

Online Claim Submission

Code: ESA

Employer: Environmental Science Associates

EmpID: 531943056

EmpName: LAWSON, PETER

Submitted: January 18, 2023

Batch: 29924216

Claim Total: \$191.56

Attachments: 8

Line	Service Date(s)	Type	Cost	Notes
1	1/5/2023	RX	\$30.00	Provider: Caremark. For whom: Kirsten Smith. Please note the prescription number is different than previous claim submitted. (Accidently submitted same receipt twice last time and one was denied).
2	1/6/2023	GENERAL	\$101.56	Provider: Christiane Mullins. For whom: Kirsten Smith.
3	1/11/2023	CHIRO	\$40.00	Provider: Catherine Sparks. For whom: Kirsten Smith.
4	1/12/2023	GENERAL	\$20.00	Provider: Iris Cutler. For whom: Kirsten Smith.

Iris Cutler

Processed

Visited on Jan 12, 2023

For Kirsten (Spouse)

Claim ID: EYFC13BMH

Network Status: In-Network

Total amount breakdown for 4 services


Amount billed	\$174.00
Plan discount	\$53.49
Your plan paid	\$93.51
Total amount you may owe	\$20.00


Check your provider bill to confirm the final amount you owe.

[View Current Plan Spending](#)

Services on this claim

ADDL SUPL MATRL&STAF TM PHE	Total amount you may o
	\$0.00

 Remarks

[Show Details](#) 

ACUPUNCTURE, 1 OR MORE NEEDL

Service performed on Jan 12, 2023	
Amount billed	\$49.00

Feedback

Plan discount	\$13.53
Your plan paid	\$35.47
Total amount you may owe	\$0.00

Hide Details 

ACUPUNCTURE, 1 OR MORE NEEDL

Service performed on Jan 12, 2023

Amount billed	\$49.00
Plan discount	\$13.53
Your plan paid	\$35.47
Total amount you may owe	\$0.00

Hide Details 

ACUPUNCTURE, 1 OR MORE NEEDL

Service performed on Jan 12, 2023

Amount billed	\$69.00
Plan discount	\$26.43
Your plan paid	\$22.
Total amount you may owe	\$20.00

You pay a flat-fee copay of \$20.00 for this service.

Hide Details 

Your next steps

Review the Explanation of Benefits

Explanation of Benefits (EOB) statements provide a summary of claims for all family members enrolled in a plan.

The plan's subscriber can view the summary here when it's available.

Individual EOBs are provided to dependents when required by state regulations.

Estimated Statement Date: January 19, 2023

Make a payment to your provider

Your estimated balance is **\$20.00**.

Pay Your Provider

Support for claims

We know that insurance can be challenging. Check out the resources for claims, coverage and appeals in our Support Center.

Go to Support

Christiane Mullins

Processed

Visited on Jan 6, 2023

For Kirsten (Spouse)

Claim ID: E13612KM4

Network Status: In-Network

Total amount breakdown for 3 services

Amount billed	\$308.00
Plan discount	\$27.38
Your plan paid	\$179.06
Total amount you may owe	\$101.56

Check your provider bill to confirm the final amount you owe.

\$101.56 went toward your deductible.

[View Current Plan Spending](#)

Feedback

Services on this claim

DX MAMMO INCL CAD UNI

Service performed on Jan 6, 2023

Amount billed	\$119.00
Plan discount	\$3.37
Your plan paid	\$115.63

Total amount you may owe	\$0.00
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[Hide Details](#) 

ULTRASOUND BREAST LIMITED

Service performed on Jan 6, 2023

Amount billed	\$105.00
Plan discount	\$3.44
Your plan paid	\$0.00

Total amount you may owe	\$101.56
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\$101.56 went toward your deductible.

[Hide Details](#) 

TOMOSYNTHESIS, MAMMO SCREEN

Service performed on Jan 6, 2023

Amount billed	\$84.00
Plan discount	\$20.57
Your plan paid	\$63.43

Total amount you may owe	\$0.00
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[Hide Details](#) 

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Catherine Sparks

Processed

Visited on Jan 11, 2023

For Kirsten (Spouse)

Claim ID: EQJM3QBYX

Network Status: In-Network

Total amount breakdown for 2 services

Amount billed	\$100.00
Plan discount	\$50.39
Your plan paid	\$9.61
Total amount you may owe	\$40.00

Check your provider bill to confirm the final amount you owe.

[View Current Plan Spending](#)

Services on this claim

CHIROPRACTIC MANIPULATION

Service performed on Jan 11, 2023

Amount billed	\$70.00
Plan discount	\$31.39
Your plan paid	\$0.00
Total amount you may owe	\$38.61

Feedback

You pay a flat-fee copay of \$38.61 for this service.

[Hide Details](#) 

MECHANICAL TRACTION THERAPY

Service performed on Jan 11, 2023

Amount billed	\$30.00
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Plan discount	\$19.00
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Your plan paid	\$9.61
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Total amount you may owe	\$1.39
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You pay a flat-fee copay of \$1.39 for this service.

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Estimated Statement Date: January 19, 2023

Make a payment to your provider

Your estimated balance is **\$40.00**.

[Pay Your Provider](#)

Support for claims

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Private (Generic)

Quantity: 270 (90-day supply)

Processed

Filled on Jan 5, 2023

For Kirsten (Spouse)

Rx #: RX156751612

Total amount breakdown

Cost without insurance	\$663.38
Drug cost	\$32.54
Your plan paid	\$2.54
Total amount you may owe	\$30.00

Prescription details

Prescribed by
POLAKOFF

Filled by
CAREMARK PRESCRIPTION SVC-CHI

Feedback

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