



# Explanation of Benefits

**THIS IS NOT A BILL**  
**RETAIN FOR TAX PURPOSES**

## Forwarding Service Requested

JIANJUN ZHU  
904 FISHER LN  
RUSTON LA 71270

J78F

13,159

### Customer Care Information

Questions?  
Please contact our Customer Service Department at  
Phone -1-877-657-5030

**Group Name:** LOUISIANA TECH UNIV  
**Group #:** ST2249LM  
**Member:** JIANJUN ZHU  
**Member ID:** 001456573  
**Date:** 04/26/2024

**Claim #:** 202404103422

**Provider:** CLHG RUSTON LLC

**Patient:** JIANJUN ZHU

**Patient DOB:** 08/01/1989

**Patient Act #:** 217229601

### CLAIM DETAIL

Dates of Service	Proc. Code	Total Charge	Discount Amount	Ineligible Amount	COB Amount	Reason Code	Allowed Amount	Co-Pay Amount	Deductible Amount	Remaining Balance	Paid At	Plan Payment Amount
04/03-04/03/24	84153	\$844.00	\$422.00	\$0.00	\$0.00	I2183, R0004	\$422.00	\$0.00	\$200.00	\$222.00	100%	\$222.00
04/03-04/03/24	36415	\$30.50	\$15.25	\$15.25	\$0.00	I2183, I0090	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/03-04/03/24	84443	\$770.50	\$385.25	\$0.00	\$0.00	I2183	\$385.25	\$0.00	\$0.00	\$385.25	100%	\$385.25
04/03-04/03/24	80061	\$547.50	\$273.75	\$23.75	\$0.00	I2183, I0090	\$250.00	\$0.00	\$0.00	\$250.00	100%	\$250.00
04/03-04/03/24	80053	\$485.00	\$242.50	\$0.00	\$0.00	I2183	\$242.50	\$0.00	\$0.00	\$242.50	100%	\$242.50
04/03-04/03/24	83036	\$445.50	\$222.75	\$222.75	\$0.00	I2183, I0090	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/03-04/03/24	85025	\$357.00	\$178.50	\$178.50	\$0.00	I2183, I0090	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/03-04/03/24	81003	\$103.00	\$51.50	\$0.00	\$0.00	I2183	\$51.50	\$0.00	\$0.00	\$51.50	100%	\$51.50
<b>Column Totals</b>		<b>\$3,583.00</b>	<b>\$1,791.50</b>	<b>\$440.25</b>	<b>\$0.00</b>		<b>\$1,351.25</b>	<b>\$0.00</b>	<b>\$200.00</b>	<b>\$1,151.25</b>		<b>\$1,151.25</b>

**Patient's Responsibility:** \$640.25

**Total Net Payment** \$1,151.25  
**Total Payment to Member** \$0.00

**Claim #:** 202404105051

**Provider:** JENNIFER CALVERT NP

**Patient:** JIANJUN ZHU

**Patient DOB:** 08/01/1989

**Patient Act #:** 7652V26990

### CLAIM DETAIL

Dates of Service	Proc. Code	Total Charge	Discount Amount	Ineligible Amount	COB Amount	Reason Code	Allowed Amount	Co-Pay Amount	Deductible Amount	Remaining Balance	Paid At	Plan Payment Amount
04/03-04/03/24	99203	\$311.00	\$234.75	\$76.25	\$0.00	I2183, I0090	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/03-04/03/24	99000	\$15.00	\$10.84	\$4.16	\$0.00	I2183, I2033	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/03-04/03/24	36415	\$9.00	\$6.96	\$2.04	\$0.00	I2183, I0090	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
<b>Column Totals</b>		<b>\$335.00</b>	<b>\$252.55</b>	<b>\$82.45</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>

**Patient's Responsibility:** \$78.29

**Total Net Payment** \$0.00

### SERVICES

Code	Description
36415	LABORATORY
80053	PATHOLOGY AND LABORATORY
80061	PATHOLOGY AND LABORATORY
81003	PATHOLOGY AND LABORATORY
83036	PATHOLOGY AND LABORATORY
84153	PATHOLOGY AND LABORATORY
84443	PATHOLOGY AND LABORATORY
85025	PATHOLOGY AND LABORATORY
99000	MEDICINE
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44

### REMARKS

Code	Description
I2183	A Cigna preferred provider discount has been applied.
R0004	Your individual deductible has been met.
I0090	Exceeds annual maximum
I2033	Charges considered to be part of the Incidental/ Global Fee.

Reference Info

**Enrollee:** JIANJUN ZHU

**Group:** Wellfleet Group, LLC

APPEALS INFORMATION

There is an appeal process if you disagree with the claim determination. You have 180 calendar days to submit your written appeal to Wellfleet Group, LLC Attn: Appeal Department PO Box 15369 Springfield, MA 01115-5369. For additional assistance, you may also contact customer service at the number listed above.