



09186 7100161 009187 009187 00001/00001

NEWFIELD EXPLORATION COMPANY
C/O UMR
PO BOX 690450
SAN ANTONIO TX 78269

If you have any questions call
866-868-9805



Group Name: NEWFIELD EXPLORATION COMP
Group No.: 240602
Division: MC
Check #:
Check Date:
Date Printed: 01/12/2009

Forwarding Service Requested

>09186 7100161 001 092013
THOMAS E CATE, DC
2828 E 51ST ST STE 103
TULSA OK 74105-1745



PROVIDER PAYMENT REPORT

	Date(s) Of Service	Description Of Service	Total Charges	Provider Discount	Non-Covered Services	Inel Code	Deduct	Co-Pay/ Co-Ins	Other Plan	Paid At	Benefits Paid
Claim#: 0848569086		Patient Acct#: 21725 711A	Patient Name: LISA SELLMYER			Member Name: LISA SELLMYER			Member ID: 446688565		
01	05/13/2008	98940 CHIRO OFF SERV	40.00	0.00	40.00	304	0.00	0.00	0.00	0%	0.00
02	05/20/2008	72040 CHIRO OFF SERV	70.00	0.00	70.00	304	0.00	0.00	0.00	0%	0.00
03	05/20/2008	72020 CHIRO OFF SERV	45.00	0.00	45.00	304	0.00	0.00	0.00	0%	0.00
04	05/20/2008	98941 CHIRO OFF SERV	50.00	0.00	50.00	304	0.00	0.00	0.00	0%	0.00
05	05/20/2008	97014 CHIRO OFF SERV	25.00	0.00	25.00	304	0.00	0.00	0.00	0%	0.00
06	05/20/2008	97012 CHIRO OFF SERV	30.00	0.00	30.00	304	0.00	0.00	0.00	0%	0.00
07	05/29/2008	98940 CHIRO OFF SERV	40.00	0.00	40.00	304	0.00	0.00	0.00	0%	0.00
08	05/29/2008	97014 CHIRO OFF SERV	25.00	0.00	25.00	304	0.00	0.00	0.00	0%	0.00
09	05/29/2008	97012 CHIRO OFF SERV	30.00	0.00	30.00	304	0.00	0.00	0.00	0%	0.00
10	05/30/2008	98940 CHIRO OFF SERV	40.00	0.00	40.00	304	0.00	0.00	0.00	0%	0.00
11	05/30/2008	97014 CHIRO OFF SERV	25.00	0.00	25.00	304	0.00	0.00	0.00	0%	0.00
12	05/30/2008	97012 CHIRO OFF SERV	30.00	0.00	30.00	304	0.00	0.00	0.00	0%	0.00
Claim Sub-Total			450.00	0.00	450.00		0.00	0.00	0.00		0.00
Network: Network Great West											

Inel Code **Description**
304 YOUR CLAIM HAS BEEN DENIED. WE NEED THE PRIMARY INSURANCE CARRIER'S EXPLANATION OF BENEFITS AS STATED IN THE PLAN DOCUMENT. THIS INFORMATION HAS BEEN REQUESTED FROM THE PROVIDER.

Claim Number **Comment**
*** For patient eligibility, benefits or claim status, visit us at www.benplan.com, 24 hours a day, 7 days a week, or try our faxback system at 1-888-847-0274 or local 210-558-2150.

Statement Totals

Total Charges	Provider Discount	Non-Covered Services	Deductible	Co-Pay/ Co-Ins	Other Plan	Benefits Paid
450.00	0.00	450.00	0.00	0.00	0.00	0.00