

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

UTD HEALTHCARE
123
800 W CAMPBELL RD
DALLAS, TX 75080

EIN: 842827848
NPI: 1750939070
CHECK NUM: 286750967
CHECK DATE: 01/07/2020
PRODUCTION DATE: 01/08/2020

PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME:KRISHNA DARAKH MBR:U1234567890 ACNT:XXXXF1234-2 ICN:4222000203565											
CORRECTED: NA HICN: CLM Status:1 MRN:xxxxx GRP/POL NUM:3340012											
	1216	12162019	13	1	87880 QW	207.16	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1216	12162019	13	1	87804 59QW	245.21	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1216	12162019	13	1	87804 QW	245.21	0.00	0.00	0.00	CO-45	0.00
					REM: N381						
	1216	12162019	13	1	99283 25	2997.50	994.74	0.00	248.68	CO-45	746.06
					REM: N381						
	1216	12162019	13	1	S0119	88.00	88.00	0.00	22.00		66.00
PT RESP 270.68					SUB TOTALS	3783.08	1082.74	0.00	270.68	2700.34	812.06
ADJ TO TOTALS:				PREV PD 0.00	INTEREST 0.00			LATE FILING CHARGE 0.00			
										NET 812.06	
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	RC-AMT	PROV PAID	PROV ADJ	CHECK AMT		
	1	3783.08	1082.74	0.00	270.68	2700.34	812.06	0.00	6644.06		

GLOSSARY: Adjustment, Group, Reason, MOA, and Remark codes
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
N381 Alert: Consult our contractual agreement for restrictions/billing/payment information related to these charges.