

Online Claim Submission

Code: PXM
Employer: Potrero Medical
EmpID: 416927457
EmpName: Blackwell, Beverly
Submitted: January 23, 2023
Batch: 29988687
Claim Total: \$214.00
Attachments: 3

Line	Service Date(s)	Type	Cost	Notes
1	10/13/2022	RX	\$214.00	Provider: MOLLAH, MOHAMMED S. MD.. For whom: Beverly Blackwell. The PNG file is the invoice from the doctor's office. It's blurry and I can't get a clearer copy. But the Explanation of Benefits provides the amount of money I paid out of pocket.



CIGNA HEALTH AND LIFE INSURANCE COMPANY
AS AGENT FOR POTRERO MEDICAL INC. 00635084

BEVERLY BLACKWELL
925 NORTH BARKSDALE STREET
MEMPHIS TN 38107-4602

THIS IS NOT A BILL.

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

Explanation of benefits

for a claim received for BEVERLY BLACKWELL, Claim # 222738399300

Patient's relationship to subscriber: Subscriber

Subscriber: BEVERLY BLACKWELL

Summary of a claim for services on October 13, 2022

for services provided by MOLLAH, MOHAMMED S. MD.

Customer service

Call the number on the back of your ID card or
1-866-494-2111

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

October 13, 2022

Claim # / ID


222738399300 / 107080207

Provider network status

IN NETWORK

Account name / Account

POTRERO MEDICAL INC. / 00635084

Amount Billed	\$400.00	This was the amount that was billed for your visit on 10/13/2022.
Discount	\$186.00	You saved \$186.00. Cigna negotiates discounts with health care professionals and facilities to help you save money.
What my plan paid	\$0.00	Your plan did not pay any of the amounts billed. This could be because you haven't met your deductible yet or your plan doesn't cover the services you received.
What I Owe	\$214.00	This is the amount you owe after your discount, what 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 when you received care may reduce the amount you owe.
You saved		You saved \$186.00 (or 47%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit MyCigna.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

Definitions

% 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.

Out-of-Network: Any health care provider that does not have a contract with Cigna to provide you with health care coverage. Using out-of-network providers will cost you more money.

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).

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- 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 BEVERLY BLACKWELL
Claim # 222738399300
ID 107080207

THIS IS NOT A BILL

Claim Detail

Cigna received this claim on October 19, 2022 and processed it on October 21, 2022.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What my plan paid	% paid	Coinsurance*	What I owe	See notes
MOLLAH, MOHAMMED S. MD, Patient # 1029989076 851 FREMONT AVE STE 100 LOS ALTOS CA 94024-5602												
10/13/22	THERAPEUTIC SERVICES	200.00	86.00	0.00	114.00	0.00	114.00	0.00	0	0.00	114.00	XPA
10/13/22	OFFICE VISIT	200.00	100.00	0.00	100.00	0.00	100.00	0.00	0	0.00	100.00	XPA
Total		\$400.00	\$186.00	\$0.00	\$214.00	\$0.00	\$214.00	\$0.00		\$0.00	\$214.00	

* 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.

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

What I need to know for my next claim

You have paid a total of \$1,612.46 toward your \$2,800.00 individual deductible for the calendar year
You have paid a total of \$1,612.46 toward your \$5,600.00 family deductible for the calendar year
You have paid a total of \$1,612.46 toward your \$3,425.00 individual in-network out-of-pocket maximum for the calendar year
You have paid a total of \$1,612.46 toward your \$6,850.00 family in-network out-of-pocket maximum for the calendar year
You have paid a total of \$1,612.46 toward your \$7,000.00 individual out-of-network out-of-pocket maximum for the calendar year
You have paid a total of \$1,612.46 toward your \$14,000.00 family out-of-network out-of-pocket maximum for the calendar year
Your plan has met a total of \$40.00 toward your unlimited lifetime maximum

The balances shown above are as of Oct 21, 2022, the day the claim was finalized. However, the balances on the website are updated daily, so the balances shown here may not match those listed on your participant website at MyCigna.com.

Notes

XPA - CIGNA NETWORK DISCOUNT APPLIED. MEMBER NOT LIABLE.



Claim received for BEVERLY BLACKWELL
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Notes (continued)

- If you have any questions or concerns regarding the adjudication of your claims for mental health and/or substance use services, please direct them to Evernorth Behavioral Health, Inc. Attn: Appeals; P.O. Box 23487 Chattanooga, TN 37422

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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Additional information related to the Patient Protection and Affordable Care Act of 2010

*If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, You can contact your provider directly or you can print and fill out the request form and send it back to Cigna. Go to Cigna.com and click "Find a Form" at the bottom of the page. Choose "Privacy Forms," then "Cigna Health Care Privacy Forms." Print the **Request for Diagnosis and Treatment Code Information form**. If you have difficulty accessing the form, call Customer Service at the toll-free number listed on the back of your Cigna ID card.*

If you don't agree with our final internal review of your claim, you may be able to ask for an independent external review. Your plan and any state or federal requirements determine whether your claim is eligible for external review. For questions about your appeal rights or for assistance, call the Employee Benefits Security Administration at 1-866-444-EBSA(3272) or go online to www.askebsa.dol.gov

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.

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación.

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification.

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。

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



STEWART D. WILLIAMS, MD
 411 SWANSON AVE., STE 200
 LOS ANGELES, CA 90024

[illegible]

DOI: 10.1002/for

[illegible]

1990年12月10日，在日内瓦举行的世界环境与发展委员会会议上，通过了《布伦特兰报告》。该报告指出，可持续发展是指“既满足当代人的需求，又不损害后代人满足其需求的能力的发展”。

800 755-8888 • www.thermo.com
 10000 1st Avenue North, #100
 Minneapolis, MN 55412-1099

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DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
DEBIT: BALANCE, SERVICE WITH AMOUNT				
01-01-01	DEBIT: BALANCE OF SERVICE WITH AMOUNT	1000.00		1000.00
01-01-01	DEBIT: BALANCE OF SERVICE WITH AMOUNT		10.00	990.00
01-01-01	DEBIT: BALANCE OF SERVICE WITH AMOUNT		100.00	890.00
01-01-01	DEBIT: BALANCE OF SERVICE WITH AMOUNT			
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These amounts are in U.S. dollars only. Amounts paid your agent. Securities reported
and amounts received are in U.S. dollars only.

STATED THAT SHE ALSO COMPLETELY WILL NOT SIGN AN STATEMENT, REQUESTS HER TO
 BE LEFT WITH MATERIALS PROVIDED TO HER AND THE CURRENT BALANCE DUE. IF THE NEW
 CREDITORS WANT THE BALANCE CURRENT, STATED SHE WOULD PAY THE \$175. DR. WELLS
 WAS NOT ASKED FOR ANY OTHER COMMENTS.



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Service date

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Claim # / ID


222738399300 / 107080207

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