

Online Claim Submission

Code: TLE
Employer: Triplelift
EmpID: 385197219
EmpName: Nirenberg, Sara
Submitted: January 23, 2023
Batch: 29990670
Claim Total: \$1,521.00
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	12/30/2022	GENERAL	\$1,481.00	Provider: acker +ER. For whom: Sara Nirenberg. Potential Surgery complication re Orthopedic chargees
2	11/23/2022	RX	\$40.00	Provider: pasick. For whom: Sara Nirenberg.

Claim #: 223273841583013

 Print


Patient: Sara Nirenberg	Pharmacy: CVS Pharmacy #08239 08239 6070 MAPLE RD WEST BLOOMFIELD, MI, 483222212	Total charged \$586.99	Total covered \$546.99	Total you pay \$40.00
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Contract number:
893140971

Mark paid

Service date	Drug description	Amount charged	Discount	Amount approved	Plan paid	You pay	Copay
11/23/2022	Spiriva Respimat Prescription #: 1478732 Supply: 30 Days Quantity: 4 Dosage: AERS Refills Used: 0	\$586.99	\$111.14	\$475.85	\$435.85	\$40.00	\$40.00
TOTALS:		\$586.99	\$111.14	\$475.85	\$435.85	\$40.00	\$40.00

Definition of terms used on this page

Patient: The plan member who received the prescription.
Pharmacy: The place where the prescription was filled.
Contract number: The main identification number on your Blue Cross ID card.
Total charged: The amount billed by doctors or other health care professionals for services received.
Total covered: The amount you don't pay. It includes things like the amount paid by your plan, the amount paid by other insurance (if you have it) and discounts.
Total you pay: This amount may include what you need to pay toward your deductible, coinsurance and copays, and charges your plan doesn't cover.
☐ Mark paid  : undefined
Service date: The date the prescription was filled.
Drug description: The information available about your prescription drug.
Amount charged: The amount billed by the pharmacy.
Discount: We negotiate discounts with hospitals, doctors and other health care providers to help save you money.
Amount approved: The amount we determined is reasonable to charge for a covered health care service.
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Have questions about your claim?

Call us: 888-288-1718	Write us: EMPLOYEE INQUIRY UNIT, MAIL CODE L03B BLUE CROSS BLUE SHIELD OF MICHIGAN 232 S. CAPITOL AVE. LANSING MI 48933-1504
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Appeals
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Fraud
If you didn't receive the service listed or you suspect any illegal activity, please call our toll-free Anti-Fraud Hotline at [1-800-482-3787](tel:1-800-482-3787). You won't have to identify yourself.

Disclaimer

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Claim #: 20230112359700

Patient: Sara Nirenberg	Plan: Blue Cross Blue Shield Of MI	Total charged \$1,906.00	Total covered \$425.00	Total you pay \$1,481.00
Service date: 12/30/2022	Contract number: 893140971			
Finalized date: 01/12/2023	Provider: Henry Ford West Bloomfield Hospital			

☐ Mark paid

Service date	Service description	Amount charged	Discount	Amount approved	Plan paid	You pay
Service provider: Henry Ford W Bloomfield						
12/30/2022	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH Diagnosis: M7989 ⓘ Procedure: 99284 ⓘ Explanation Message: MOST HEALTH CARE PROVIDERS ACCEPT DECISIONS BASED ON OUR PAYMENT RULES. WE SAY THOSE PROVIDERS PARTICIPATE WITH US, AND THEY SHOULD NOT ASK YOU TO PAY. FOR SERVICES OTHER PROVIDERS PERFORM, YOU MIGHT OWE ANY AMOUNT NOT PAID BY YOUR HEALTH CARE PLAN. (K584)	\$1,481.00	\$1,481.00	\$0.00	\$0.00	\$0.00
12/30/2022	ULTRASOUND, LIMITED, JOINT OR OTHER NONVASCULAR EXTREMITY STRUCTURE(S) (EG, JOIN Diagnosis: M7989 ⓘ Procedure: 76882 ⓘ	\$425.00	\$349.70	\$75.30	\$75.30	\$0.00
12/30/2022	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH Diagnosis: M7989 ⓘ Procedure: 99281 ⓘ Explanation Message: YOUR HEALTH CARE COVERAGE DOESN'T PAY FOR THIS SERVICE FOR THE REPORTED DIAGNOSIS. YOU SHOULD EXPECT A BILL FOR THE TOTAL CHARGE FROM THE HEALTH CARE PROVIDER. (B422)	\$1,481.00	\$1,481.00	\$0.00	\$0.00	\$1,481.00
TOTALS:		\$3,387.00	\$3,311.70	\$75.30	\$75.30	\$1,481.00

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WEST BLOOMFIELD, MI, 483222212

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