

CIGNA HEALTH AND LIFE INSURANCE COMPANY
P. O. BOX 182223
CHATTANOOGA, TN 37422-7223

UTD HEALTHCARE
102
800 W CAMPBELL RD
DALLAS, TX 75080

EIN: 842827848
NPI: 1750939070
CHECK NUM: 286764968
CHECK DATE: 01/10/2020
PRODUCTION DATE: 01/11/2020

PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME:KRISHNA DARAKH MBR:U6262993201 ACNT:XXXX1234-2 ICN:9222000698004											
CORRECTED: NA HICN: CLM Status:1 MRN:5571 GRP/POL NUM:3340012											
	1228	12282019	13	1	96361	268.40	268.40	0.00	0.00	PI-97	0.00
					REM: N19						
	1228	12282019	13	1	96374 59	434.60	434.60	0.00	0.00	PI-97	0.00
					REM: N19						
	1228	12282019	13	1	36415	60.50	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	85025	295.93	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	87804 QW	245.21	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	80053 QW	788.03	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	87880 QW	207.16	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	87804 59QW	245.21	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	71046	877.80	375.22	0.00	93.80	CO-45	281.42
					REM: N381						
	1228	12282019	13	1	99053	201.32	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	99284 25	4130.50	1495.50	0.00	373.87	CO-45	1121.63
					REM: N381						
	1228	12282019	13	1	J7030	375.10	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	J2930	101.20	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1228	12282019	13	1	Q0144	233.37	47.83	0.00	11.96	CO-45	35.87
					REM: N381						
	1228	12282019	13	1	J8499	70.22	2.30	0.00	0.57	CO-45	1.73
					REM: N381						
PT RESP 480.20					SUB TOTALS	8534.55	2623.85	0.00	480.20		1440.65
ADJ TO TOTALS:				PREV PD 0.00	INTEREST 0.00				LATE FILING CHARGE 0.00		
										NET 1440.65	
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ	CHECK AMT		
	1	8534.55	2623.85	0.00	480.20	6613.70	1440.65	0.00	2662.60		

GLOSSARY: Adjustment, Group, Reason, MOA, and Remark codes

PI- Payor initiated reductions. In the opinion of the payer, the adjustment is not the responsibility of the patient, but no supporting contract exists between the provider and the payer.

97The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

CO- Contractual obligations. The patient may not be billed for this amount

45Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

PR- Patient Responsibility

2 Coinsurance Amount

N19 Procedure code incidental to primary procedure.

N381 Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.