

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

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

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

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- 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

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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	

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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.



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Notes (continued)

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Other important information that I need to know

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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.

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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.



STANLEY D. WILLIAMS, MD
411 EASTWOOD AVE., STE 200
LOS ANGELES, CA 90024

REPRODUCED FROM THE NATIONAL ARCHIVES
AT COLLEGE PARK, MARYLAND

DOI: 10.1002/for

WILLIAM H. HARRIS, PRESIDENT
WILLIAM H. HARRIS, VICE PRESIDENT
WILLIAM H. HARRIS, SECRETARY
WILLIAM H. HARRIS, TREASURER
WILLIAM H. HARRIS, CLERK

1990年12月10日，在日内瓦举行的世界环境与发展委员会（WCED）会议上，通过了《布伦布兰迪报告》。该报告指出，人类活动对地球环境造成了严重的影响，必须采取全球性的行动来保护地球环境。报告提出了可持续发展的概念，即满足当代人的需求，而不损害后代人满足其需求的能力。这一概念成为国际社会广泛接受的原则，对全球环境治理产生了深远影响。

800 755-8888 • 800 755-8888
400 755-8888 • 400 755-8888
400 755-8888 • 400 755-8888

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DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
BALANCE BROUGHT FORWARD				
01-01-01	DEBIT TO CASH ON HAND	1000.00		1000.00
01-01-01	DEBIT TO CREDITORS PAYABLE		50.00	950.00
01-01-01	DEBIT TO CREDITORS PAYABLE		500.00	450.00
01-01-01	DEBIT TO CASH ON HAND			
01-01-01	DEBIT TO CREDITORS PAYABLE			
01-01-01	DEBIT TO CREDITORS PAYABLE			
01-01-01	DEBIT TO CASH ON HAND	1000.00		1000.00
01-01-01	DEBIT TO CREDITORS PAYABLE		50.00	950.00
01-01-01	DEBIT TO CREDITORS PAYABLE		500.00	450.00
01-01-01	DEBIT TO CASH ON HAND			
01-01-01	DEBIT TO CREDITORS PAYABLE			

These amounts are in U.S. dollars only. Amounts paid your agent. Securities reported
your account's balance as of 12/31/2014.

STANLEY HAS NOT BEEN COMPLETELY WILLING TO GO ON STRIKE, HOWEVER HE IS NOT GOING TO BE FORCED TO GO ON THE STRIKE AGAIN. HE IS NOT GOING TO BE FORCED TO GO ON THE STRIKE AGAIN. HE IS NOT GOING TO BE FORCED TO GO ON THE STRIKE AGAIN.



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