

Online Claim Submission

Code: EQX
Employer: Equinix, Inc.
EmpID: 299582325
EmpName: Seljan, Stephen
Submitted: January 17, 2023
Batch: 29907634
Claim Total: \$80.96
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	9/21/2022	RX	\$34.71	Provider: Walgreens. For whom: Lydia.
2	10/27/2022	RX	\$16.25	Provider: Walgreens. For whom: Lydia.
3	9/21/2022	GENERAL	\$30.00	Provider: JYOTSNA TALAPANENI. For whom: Lydia.



Cigna Health and Life Insurance Company AS AGENT FOR EQUINIX, INC.

STEPHEN SELJAN
4166 COUNTY ROAD 44
LEESBURG AL 35983-4821

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Customer service

Call the number on the back of your ID card or
(800) 244-6224 (1.800.CIGNA24)

www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date

September 21, 2022

Claim # / ID

9672226992404 / U46316272

Provider Network Status:

IN NETWORK

Account name / Account #

EQUINIX, INC. / 3332286

Explanation of benefits


for a claim received for LYDIA SELJAN, Claim # 9672226992404

Patient's relationship to Subscriber: DEPENDENT

Subscriber Name: STEPHEN SELJAN

Summary of a claim for services on September 21, 2022

for services provided by JYOTSNA TALAPANENI MD

Amount Billed	\$507.00	This was the amount that was billed for your visit on 09/21/2022.
Discount	\$253.45	You saved \$253.45. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$223.55	Your plan paid \$223.55 to JYOTSNA TALAPANENI MD.
What I owe	\$30.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	 94%	You saved \$477.00 (or 94%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

Glossary

% Paid: The part of the Amount Billed that your health plan paid

Allowed Amount: The amount that Cigna determines is reasonable reimbursement for covered services provided to you. This may be established in accordance with an agreement between a health care provider and Cigna.

Amount Billed: The amount a health care provider can bill for covered services

Amount Not Covered: The part of the Amount Billed that is not covered by, or eligible for payment under, your plan

Coinsurance: A shared cost between you and your health plan that equals the Allowed Amount for a covered service. This shared cost starts once you have met your deductible.

Copay: A dollar amount you pay for an eligible health care or related service, typically due at the time the service is provided. When present, a copay is usually applied on a per occurrence, per admission, per day, or annual basis.

Deductible: A set amount you pay out of pocket in one plan or contract year for covered services before your health plan will start covering part of the cost

Discount: The amount you save by using a network health care provider. Cigna negotiates lower rates with network health care providers to help you save money. Using out-of-network providers will cost you more. If you go out-of-network for services, Cigna may be able to get you discounts through third-party vendor contracts.

In-Network: A group of health care providers that have a contract with Cigna to provide you with health care coverage. Using in-network providers will save you money.

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Out-of-Pocket Maximum: The total dollar amount a customer will pay toward the coverage of a health plan's benefits/services within a calendar or contract year.

What My Plan Paid: The part of the Amount Billed that your health plan paid

What I Owe: The part of the Amount Billed you are responsible for. This amount might include your deductible, coinsurance, any amount over the maximum reimbursable charge, or products or services not covered by your plan.

Federal Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the toll-free number on the front of this form.

If you're not satisfied with this decision, you can start the Appeal process by sending a written request to the address listed in your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time frame is provided by applicable state law or permitted by your plan).

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- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include: 1) Your name 2) Account number from the front of this form 3) ID number from the front of this form 4) Name of the patient and relationship and 5) "Attention: Appeals Unit" on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge.
- 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 may also bring legal action under section 502(a) of ERISA following our review and decision.



Claim received for LYDIA SELJAN
Claim # 9672226992404
ID U46316272

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Claim detail

CIGNA received this claim on September 26, 2022 and processed it on September 27, 2022.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JYOTSNA TALAPANENI MD, Claim # 9672226992404											
09/21/22	PHYSICIAN	507.00	253.45	0.00	253.55	30.00	0.00	223.55	100	0.00	A0
Total		\$507.00	\$253.45	\$0.00	\$253.55	\$30.00	\$0.00	\$223.55		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've met a total of \$1,001.72 toward your \$2,000 in network individual out of pocket expenses for 2022
You've met a total of \$1,426.24 toward your \$5,000 in network family out of pocket expenses for 2022
You've met a total of \$10,515.46 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

IF YOU ARE COVERED BY MORE THAN ONE HEALTH BENEFIT PLAN, YOU SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN.

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Your state may also offer a consumer assistance or an Ombudsman program to help you. Go online to mycigna.com, click on the Legal Disclaimer link at the bottom of the page, and select "State Ombudsman/Consumer Assistance Programs" from the drop down menu. If you have difficulty accessing the website, call Customer Service at the toll-free number listed on the back of your Cigna ID card.

If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card.

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Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Bilagaana Bizaad wólta' níl nanitl'ahgo, saad bee níká'a'doowolígíí hóló. Áká'a'áyeed biniyé t'áá shóqdi áká'anídaalwo'go dabinaanishígíí bich'í' hodiílnih éí naaltsoos bee nee hózinígíí bikáa'gi bibéesh bee hane'é yisdzoh.

3

Walgreens

#05446 2990 FIVE FORDS TRUCKUM RD
LAWRENCEVILLE, GA 30044
770-978-6475

241 8130 01/27/2022 12:27 PM
FSA RX 20191821
FSA RX 20194083

DEBIT CARD
AUTH CODE
CHANGE
16.25
16.25
971/22
10.00

Sale
ATM: 43000000980840
US DEBIT
Integrated chip card
PIN verified

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 16.25
TOTAL FSA AND RX ITEMS 16.25
APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS
SEEKING WALGREENS CASH REWARDS ON YOUR
PURCHASES WALGREENS CASH REWARDS
WILL BE REDEEMED ON SOME ITEMS. FOR
DETAILS SEE WALGREENS.COM

R#1# 0514-6128-1008-2210-2703
MFG: SANDOZ
XXXXHT/HT/HT/HTP CLAIM REF# 108113311453816990

Walgreens
2990 FIVE FORDS TRUCKUM RD LAWRENCEVILLE, GA 30044
PH: (770) 978-6475 Customer receipt

2:16PM
D-AMPHETAMINE ER 20MG SALT COMBO CP
00781-2352-01
SAFE

in safety container or secure area.

LYDIA SELJAN
6000 Hwy 280 Lawrenceville, GA 30044
RX # 2091821-05446 DATE: 10/20/22

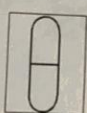
FLUOXETINE 40MG CAPSULES

QTY: 30 NO REFILLS
New-E NDC: 00093-7198-01
Retail Price: \$52.99 Your Insurance Saved You: \$46.74
\$ 6.25

PR: S. CLAPP
MFG: TEVA
XXXX/SE/SE/SE/SE PLAN: CIGNACM
GROUP: 4332286
CLAIM REF# 665948444760715990

Walgreens
2990 FIVE FORDS TRUCKUM RD LAWRENCEVILLE, GA 30044
PH: (770) 978-6475 Duplicate receipt

QTY 30
10 DRAM
ORANGE AND BLUE
FRONT: TEVA 7198



XXX/SE/SE/SE/SE Med Guide

LYDIA SELJAN
6000 Hwy 280 Lawrenceville, GA 30044
RX # 2094083-05446 DATE: 10/26/22

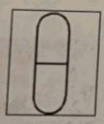
D-AMPHETAMINE ER 20MG SALT COMBO CP

QTY: 30 NO REFILLS
New-E NDC: 00781-2352-01
Retail Price: \$229.99 Your Insurance Saved You: \$219.99
\$ 10.00

R. BESSEY, MD
MFG: SANDOZ
XXXXHT/HT/HT/HTP PLAN: CIGNACM
GROUP# 3332286
CLAIM REF# 108113311453816990

Walgreens
2990 FIVE FORDS TRUCKUM RD LAWRENCEVILLE, GA 30044
PH: (770) 978-6475 Duplicate receipt

QTY 30
10 DRAM
ORANGE AND ORANGE
FRONT: M. Amphet Salt
BACK: 20 mg



XXXXHT/HT/HT/HTP Med Guide

Warm
Day One
Answer the c
1. What i
2. What is
3. Who is th
4. What is use

Keep out of reach of children: Store in safety container or secure area.

TALPAPRIN, MD
DOES IT HAVE EFFECTS? WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY? WARNING/CAUTION: Even though it may be safe for some people to use, Talpaprins sometimes causes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or

Keep out of reach of children: Store in safety container or secure area.

J. TALAPANENI, MD
MFG:PERRIGO
EPMAHPHPHPHPHP

TRAZODONE 50MG TABLETS
QTY: 30 NO REFILLS
New-E NDC: 60505-2653-01
Retail Price: \$21.99 Your Insurance Saved You: \$16.74 \$ 4.14
PBR: S. CLAPP
MFG: APOTEC
155.05E/MCG
PLAN: CIGNACM
GROUP#: 3332286
CLAIM REF#: 134840305163939890

PLAN: CIGNACM
GROUP# 3332286
CLAIM REF# 134840305163939890

2990 FIVE FORKS TRUCK RD LAWRENCEVILLE, GA. 3004
PH: (770) 978-6475

ONDANSETRON ODT 8MG TABLETS
QTY: 60 2 REFILLS BEFORE 09/21/23
New-E NDC: 57237-0078-10
Retail Price: \$563.89 Your Insurance Saved You: \$553.89 \$ 10.00
J. TALAPANI, MD PLAN: CIGNACM
MG-CITRON GROUP: 333286
TRICITY HIGHTMPT CLAIM REF: 821974480903310990


Walgreens 2990 FIVE FORKS TRUCKUM RD LAWRENCEVILLE, GA 30046
PH: (770) 978-6475

Pharmacy use only

WED 1:38PM
New-E

ONDANSETRON ODT 8MG TABLETS
57237-0078-10
UNIT OF USE

QTY 60
20 DRAM

 WHITE
FRONT: 7
BACK: E

TPR/MTP/MTP/MTP/MTP

FLUOXETINE 10MG CAPSULES
QTY: 90 NO REFILLS
New-E NDC: 50111-0647-01
Retail Price: \$71.89 Your Insurance Saved You: \$40.78 \$ 10.00
PBR: S, CLAPP PLAN: CIGNAM
MFG: TEVA GROUP#: 3332266
RTS: 15E915E9E1MCG CLAIM REF#: 994791326163939890

Walgreens
2950 FIVE FORKS TRUCKUM RD LAWRENCEVILLE, GA 3004
PH: (770) 978-6435

pharmacy use only

FLUOXETINE 10MG CAPSULES
QTY: 90 NO REFILLS
New-E NDC: 50111-0647-01
Retail Price: \$71.89 Your Insurance Saved You: \$60.78 \$ 10.00
PBR: S. CLAPP
MFG: TEVA
RTS: AISEAISEA MCC
PLAN: CIGNACM
GROUP#: 3332286
CLAIM REF#: 994791326163939890

Walgreens
2990 FIVE FORAS TRICUM RD LAWRENCEVILLE, GA 3004
PH: (770)978-6475

WHITE AND GREEN
CONT: PLIVA 647

Walgreens

#05446 2990 FIVE FORKS TRICKUM RD
LAWRENCEVILLE, GA 30044
770-978-6475

863 4082 0091 09/21/2022 2:30 PM

FSA RX	2076956	4.14
FSA RX	2076960	10.00
FSA RX	2080991	10.00
FSA RX	2080988	9.99

SUBTOTAL	34.13
SALES TAX A=6.0%	0.60

TOTAL	34.73
VISA ACCT 8895	34.73
AUTH CODE	088809
CHANGE	00

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	34.73
TOTAL FSA AND RX ITEMS	34.73

APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS
YOU COULD HAVE EARNED AN ADDITIONAL
WALGREENS CASH REWARDS BY VISITING
MYWALGREENS MEMBERSHIP TODAY AND
RESTRICTIONS APPLY, FOR VIS.COM.
CONDITIONS, VISIT MYWALGREENS.COM OR REGISTER

NOT A MEMBER? JOIN NOW. ENROLLING IS
OR GO TO MYWALGREEN. REDEEM WALGREENS
QUICK, EASY AND FOR FUTURE PURCHASES.
CASH REWARDS OFF

REWARDS OFF
BEN# 0544-6914-0828-2209-210

CASH REWARD OFFER

RFN# 054-6914-0828-2209-2103

A standard 1D barcode representing the reward number 054-6914-0828-2209-2103.



Cigna Health and Life Insurance Company AS AGENT FOR EQUINIX, INC.

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LEESBURG AL 35983-4821

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Service date

September 21, 2022

Claim # / ID

9672226992404 / U46316272

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IN NETWORK

Account name / Account #

EQUINIX, INC. / 3332286

Explanation of benefits


for a claim received for LYDIA SELJAN, Claim # 9672226992404

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Summary of a claim for services on September 21, 2022

for services provided by JYOTSNA TALAPANENI MD

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Claim # 9672226992404
ID U46316272

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Claim detail

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Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
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Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an.

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card.

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。

Bilagaana Bizaad wólta' níl nanitl'ahgo, saad bee níká'a'doowolígíí hóló. Áká'a'áyeed biniyé t'áá shóqdi áká'anídaalwo'go dabinaanishígíí bich'í' hodiílnih éí naaltsoos bee nee hózinígíí bikáa'gi bibéesh bee hane'é yisdzoh.