

Explanations

Administered by	Code	Description
Meritain	735	The Plan provides benefits for covered expenses at a reasonable amount. Member may incur additional expenses for this service. Amount calculated using Data iSight. For questions, Providers, please refer to <a href="http://datightsight.com">datightsight.com</a> or call 866-835-4022.
NOTE-001		For questions, Providers, please refer to <a href="http://datightsight.com">datightsight.com</a> or call 866-835-4022. The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) has issued deadline relief and other guidance under Title I of the Employee Retirement Income Security Act of 1974 (ERISA) for the following: The deadline for member to submit health care claims. The deadline to submit an appeal. Deadlines falling on or after March 1, 2020 are extended to the lesser of: 1) the one year anniversary of the original deadline, or 2) until 60 days after the yet-to-be announced end of the COVID-19 National Emergency. Since we do not know when the COVID-19 National Emergency will end, if you need help in determining your appeal or claim filing deadline, please contact us directly.

IMPORTANT NOTICE REGARDING TRANSMISSIONS OF PROTECTED HEALTH INFORMATION: Protected Health Information (PHI) is individually identifiable health information within the meaning of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder. Any PHI contained in this fax is intended only for the intended recipient and is disseminated subject to the understanding that all requirements of HIPAA and other applicable laws for this disclosure have been met. If this communication contains PHI, you are receiving this information subject to the obligation to maintain it in a secure and confidential manner. Re-disclosure without additional consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties as described in state/federal law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message in error, please notify the sender immediately to arrange for return or destruction.

SAGEBRUSH LLC  
1310 E CHAPMAN AVE 180  
FULLERTON CA 92831

Log on to <http://Meritain.com/providers> to view  
eligibility, benefit and claim information.

Your name, SAGEBRUSH LLC, and Tax ID have been verified by the IRS.

Tax ID: 320572774 EPC Draft #: 0 Payment Week: 14 Payment Date: 04/07/2021 Page 1 of 2

Service Date	Code or Description	Explanation Code	Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation				Net Payment	Messages
							Co-Ins	Co-Pay	Deductible	Non-Cov		
Rendering Provider: SAGEBRUSH; LLC DBA THE EDGE TR Billing NPI: 1417425604 Patient Acct #: 896207254 Group/Check Number: 16136/ Network: Data iSight Member Number: 2800487214 Customer Service #: 1-800-925-2272 Patient Name: AARON WERSTINE Claim Number: DQ55B15 Administered By: Meritain												
03/08/21	90853	735	2,000.00	1,821.80	0.00	0.00	0.00	0.00	178.20	0.00	0.00	Deductible Appl
03/10/21	90853	735	2,000.00	1,821.80	0.00	0.00	0.00	0.00	178.20	0.00	0.00	Deductible Appl
03/12/21	90853	735	2,000.00	1,821.80	0.00	0.00	0.00	0.00	178.20	0.00	0.00	Deductible Appl
Total:			6,000.00	5,465.40	0.00	0.00	0.00	0.00	534.60	0.00	0.00	See NOTE-001

Statement Summary		Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	Customer Service Phone Number
Administered By								
Meritain		\$6,000.00	\$5,465.40	\$0.00	\$0.00	\$534.60	\$0.00	See Individual Claim
Statement Totals		Billed Amount	Discount Amount	Other Plan Payment	Other Adjustment	Patient Obligation	Net Payment Amount	
		\$6,000.00	\$5,465.40	\$0.00	\$0.00	\$534.60	\$0.00	

