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PAY TO: RESTORATIVE PEDIATRICS 7330 SAN PEDRO AVE STE 810 SAN ANTONIO, TX 78216

# **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 1-877-391-5921 Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID: 147785 IRS#: 742948798

Insured	l Name:	AGUILAR, MAR	RTY			Mbr No: 623	834203		MRN: P01	000038803	CI	aim/Ctrl No:	R107TXE66575	;
Patient	Name:	AGUILAR, MAR	RTY			SvcProv No:	147785		Carrier: N	ID	Pa	atCtrl No: 6H8	3Y53N-298094	
Servici	ng Provider	: RESTORATI	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	roup: STAR - I	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total	ı	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	_	\$94.60 \$0.00
Insured	l Name:	ANGUIANO, GE	ENEVIEVE			Mbr No: 704	995933		MRN: P01	000037564	CI	aim/Ctrl No:	R106TXE95163	}
Patient	Name:	ANGUIANO, GE	ENEVIEVE			SvcProv No:	147785		Carrier: N	ID	Pa	atCtrl No: 6H6	6D3S5-297948	
Servici	ng Provider					<b>NPI</b> : 19626	06368				Gı	roup: STAR - I	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total	I	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	_	\$94.60 \$0.00
Insured	l Name:	BARRETTIII, GA	ARLAND			Mbr No: 703	434609		MRN: P01	000039109	CI	aim/Ctrl No:	R107TXE66566	;
Patient	Name:	BARRETTIII, GA	ARLAND			SvcProv No:	147785		Carrier: N	ID	Pa	atCtrl No: 6H8	3Y53Z-298086	
Servici	ng Provider	: RESTORATI	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	roup: STAR - I	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
0200	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total		\$350.00	\$132.44	\$0.00 \$0.00	\$217.56 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	_	\$132.44 \$0.00

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147785

# **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Insured	d Name:	BELL, CHRISTO	OPHER			Mbr No: 530	713396	<del></del>	MRN: RPC	CCP10024-0	CI	aim/Ctrl No: F	R106TXE670	58
Patient	Name:	BELL, CHRISTO	OPHER			SvcProv No:	147785		Carrier: F	K	Pa	ntCtrl No: 6H6	6R2M-RP22	67-19
Servici	ng Provider	: RESTORAT	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	oup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	32.00	\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$258.88 \$0.00
			Sub-total	!	\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$258.88 \$0.00
Insured	d Name:	BELL, CHRISTO	OPHER			Mbr No: 530	713396		MRN: RPO	CCP10024-0	CI	aim/Ctrl No: F	R107TXE665	60
Patient	Name:	BELL, CHRISTO	OPHER			SvcProv No:	147785		Carrier: F	K	Pa	ntCtrl No: 6H8	VH9L-RP22	67-20
Servici	ing Provider	: RESTORAT	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	oup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	32.00	\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$258.88 \$0.00
			Sub-total	!	\$448.00	\$258.88	\$0.00 \$0.00	\$189.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$258.88 \$0.00
Insured	d Name:	BLANCO, ALEX	KANDER			Mbr No: 703	952090		MRN: P01	000037155	CI	aim/Ctrl No: F	R106TXE951	61
Patient	Name:	BLANCO, ALEX	KANDER			SvcProv No:	147785		Carrier: N	1D	Pa	ntCtrl No: 6H6	D3RT-29795	55
Servici	ing Provider	: RESTORAT	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

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147785

# **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Insured	d Name:	BRIGGS, CHAS	E			Mbr No: 624	910190	<del></del>	MRN: P01	000039157	CI	aim/Ctrl No: F	R107TXE6656	52
Patient	Name:	BRIGGS, CHAS	E			SvcProv No:	147785		Carrier: M	1D	Pa	ntCtrl No: 6H8	Y542-298083	3
Servici	ng Provide	: RESTORATI	VE PEDIATRICS	3		<b>NPI:</b> 19626	06368				Gı	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00
Insured	d Name:	CHAVIRA GAR	CIA, ROLANDO			Mbr No: 521	525001		MRN: RPO	CCP14011-0	CI	aim/Ctrl No: F	R107TXE6656	33
Patient	Name:	CHAVIRA GARO	CIA, ROLANDO			SvcProv No:	147785		Carrier: F	K	Pa	ntCtrl No: 6H8	VH9N-RP227	<sup>7</sup> 5-11
Servici	ng Provide	: RESTORATI	VE PEDIATRICS	6		<b>NPI:</b> 19626	06368				Gı	oup: TEXAS S	STAR Kids-Be	xar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
			Sub-total		\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$323.60 \$0.00
Insured	d Name:	CHIQUILLO, EM	IILIANO			<b>Mbr No</b> : 709	249198		MRN: P01	000039387	CI	aim/Ctrl No: F	R107TXE6658	32
Patient	Name:	CHIQUILLO, EM	IILIANO			SvcProv No:	147785		Carrier: N	1D	Pa	ntCtrl No: 6H8	Y544-298077	7
Servici	ng Provide	: RESTORATI	VE PEDIATRICS	3		<b>NPI</b> : 19626	06368				Gı	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92523	GN	1.00	\$315.00	\$140.00	\$0.00 \$0.00	\$175.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$140.00 \$0.00
			Sub-total		\$315.00	\$140.00	\$0.00 \$0.00	\$175.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$140.00 \$0.00

#### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Mbr No: 704118892 MRN: P01000037602

Carrier: MD

\$0.00

\$0.00

Claim/Ctrl No: R107TXE66635 PatCtrl No: 6H8Y53J-298096

147785

**Patient Name:** COLON, ELSON SvcProv No: 147785

Group: STAR - BEXAR

RESTORATIVE PEDIATRICS Servicing Provider:

COLON, ELSON

NPI: 1962606368

Modifiers Disallow/ Med Allow / Third Party **EXPL** Serv **Date** Proc# Days/ Charged Allowed Deduct/ Interest/ Denied Payment/ Ct/Qty CoPay Add'tl Pay Med Paid Withheld **Discount Payer** Codes 4/16/2018 92507 GN U5 1.00 \$175.00 \$0.00 \$80.40 \$0.00 \$0.00 92 \$94.60 0100 \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00 \$0.00 \$80.40 Sub-total \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$94.60 \$0.00 \$0.00

\$0.00

CORONA, JAKE Mbr No: 531189674 MRN: P01000038889 Claim/Ctrl No: R107TXE66650 Insured Name: CORONA, JAKE Patient Name: SvcProv No: 147785 Carrier: MD PatCtrl No: 6H8Y53R-298090

Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-tota	I	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name: DUGAN, ADELYNE Mbr No: 718053553 MRN: 000000063264 Claim/Ctrl No: R103TX633586 DUGAN, ADELYNE Carrier: FK **Patient Name:** SvcProv No: 147785 PatCtrl No: 6FQTJ4W-RP2215-20 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	3/22/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0200	3/22/2018	T1000	TE UA	40.00	\$560.00	\$354.80	\$0.00 \$0.00	\$205.20 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$354.80 \$0.00
0300	3/23/2018	T1000	TD UA	92.00	\$1,288.00	\$1,169.32	\$0.00 \$0.00	\$118.68 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$1,169.32 \$0.00
0400	3/24/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.08 \$0.00
0500	3/24/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
0600	3/25/2018	T1000	TD UA	28.00	\$392.00	\$355.88	\$0.00 \$0.00	\$36.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$355.88 \$0.00
0700	3/26/2018	T1000	TE UA	45.00	\$630.00	\$399.15	\$0.00 \$0.00	\$230.85 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$399.15 \$0.00

**EXPLANATION OF PAYMENT** 

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921 Page 5 of 21

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS Payee ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0800	3/26/2018	T1000	TD UA	22.00	\$308.00	\$279.62	\$0.00 \$0.00	\$28.38 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$279.62 \$0.00
			Sub-total		\$5,194.00	\$4,204.69	\$0.00 \$0.00	\$989.31 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$4,204.69 \$0.00

Insured Name:DUGAN, ADELYNEMbr No:718053553MRN:RPCCP1054Claim/Ctrl No:R106TXE67042Patient Name:DUGAN, ADELYNESvcProv No:147785Carrier:FKPatCtrl No:6H66VNJ-RP2285-06Servicing Provider:RESTORATIVE PEDIATRICSNPI:1962606368Group:TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	T1000	TE UA	56.00	\$784.00	\$496.72	\$0.00 \$0.00	\$287.28 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$496.72 \$0.00
0200	4/13/2018	T1000	TD UA	56.00	\$784.00	\$711.76	\$0.00 \$0.00	\$72.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$711.76 \$0.00
0300	4/14/2018	T1000	TE UA	52.00	\$728.00	\$461.24	\$0.00 \$0.00	\$266.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$461.24 \$0.00
0400	4/15/2018	T1000	TD UA	52.00	\$728.00	\$660.92	\$0.00 \$0.00	\$67.08 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$660.92 \$0.00
			Sub-tota	I	\$3,024.00	\$2,330.64	\$0.00 \$0.00	\$693.36 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$2,330.64 \$0.00

Insured Name: DUGAN, ADELYNE Mbr No: 718053553 MRN: RPCCP1054 Claim/Ctrl No: R106TXE67101

Patient Name: DUGAN, ADELYNE SvcProv No: 147785 Carrier: FK PatCtrl No: 6H66SQF-RP2285-05

Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/10/2018	T1000	TD UA	45.00	\$630.00	\$571.95	\$0.00 \$0.00	\$58.05 \$0.00	\$0.00 \$0.00		\$0.00	\$0.00	92	\$571.95 \$0.00
			Sub-tota	I	\$630.00	\$571.95	\$0.00 \$0.00	\$58.05 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$571.95 \$0.00

Patient Name:

Serv

Date

#### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Mbr No: 711572991

MRN: P01000037576

Carrier: MD

Interest/

Claim/Ctrl No: R106TXE95162 **PatCtrl No:** 6H6D3RV-297947

**EXPL** 

Payment/

147785

Servicing Provider: RESTORATIVE PEDIATRICS

Proc#

Modifiers

Days/

Charged

ESQUIVEL, CATALINA

ESQUIVEL, CATALINA

**SvcProv No:** 147785 NPI: 1962606368

Allowed

Group: STAR - BEXAR

Med Allow / Third Party

Denied

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$315.00	\$94.60	\$0.00 \$0.00	\$220.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total	1	\$315.00	\$94.60	\$0.00 \$0.00	\$220.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name: FLOTA, JOSE Mbr No: 517937759 MRN: RPCCP10010-0 Claim/Ctrl No: R106TXE64673 FLOTA, JOSE Carrier: FK PatCtrl No: RP2247-37 Patient Name: SvcProv No: 147785 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: TEXAS STAR Kids-Bexar

Deduct/

			Ct/Qty	J		CoPay	Add'tl Pay	Discount	Med Paid	Payer		Codes	Withheld
0100 4/15/2018	H2015	U3 UA	12.00	\$168.00	\$102.48	\$0.00 \$0.00	\$65.52 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$102.48 \$0.00
		Sub-tota	ı	\$168.00	\$102.48	\$0.00 \$0.00	\$65.52 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$102.48 \$0.00

Disallow/

Insured Name: FLOTA, JOSE Mbr No: 517937759 MRN: RPCCP10010-0 Claim/Ctrl No: R106TXE67100 FLOTA, JOSE **SvcProv No: 147785** Carrier: FK PatCtrl No: 6H66R2N-RP2247-36 Patient Name: Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
0200	4/14/2018	T1000	TE UA	28.00	\$392.00	\$248.36	\$0.00 \$0.00	\$143.64 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$248.36 \$0.00
0300	4/15/2018	T1000	TE UA	28.00	\$392.00	\$248.36	\$0.00 \$0.00	\$143.64 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$248.36 \$0.00
			Sub-tota	I	\$1,456.00	\$922.48	\$0.00 \$0.00	\$533.52 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$922.48 \$0.00

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID:

147785

Insured	d Name:	FLOTA, JOSE				Mbr No: 517	937759		MRN: RPC	CCP10010-0	CI	aim/Ctrl No: R	107TXE645	B9
Patient	Name:	FLOTA, JOSE				SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: RP2	247-38	
Servici	ng Provide	: RESTORATIV	E PEDIATRIC	S		<b>NPI</b> : 19626	606368				Gı	oup: TEXAS S	TAR Kids-Be	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	H2015	U3 UA	60.00	\$840.00	\$512.40	\$0.00 \$0.00	\$327.60 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$512.40 \$0.00
			Sub-total		\$840.00	\$512.40	\$0.00 \$0.00	\$327.60 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$512.40 \$0.00
Insured	d Name:	GARCIA, MATEO				Mbr No: 624	1490893		MRN: P01	000039142	CI	aim/Ctrl No: R	107TXE665	58
Patient	Name:	GARCIA, MATEO				SvcProv No:	147785		Carrier: N	ID	Pa	tCtrl No: 6H8	Y53W-29808	35
Servici	ng Provide	: RESTORATIV	E PEDIATRIC	S		<b>NPI</b> : 19626	606368				Gı	oup: STAR - B	EXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total		\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00
Insured	d Name:	GARZA, JEYLIN				<b>Mbr No</b> : 617	'834611		MRN: RPC	CCP15007-0	CI	aim/Ctrl No: R	106TXE670	39
Patient	Name:	GARZA, JEYLIN				SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6H6	6R2R-RP22	55-21
Servici	ng Provide	: RESTORATIV	E PEDIATRIC	S		<b>NPI</b> : 19626	806368				Gı	oup: TEXAS S	TAR Kids-Be	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TD	40.00	\$560.00	\$442.00	\$0.00 \$0.00	\$118.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$442.00 \$0.00
0200	4/14/2018	T1000	TD	32.00	\$448.00	\$353.60	\$0.00 \$0.00	\$94.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$353.60 \$0.00
			Sub-total		\$1,008.00	\$795.60	\$0.00 \$0.00	\$212.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$795.60 \$0.00

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID:

ID: 147785

Insured	d Name:	GOMEZ, CHRIS	STIAN			Mbr No: 518	3052265		MRN: RPO	CCP13001-0	CI	aim/Ctrl No: F	R106TXE670	57
Patient	Name:	GOMEZ, CHRIS	STIAN			SvcProv No:	147785		Carrier: F	K	Pa	atCtrl No: 6H6	6R2P-RP22	31-13
Servici	ng Provide	: RESTORAT	IVE PEDIATRIC	S		<b>NPI:</b> 19626	806368				G	roup: TEXAS S	STAR Kids-M	RSA Wes
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	96.00	\$1,344.00	\$851.52	\$0.00 \$0.00	\$492.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$851.52 \$0.00
0200	4/14/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
0300	4/15/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
			Sub-total		\$3,136.00	\$1,986.88	\$0.00 \$0.00	\$1,149.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,986.88 \$0.00
Insured	d Name:	GOMEZ, CHRIS	STIAN			Mbr No: 518	3052265		MRN: RPO	CCP13001-0	CI	aim/Ctrl No: F	R107TXE666	45
Patient	Name:	GOMEZ, CHRIS	STIAN			SvcProv No:	147785		Carrier: F	K	Pa	atCtrl No: 6H8	VH9Q-RP22	81-14
Servici	ng Provide	: RESTORAT	IVE PEDIATRIC	S		<b>NPI:</b> 19626	806368				G	roup: TEXAS S	STAR Kids-M	RSA Wes
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE UA	96.00	\$1,344.00	\$851.52	\$0.00 \$0.00	\$492.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$851.52 \$0.00
			Sub-total		\$1,344.00	\$851.52	\$0.00 \$0.00	\$492.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$851.52 \$0.00
Insured	d Name:	HERNANDEZ,	RORIROSE			Mbr No: 717	7727688		MRN: P01	000037387	CI	aim/Ctrl No: F	R106TXE951	56
Patient	Name:	HERNANDEZ,	RORIROSE			SvcProv No:	147785		Carrier: F	K	Pa	atCtrl No: 6H6	D3S3-29795	2
Servici	ng Provide	: RESTORAT	IVE PEDIATRIC	S		<b>NPI:</b> 19626	806368				G	roup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	97110	GP U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
			Sub-total		\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID:

147785

Insured	l Name:	HERNANDEZ, I	RORIROSE			Mbr No: 717	727688		MRN: P01	000037387	CI	aim/Ctrl No: F	R106TXE951	72
Patient	Name:	HERNANDEZ, I	RORIROSE			SvcProv No:	147785		Carrier: F	K	Pa	atCtrl No: 6H6	D3RW-2979	51
Servici	ng Provide	r: RESTORAT	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	roup: TEXAS S	STAR Kids-Be	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	97530	GO U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.90 \$0.00
			Sub-total		\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.9 \$0.0
Insured	l Name:	HERNANDEZ, I	RORIROSE			Mbr No: 717	727688		MRN: P01	000037387	CI	aim/Ctrl No: F	R107TXE665	69
Patient	Name:	HERNANDEZ, I	RORIROSE			SvcProv No:	147785		Carrier: F	K	Pa	atCtrl No: 6H8	Y53K-29809	8
Servici	ng Provide	r: RESTORAT	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	roup: TEXAS S	STAR Kids-Be	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97530	GO U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
			Sub-total		\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00
Insured	l Name:	HERNANDEZ-N	IORA, LUIS			<b>Mbr No</b> : 611	692660		MRN: P01	000039235	CI	aim/Ctrl No: F	R106TXE951	57
Patient	Name:	HERNANDEZ-N	IORA, LUIS			SvcProv No:	147785		Carrier: N	1D	Pa	atCtrl No: 6H6	D3S2-29794	3
Servici	ng Provide	r: RESTORAT	IVE PEDIATRIC	S		<b>NPI</b> : 19626	06368				Gı	roup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total		\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

\$94.61

\$0.00

147785

\$0.00

#### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

\$94.61

\$175.00

Sub-total

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

\$0.00

RESTORATIVE PEDIATRICS

\$0.00

\$0.00

\$0.00

\$0.00

Insure	d Name:	HIM, JEREMIAH				Mbr No: 62	5204206		MRN: P01	000037479	CI	laim/Ctrl No: F	R106TXE951	58
Patien	t Name:	HIM, JEREMIAH				SvcProv No	: 147785		Carrier: F	K	Pa	atCtrl No: 6H6	D2YX-29795	0
Servic	vicing Provider: RESTORATIVE PEDIATRICS					<b>NPI:</b> 1962	606368				Gı	roup: TEXAS S	STAR Kids-Be	exar
	icing Provider: RESTORATIVE PEDIATRICS													
Serv	vicing Provider: RESTORATIVE PEDIATRICS  rv Date Proc # Modifiers Da			Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld

\$0.00

\$0.00

\$80.39

\$0.00

 Insured Name:
 HIM, JEREMIAH
 Mbr No:
 625204206
 MRN:
 P01000037479
 Claim/Ctrl No:
 R106TXE95166

 Patient Name:
 HIM, JEREMIAH
 SvcProv No:
 147785
 Carrier:
 FK
 PatCtrl No:
 6H6D2YW-297949

 Servicing Provider:
 RESTORATIVE PEDIATRICS
 NPI:
 1962606368
 Group:
 TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Ct/Qty	Charged	Allowed	CoPay	Add'tl Pay	Discount	Med Paid	Payer	Denied	Codes	Withheld
0100	4/13/2018	97530	GO U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00	35	\$0.00 \$0.00
			Sub-total	I	\$175.00	\$94.61	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00		\$0.00 \$0.00

 Insured Name:
 HIM, JEREMIAH
 Mbr No:
 625204206
 MRN:
 P01000037479
 Claim/Ctrl No:
 R107TXE66557

 Patient Name:
 HIM, JEREMIAH
 SvcProv No:
 147785
 Carrier:
 FK
 PatCtrl No:
 6H8Y4R4-298097

 Servicing Provider:
 RESTORATIVE PEDIATRICS
 NPI:
 1962606368
 Group:
 TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97530	GO U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
			Sub-total	ļ	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

Insured Name:HIM, JEREMIAHMbr No:625204206MRN:P01000037479Claim/Ctrl No:R108TXEB2486Patient Name:HIM, JEREMIAHSvcProv No:147785Carrier:FKPatCtrl No:6HCH6R5-298236Servicing Provider:RESTORATIVE PEDIATRICSNPI:1962606368Group:TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/17/2018	97110	GP U5	1.00	\$43.75	\$23.65	\$0.00 \$0.00	\$20.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$23.65 \$0.00

**EXPLANATION OF PAYMENT** 

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921 Page 11 of 21

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID:

ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0200	4/17/2018	97110	GP U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00	35	\$0.00 \$0.00
			Sub-total		\$218.75	\$118.26	\$0.00 \$0.00	\$20.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$175.00		\$23.65 \$0.00
Insure	d Name:	HINOJOSA PAI	OIL, JOSIE			Mbr No: 70	4139779		MRN: P01	000038770	Cl	aim/Ctrl No: F	R106TXE951	65
Patient	t Name:	HINOJOSA PAI	OIL, JOSIE			SvcProv No:	147785		Carrier: N	ID	Pa	tCtrl No: 6H6	D3RY-29794	6
Servic	ing Provide	r: RESTORATI	IVE PEDIATRIC	S		<b>NPI:</b> 1962	606368				Gr	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total		\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00
Insure	d Name:	IBARRAJR, MIC	GUEL			<b>Mbr No:</b> 52	6914469		MRN: RPC	CCP09040-0	CI	aim/Ctrl No: F	R106TXE670	98
Patient	t Name:	IBARRAJR, MIC	GUEL			SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6H6	6R2Q-RP22	57-25
Servic	ing Provide	r: RESTORATI	IVE PEDIATRIC	S		<b>NPI:</b> 1962	606368				Gr	oup: TEXAS S	STAR Kids-Be	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	62.00	\$868.00	\$549.94	\$0.00 \$0.00	\$318.06 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$549.94 \$0.00
0200	4/14/2018	T1000	TE UA	24.00	\$336.00	\$212.88	\$0.00 \$0.00	\$123.12 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$212.88 \$0.00
0300	4/15/2018	T1000	TE UA	8.00	\$112.00	\$70.96	\$0.00 \$0.00	\$41.04 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
			Sub-total	·	\$1,316.00	\$833.78	\$0.00 \$0.00	\$482.22 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$833.78 \$0.00

Page 12 of 21

**EXPLANATION OF PAYMENT** Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018 Payment #:

Payment Amt: \$21,364.94

0903674615

RESTORATIVE PEDIATRICS

Payee ID: 147785

Insure	d Name:	IBARRAJR, MIGI	JEL			Mbr No: 526	914469	<del></del>	MRN: RPC	CCP09040-0	CI	laim/Ctrl No: F	R107TXE6663	4
Patient	Name:	IBARRAJR, MIGI	JEL			SvcProv No:	147785		Carrier: F	K	Pa	atCtrl No: 6H8	VH9R-RP225	7-26
Servici	ing Provide	r: RESTORATIV	E PEDIATRICS	3		<b>NPI</b> : 19626	06368				Gı	roup: TEXAS S	STAR Kids-Be	xar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE UA	70.00	\$980.00	\$620.90	\$0.00 \$0.00	\$359.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$620.90 \$0.00
			Sub-total		\$980.00	\$620.90	\$0.00 \$0.00	\$359.10 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$620.90 \$0.00
Insure	d Name:	JASSO, ISAAC				Mbr No: 722	660235		MRN: P01	000039057	CI	laim/Ctrl No: F	R107TXE6664	4
Patient	Name:	JASSO, ISAAC				SvcProv No:	147785		Carrier: N	1D	Pa	atCtrl No: 6H8	Y53V-298087	•
Servici	ing Provide	r: RESTORATIV	E PEDIATRICS	3		<b>NPI</b> : 19626	06368				Group: STAR - BEXAR			
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	97110	GP U5	4.00	\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.61 \$0.00
			Sub-total		\$175.00	\$94.61	\$0.00 \$0.00	\$80.39 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.61 \$0.00
Insure	d Name:	LOPEZJR, MIGU	EL			<b>Mbr No</b> : 701	875672		MRN: P01	000038849	CI	laim/Ctrl No: F	R107TXE6664	.1
Patient	Name:	LOPEZJR, MIGU	EL			SvcProv No:	147785		Carrier: N	1D	Pa	atCtrl No: 6H8	Y53L-298092	
Servici	ing Provide	r: RESTORATIV	E PEDIATRICS	3		<b>NPI</b> : 19626	06368				Gi	roup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Patient Name:

Run Date: 4/24/2018

#### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

MARTINEZ, SERGIO

MARTINEZ, SERGIO

Servicing Provider: RESTORATIVE PEDIATRICS

MRN: P01000036313 Mbr No: 612167787 Claim/Ctrl No: R107TXE66564 SvcProv No: 147785 Carrier: MD PatCtrl No: 6H8Y53M-298100

147785

Group: TEXAS STAR Kids-Bexar

Servici	ing Provider	RESTORATIV	VE PEDIATRIC	S		<b>NPI</b> : 1962	606368				Gı	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total	1	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00
Insured	d Name:	MASIS, LIAM				Mbr No: 62	4556366		MRN: RP	CCP13012-0	CI	aim/Ctrl No: F	R106TXE671	03
Patient	Name:	MASIS, LIAM				SvcProv No	: 147785		Carrier: F	K	Pa	tCtrl No: 6H6	6R2S-RP226	63-21

1	•											•		
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	36.00	\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$291.24 \$0.00
			Sub-tota	l .	\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$291.24 \$0.00

1962606368

Insured Name: MASIS, LIAM Mbr No: 624556366 MRN: RPCCP13012-0 Claim/Ctrl No: R107TXE66565 MASIS, LIAM **SvcProv No: 147785** Carrier: FK Patient Name: PatCtrl No: 6H8VH9S-RP2263-22 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	36.00	\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$291.24 \$0.00
			Sub-tota	I	\$504.00	\$291.24	\$0.00 \$0.00	\$212.76 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$291.24 \$0.00

Insured Name: MATA, ALIFONSO Mbr No: 523640627 MRN: RPCCP09028-0 Claim/Ctrl No: R106TXE67041 Patient Name: MATA, ALIFONSO **SvcProv No: 147785** Carrier: FK PatCtrl No: 6H66R2H-RP2238-45 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: TEXAS STAR Kids-MRSA Wes

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE UA	90.00	\$1,260.00	\$798.30	\$0.00 \$0.00	\$461.70 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$798.30 \$0.00

**EXPLANATION OF PAYMENT** 

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921 Page 14 of 21

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID:

ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0200	4/14/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
0300	4/15/2018	T1000	TE UA	64.00	\$896.00	\$567.68	\$0.00 \$0.00	\$328.32 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$567.68 \$0.00
			Sub-total		\$3,052.00	\$1,933.66	\$0.00 \$0.00	\$1,118.34 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,933.66 \$0.00
Insure	d Name:	MORENO, AUE	BREE			Mbr No: 53	0129543		MRN: RPO	CCP10003-0	CI	aim/Ctrl No: R	R106TXE671	02
Patient	Name:	MORENO, AUE	BREE			SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6H6	6R2J-RP223	32-37
Servici	ing Provider	: RESTORAT	IVE PEDIATRIC	S		<b>NPI:</b> 19626	606368				Gr	oup: TEXAS S	TAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	64.00	\$896.00	\$517.76	\$0.00 \$0.00	\$378.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$517.76 \$0.00
0200	4/14/2018	T1000	TE	40.00	\$560.00	\$323.60	\$0.00 \$0.00	\$236.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$323.60 \$0.00
0300	4/15/2018	T1000	TE	24.00	\$336.00	\$194.16	\$0.00 \$0.00	\$141.84 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$194.16 \$0.00
			Sub-total		\$1,792.00	\$1,035.52	\$0.00 \$0.00	\$756.48 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,035.52 \$0.00
Insure	d Name:	MORENO, AUE	BREE			Mbr No: 530	0129543		MRN: RPO	CCP10003-0	CI	aim/Ctrl No: R	R107TXE665	87
Patient	Name:	MORENO, AUE	BREE			SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6H8	VH9K-RP23	05-00
Servici	ing Provider	: RESTORAT	IVE PEDIATRIC	S		<b>NPI:</b> 19626	606368				Gr	oup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	T1000	TE	56.00	\$784.00	\$453.04	\$0.00 \$0.00	\$330.96 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$453.04 \$0.00
			Sub-total		\$784.00	\$453.04	\$0.00 \$0.00	\$330.96 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$453.04 \$0.00

\$0.00

\$0.00

\$610.08

### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

T1000

0400 4/15/2018

TD UA

48.00

\$672.00

\$610.08

Payee ID:

ID: 147785

Insured	l Name:	MOUTONIII, BII	LY			Mbr No: 627	7187457		MRN: P01	000039172	CI	aim/Ctrl No: F	R107TXE666	47
Patient	Name:	MOUTONIII, BII	LLY			SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6H8	Y4R5-29808	32
Servici	ng Provider	: RESTORATI	VE PEDIATRIC	S		<b>NPI</b> : 19626	606368				Gr	oup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total		\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00
Insured	l Name:	MYRES, JOSHI	JA			Mbr No: 529	9330291		MRN: 000	000063295	CI	aim/Ctrl No: F	R103TX6327	88
Patient	Name:	MYRES, JOSHI	JA			SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6G5	J53F-RP225	50-18
Servici	ng Provider	: RESTORATI	VE PEDIATRIC	S		<b>NPI:</b> 19626	606368				Gr	oup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/1/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.0 \$0.0
0200	4/1/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.70 \$0.00
			Sub-total		\$1,344.00	\$1,035.84	\$0.00 \$0.00	\$308.16 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,035.84 \$0.00
Insured	l Name:	MYRES, JOSHI	JA			Mbr No: 529	9330291		MRN: RPC	CCP1021-02	CI	aim/Ctrl No: F	R106TXE670	44
Patient	Name:	MYRES, JOSHI	JA			SvcProv No:	147785		Carrier: F	K	Pa	tCtrl No: 6H6	6R2K-RP22	50-27
Servici	ng Provider	: RESTORATI	VE PEDIATRIC	S		<b>NPI:</b> 19626	606368				Gr	oup: TEXAS S	STAR Kids-B	exar
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.00 \$0.00
0200	4/14/2018	T1000	TD UA	48.00	\$672.00	\$610.08	\$0.00 \$0.00	\$61.92 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$610.00 \$0.00
0300	4/14/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00	\$246.24	\$0.00	\$0.00	\$0.00	\$0.00	92	\$425.76

\$0.00

\$0.00

\$0.00

\$0.00

\$61.92

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

92

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

RESTORATIVE PEDIATRICS

Payee ID: 147785

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0500	4/15/2018	T1000	TE UA	48.00	\$672.00	\$425.76	\$0.00 \$0.00	\$246.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$425.76 \$0.00
			Sub-total		\$3,360.00	\$2,681.76	\$0.00 \$0.00	\$678.24 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$2,681.76 \$0.00
Insure	d Name:	PADILLA, VICT	OR			Mbr No: 616	5271722		MRN: P01	000037314	CI	aim/Ctrl No: F	R106TXE9515	5
Patient	t Name:	PADILLA, VICT	OR			SvcProv No:	147785		Carrier: N	ID	Pa	ntCtrl No: 6H6	D3RX-297953	3
Servic	ing Provide	: RESTORAT	VE PEDIATRIC	S		<b>NPI:</b> 19626	806368				Gı	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
0200	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$350.00	\$189.20	\$0.00 \$0.00	\$160.80 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$189.20 \$0.00
Insure	d Name:	PADILLA, IVAN				<b>Mbr No</b> : 70	1475428		MRN: P01	000038966	CI	aim/Ctrl No: R	R107TXE6657	8
Patient	t Name:	PADILLA, IVAN				SvcProv No:	147785		Carrier: N	ID	Pa	ntCtrl No: 6H8	Y53Q-298088	3
Servic	ing Provide	: RESTORAT	VE PEDIATRIC	S		<b>NPI:</b> 19626	606368				Gı	oup: STAR - E	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00
Insure	d Name:	RAMOS, CARM	IEN			Mbr No: 702	2878129		<b>MRN</b> : P01	000038844	CI	aim/Ctrl No: F	R107TXE6655	9
Patient	t Name:	RAMOS, CARM	IEN			SvcProv No:	147785		Carrier: N	ID	Pa	ntCtrl No: 6H8	Y53P-298093	
Servic	Servicing Provider: RESTORATIVE PEDIATRICS						806368				Gı	oup: STAR - B	BEXAR	
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Patient Name:

Run Date: 4/24/2018

**EXPLANATION OF PAYMENT** 

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921 Page 17 of 21

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Servicing Provider: RESTORATIVE PEDIATRICS

RAMOS, MEREDITH

Mbr No: 701040996

RAMOS, MEREDITH

SvcProv No: 14778

**SvcProv No:** 147785 **NPI:** 1962606368

MRN: P01000035834

Carrier: MD

O035834 Claim/Ctrl No: R107TXE66561
PatCtrl No: 6H8Y53X-298101

Group: STAR - BEXAR

147785

												•		
Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN UB	1.00	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$66.22 \$0.00
			Sub-total	ı	\$175.00	\$66.22	\$0.00 \$0.00	\$108.78 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$66.22 \$0.00

Insured Name:RODRIGUEZ, ISABELLAMbr No:530069853MRN:RPCCP09085-0Claim/Ctrl No:R106TXE67095Patient Name:RODRIGUEZ, ISABELLASvcProv No:147785Carrier:FKPatCtrl No:6H66R2L-RP2270-18Servicing Provider:RESTORATIVE PEDIATRICSNPI:1962606368Group:TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	T1000	TE	39.00	\$546.00	\$315.51	\$0.00 \$0.00	\$230.49 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$315.51 \$0.00
			Sub-total	- 	\$546.00	\$315.51	\$0.00 \$0.00	\$230.49 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$315.51 \$0.00

Insured Name:RODRIGUEZ, NELDAMbr No:529703122MRN:P01000018051Claim/Ctrl No:R106TXE95174Patient Name:RODRIGUEZ, NELDASvcProv No:147785Carrier:FKPatCtrl No:6H6D2YV-297956Servicing Provider:RESTORATIVE PEDIATRICSNPI:1962606368Group:TEXAS STAR Kids-Bexar

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total		\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

**Patient Name:** 

Serv

Run Date: 4/24/2018

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#### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Mbr No: 530069853 MRN: RPCCP09085-0

Carrier: FK

Claim/Ctrl No: R107TXE66555

RODRIGUEZ, ISABELLA RODRIGUEZ, ISABELLA

SvcProv No: 147785

PatCtrl No: 6H8VH9P-RP2270-19 Group: TEXAS STAR Kids-Bexar

147785

RESTORATIVE PEDIATRICS Servicing Provider:

1962606368 NPI:

**Modifiers** Disallow/ Med Allow / Third Party **EXPL** Date Proc# Days/ Charged Allowed Deduct/ Interest/ Denied Payment/ Ct/Qty CoPay Add'tl Pay Med Paid Withheld **Discount Payer** Codes 4/16/2018 T1000 TD 40.00 \$560.00 \$442.00 \$118.00 \$0.00 \$0.00 92 \$442.00 0100 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Sub-total \$560.00 \$442.00 \$118.00 \$0.00 \$0.00 \$0.00 \$442.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

ROGERS, PAIGE Mbr No: 707734867 MRN: P01000038877 Claim/Ctrl No: R107TXE66653 Insured Name: ROGERS, PAIGE **Patient Name:** SvcProv No: 147785 Carrier: MD PatCtrl No: 6H8Y53S-298091 Servicing Provider: RESTORATIVE PEDIATRICS 1962606368 Group: STAR - BEXAR

Med Allow / **Third Party EXPL** Serv Date Proc# Modifiers Days/ Charged Allowed Deduct/ Disallow/ Interest/ Denied Payment/ Ct/Qty CoPay Codes Withheld Add'tl Pay **Discount** Med Paid **Payer** GN U5 1.00 \$80.40 92 \$94.60 0100 4/16/2018 92507 \$175.00 \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00 \$94.60 \$0.00 \$94.60 Sub-total \$0.00 \$80.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Insured Name: ROJAS, HOMERO Mbr No: 626483944 MRN: P01000039053 Claim/Ctrl No: R106TXE95167 ROJAS, HOMERO **Patient Name:** SvcProv No: 147785 Carrier: MD **PatCtrl No:** 6H6D3RZ-297945 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	97110	GP U5	3.00	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$70.96 \$0.00
			Sub-total	I	\$131.25	\$70.96	\$0.00 \$0.00	\$60.29 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$70.96 \$0.00

**EXPLANATION OF PAYMENT** 

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

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Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID:

RESTORATIVE PEDIATRICS

Mbr No: 708582576

MRN: P01000039207

Claim/Ctrl No: R106TXE95179

147785

SANDOVAL, JEREMIAH Insured Name: **Patient Name:** SANDOVAL, JEREMIAH SvcProv No: 147785 Carrier: MD PatCtrl No: 6H6D3S4-297944 RESTORATIVE PEDIATRICS NPI: 1962606368 Group: STAR - BEXAR Servicing Provider:

Modifiers Deduct/ Disallow/ Med Allow / Third Party Denied **EXPL** Payment/ Serv **Date** Proc# Days/ Charged Allowed Interest/ Ct/Qty CoPay Add'tl Pay Med Paid Withheld **Discount Payer** Codes 4/13/2018 92507 GN U5 1.00 \$175.00 \$0.00 \$80.40 \$0.00 \$0.00 \$0.00 \$0.00 92 \$94.60 0100 \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00 \$80.40 Sub-total \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

SANDOVAL, JEREMIAH Mbr No: 708582576 MRN: P01000039207 Claim/Ctrl No: R107TXE66646 Insured Name: SANDOVAL, JEREMIAH **Patient Name:** SvcProv No: 147785 Carrier: MD PatCtrl No: 6H8Y53Y-298080 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/16/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-tota	I	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name: SEGURA, EZRA Mbr No: 624273417 MRN: P01000037230 Claim/Ctrl No: R106TXE95159 SEGURA, EZRA **SvcProv No: 147785** Carrier: MD **Patient Name:** PatCtrl No: 6H6D3S6-297954 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/12/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-total	-	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

Insured Name:

**Patient Name:** 

### **EXPLANATION OF PAYMENT**

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741 (877) 391-5921

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Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

> 147785 Payee ID:

RESTORATIVE PEDIATRICS

SEGURA. EZRA

SEGURA, EZRA

Servicing Provider: RESTORATIVE PEDIATRICS

Mbr No: 624273417

SvcProv No: 147785 1962606368

MRN: P01000037230

Carrier: MD

Claim/Ctrl No: R107TXE66556 PatCtrl No: 6H8Y543-298099

Group: STAR - BEXAR

Serv	Date	Proc #	Modifiers	Days/ Ct/Qty	Charged	Allowed	Deduct/ CoPay	Disallow/ Add'tl Pay	Interest/ Discount	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/ Withheld
0100	4/13/2018	92507	GN U5	1.00	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92	\$94.60 \$0.00
			Sub-tota	I	\$175.00	\$94.60	\$0.00 \$0.00	\$80.40 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$94.60 \$0.00

TREJO, ANDREW Mbr No: 614399547 MRN: P01000038960 Claim/Ctrl No: R107TXE66651 Insured Name: TREJO, ANDREW Carrier: MD **Patient Name:** SvcProv No: 147785 PatCtrl No: 6H8Y53T-298089 Servicing Provider: RESTORATIVE PEDIATRICS 1962606368 Group: STAR - BEXAR

Med Allow / **Third Party EXPL** Date Proc# Modifiers Days/ Charged Allowed Deduct/ Disallow/ Interest/ **Denied** Payment/ Serv Ct/Qty CoPay Codes Withheld Add'tl Pay **Discount** Med Paid **Payer** GN U5 1.00 \$80.40 92 \$94.60 0100 4/16/2018 92507 \$175.00 \$94.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$175.00 \$0.00 \$94.60 Sub-total \$94.60 \$0.00 \$80.40 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Insured Name: YOUNG, LOGAN Mbr No: 617296749 MRN: P01000035428 Claim/Ctrl No: R107TXE66568 YOUNG, LOGAN **Patient Name:** SvcProv No: 147785 Carrier: MD PatCtrl No: 6H8Y5C9-298102 Servicing Provider: RESTORATIVE PEDIATRICS NPI: 1962606368 Group: STAR - BEXAR

**EXPL** Serv Date Proc# Modifiers Days/ Charged Allowed Deduct/ Disallow/ Interest/ Med Allow / **Third Party** Denied Payment/ Ct/Qty CoPay Add'tl Pay **Discount** Med Paid **Payer** Codes Withheld 0100 4/16/2018 97530 GO U5 4.00 \$175.00 \$94.61 \$0.00 \$80.39 \$0.00 \$0.00 \$0.00 \$0.00 92 \$94.61 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$80.39 \$0.00 \$0.00 \$0.00 \$94.61 Sub-total \$175.00 \$94.61 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total \$39,753.00 \$26,373.15 \$0.00 \$13,219.07 \$0.00 \$0.00 \$0.00 \$350.00 \$26,183.93 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

**Explanation Code** Description

35 DENY: BENEFIT MAXIMUM HAS BEEN REACHED

92 PAID IN FULL

**EXPLANATION OF PAYMENT** 

Superior HealthPlan 5900 E. Ben White Blvd Austin, TX 78741

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Payment Date: 4/24/2018

Payment #: 0903674615

Payment Amt: \$21,364.94

Payee ID: 147785

RESTORATIVE PEDIATRICS

**BEGINNING NEGATIVE SERVICES BALANCE:** \$0.00 \$-4,818.99 **BEGINNING PREPAYMENT BALANCE:** \$-4.818.99 TOTAL BEGINNING BALANCE: **CLAIM PAID THIS RUN:** \$26,183.93

**EFT/PAYMENT AMOUNT:** \$21.364.94

Payment is being made electronically; no paper check will be issued.

#### IMPORTANT INFORMATION

### NPI is Now Required for All Providers.

For claim inquiries: 1-877-391-5921

Send claims submissions to: Send appeals to: Claims Department Appeals Department Superior HealthPlan Superior HealthPlan P.O. Box 3003 P.O. Box 3000

Farmington, MO 63640 Farmington, MO 63640

Notice to providers: EOPs are now combined into one single EOP for CHIP, STAR, STAR+ and Perinate

If you would like to report provider or client fraud or abuse, please call

- Superior HealthPlan Fraud Hotline: 1-866-685-8664
- Texas Office of Inspector General (TX-OIG) Fraud Hotline: 1-800-436-6184

Due to a new federal mandate, all Texas Medicaid providers must periodically re-enroll in Texas Medicaid. For more information, please visit the provider page of the Texas Medicaid & Healthcare Partnership (TMHP) website at www.tmhp.com or call 1-800-925-9126.

In our efforts towards Going Green, an electronic copy of the provider newsletter will be posted quarterly at www.superiorhealthplan.com on the Provider Home page, or you can request a hard copy by calling 1-877-391-5921 and selecting option 3.