the health care provider is required to hold harmless the Insured/ Eligible Injured Person and GEICO for any reduction of payment for services caused by the health care provider's failure to comply with the terms of the Insured's policy and this Plan. Should the assignee choose to retain an attorney to handle the Internal Appeals Process, they do so at their own expense.

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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 856-810-4759.

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

Claim Number: 0610690690000002
In Payment of: Personal Injury Protection
Acct #: 31357
DOS: 10/14/2025-10/14/2025

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

26 2033594 10112015391 2220079607

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
Jersey City, NJ 07304
Case Number :
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
PO Box 9515
Fredericksburg, VA 22403-9515

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

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.

For questions regarding payment please contact GEICO. For questions regarding this EOR please call 1(877)308-6599.

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
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

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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
 Jersey City, NJ 07304
 Case Number :
 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 **Description**
 M54.16 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.

For questions regarding payment please contact GEICO. For questions regarding this EOR please call 1(877)308-6599.

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

Claim Number: 8728352250000006
In Payment of: Personal Injury Protection
Acct #: 31718
DOS: 10/14/2025-10/14/2025

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

11 26 2033574 11 10 11 2015391 22 20079607 11

EXPLANATION OF REVIEW

New Jersey

Receive Date : 10/28/2025 Claim Number : 8728352250000006
 Service Provider : ALLCARE HEALTH & PAIN LLC JAMES LIU, EN-CHIA Date Of Loss : 06/07/2025
 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
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 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

EOR # 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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ISG

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For questions regarding payment please contact GEICO. For questions regarding this EOR 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.

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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

Claim Number: 8752105270000005
In Payment of: Personal Injury Protection
Acct #: 33590
DOS: 10/20/2025-10/20/2025

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

26 20 25 96 51 01 12 01 53 91 22 20 07 96 07

EXPLANATION OF REVIEW

New Jersey

Receive Date : 10/28/2025 **Claim Number** : 8752105270000005
Service Provider : ALLCARE HEALTH & PAIN LLC **Date Of Loss** : 07/23/2025
 HAMADANI, SUNIL **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
 Fredericksburg, VA 22403-9526

Dates Of Service : 10/20/2025 - 10/20/2025

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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<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 1(877)308-6599.

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

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

Detailed Payment Summary

GEICO INDEMNITY CO
Field Claim Center: 04 Woodbury

NO. N 262024860

Date: 11/13/2025

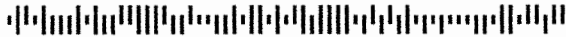
P.O. BOX 9507
FREDERICKSBURG, VA 22403-9526

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:

\$*****105.00

Payment Type:

LOSS

IP AND FEATURE AND AMOUNT

01 DBI \$*****105.00



In Payment Of
Personal Injury Protection
Acct #: 33590
DOS: 10/07/2025-10/07/2025



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

Claimant: Edwin Vuelto
Insured Name: Edwin Vuelto

Feature Symbol & Amount

DBI \$*****105.00

**ONE-HUNDRED-FIVE*AND*00/100*DOLLARS*

Pay to the Order of:
Allcare Health & Pain Llc

Bank of America

South Portland, ME 04106

Claim Number: 8752105270000005

In Payment of: Personal Injury Protection

Acct #: 33590

DOS: 10/07/2025-10/07/2025

52-153
112 ME

NO. N 262024860

VOID AFTER 180 DAYS

Date: 11/13/2025

Amount:

\$*****105.00

Mail To:

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

Authorized Signer

26 20 24 860 0 10 11 20 15 39 22 20 07 96 0 7

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

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

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

Bank of America
South Portland, ME 04106

Claim Number: 0497007200101018
In Payment of: Personal Injury Protection
Acct #: 33395
DOS: 10/21/2025-10/21/2025

52-153
112 ME

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
Jersey City Nj 07306-1348

Authorized Signer

26 1976 148 0112015391 2220079607