

United HealthCare Services, Inc.
P O BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210



DPSS\$\$PKG
KINETIC PHYSICAL THERAPY INC
132 HOLIDAY CT STE 203
ANNAPOLIS MD 21401-7005

| |
|---|
| PAYMENT DATE: 05/08/24 |
| TIN: 050581184 |
| NPI: 1114978376 |
| PAYEE NAME: KINETIC PHYSICAL THERAPY INC |
| PAYMENT NUMBER: TZ 80542280 |
| PAYMENT AMOUNT: \$270.00 |



PROVIDER REMITTANCE ADVICE

PROVIDER REMITTANCE AT A GLANCE

| | |
|------------------------------------|----------|
| AMOUNT OF TOTAL BENEFITS AVAILABLE | \$270.00 |
| LESS AMOUNT PREVIOUSLY OWED | |
| TOTAL PAID | \$270.00 |

United HealthCare Services, Inc.
P O BOX 740800
ATLANTA GA 30374-0800
PHONE: 1-877-842-3210

STD - PRA



**PROVIDER
REMITTANCE ADVICE**

KINETIC PHYSICAL THERAPY INC
132 HOLIDAY CT STE 203
ANNAPOLIS MD 21401

| |
|---|
| PAYMENT DATE: 05/08/24 |
| TIN: 050581184 |
| NPI: 1114978376 |
| PAYEE NAME: KINETIC PHYSICAL THERAPY INC |
| PAYMENT NUMBER: TZ 80542280 |
| PAYMENT AMOUNT: \$270.00 |

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United HealthCare Services, Inc.
GREENSBORO SERVICE CENTER
P.O. BOX 30555
SALT LAKE CITY UT 84130-0555
PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

KINETIC PHYSICAL THERAPY INC
KINETIC PHYSICAL THERAPY INC
132 HOLIDAY CT STE 203
ANNAPOLIS MD 21401

PAYMENT DATE: 05/08/24

TIN: 050581184

NPI: 1114978376

PAYEE NAME: KINETIC PHYSICAL
THERAPY INC

PAYMENT NUMBER: TZ 80542280

PAYMENT AMOUNT: \$270.00

GROUP NUMBER: 708175

GROUP NAME: NATIONAL EDUCATION
ASSOCIATION

PATIENT: ROBERT JOHNSON (SP)

SUBSCRIBER ID: A 946300371 **SUBSCRIBER NAME:** KAREN M WHITE **CLAIM NUMBER:** EL37357695 0139832148
CLAIM DATE: 04/24/24-04/24/24 **DATE RECEIVED:** 04/25/24 **PRODUCT:** CHOYC+
REND PROV ID: 1114978376 **REND PROV:** KINETIC PHYSICAL THER

| PATIENT CONTROL NUMBER | PATIENT ID | AUTH/REF NUMBER | DRG | DRG WEIGHT | CLAIM CHARGE AMOUNT | CLM ADJ AMT | GRP CD | CLM ADJ RSN CD | CLAIM PAYMENT AMOUNT | PATIENT RESPONSIBILITY |
|------------------------|------------|-----------------|-----|------------|---------------------|-------------|--------|----------------|----------------------|------------------------|
| 98074895T0 | | | | | \$154.75 | | | | \$55.00 | \$15.00 |

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|---------|----------------|----------------|---------------|
| TB-132977 | 04/24/24 - 04/24/24 | | 97110 | GP | | 3 | 3 | \$106.74 | \$70.00 | \$15.00 | PR | 3 | \$55.00 | D1 |
| | | | | | | | | | | \$36.74 | CO | 45 | | |
| TB-132978 | 04/24/24 - 04/24/24 | | 97140 | GP | | 1 | 1 | \$32.62 | | \$32.62 | CO | 45 | \$0.00 | D1 |
| TB-132979 | 04/24/24 - 04/24/24 | | G0283 | GP | | 1 | 1 | \$15.39 | | \$15.39 | CO | 45 | \$0.00 | D1 |
| CLAIM# EL37357695 0139832148 | | | | | | | | SUBTOTAL | \$154.75 | \$70.00 | \$99.75 | | \$55.00 | D1 |

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

NOTES

CO45 CONTRACTUAL OBLIGATIONS - CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.

PR3 PATIENT RESPONSIBILITY - CO-PAYMENT AMOUNT

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 05/08/24

TIN: 050581184

NPI: 1114978376

PAYEE NAME: KINETIC PHYSICAL
THERAPY INC

PAYMENT NUMBER: TZ 80542280

PAYMENT AMOUNT: \$270.00

GROUP NUMBER: 708175

GROUP NAME: NATIONAL EDUCATION
ASSOCIATION

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United HealthCare Services, Inc.
 RICHARDSON/SPRGFLD SRVC CNTR
 PO BOX 30555
 SALT LAKE CITY UT 84130-0555
 PHONE: 1-877-842-3210

STD - PRA



PROVIDER REMITTANCE ADVICE

KINETIC PHYSICAL THERAPY INC
 KINETIC PHYSICAL THERAPY INC
 132 HOLIDAY CT STE 203
 ANNAPOLIS MD 21401

PAYMENT DATE: 05/08/24
 TIN: 050581184
 NPI: 1114978376
 PAYEE NAME: KINETIC PHYSICAL
 THERAPY INC
 PAYMENT NUMBER: TZ 80542280
 PAYMENT AMOUNT: \$270.00
 GROUP NUMBER: 217324
 GROUP NAME: LITTLER MENDELSON PC

PATIENT: JORGE R LOPEZ (EE)

SUBSCRIBER ID: A 955623584 **SUBSCRIBER NAME:** JORGE R LOPEZ **CLAIM NUMBER:** EL51882001 0016128097
CLAIM DATE: 04/25/24-04/25/24 **DATE RECEIVED:** 04/30/24 **PRODUCT:** CHOYC+
REND PROV ID: 1114978376 **REND PROV:** KINETIC PHYSICAL THER

| PATIENT CONTROL NUMBER | PATIENT ID | AUTH/REF NUMBER | DRG | DRG WEIGHT | CLAIM CHARGE AMOUNT | CLM ADJ AMT | GRP CD | CLM ADJ RSN CD | CLAIM PAYMENT AMOUNT | PATIENT RESPONSIBILITY |
|------------------------|------------|-----------------|-----|------------|---------------------|-------------|--------|----------------|----------------------|------------------------|
| 98295538T0 | | | | | \$139.36 | | | | \$55.00 | \$15.00 |

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|---------|----------------|----------------|---------------|
| TB-133085 | 04/25/24 - 04/25/24 | | 97110 | GP | | 3 | 3 | \$106.74 | \$70.00 | \$15.00 | PR | 3 | \$55.00 | D1 |
| | | | | | | | | | | \$36.74 | CO | 45 | | |
| TB-133086 | 04/25/24 - 04/25/24 | | 97140 | GP | | 1 | 1 | \$32.62 | | \$32.62 | CO | 45 | \$0.00 | D1 |
| CLAIM# EL51882001 0016128097 | | | | | | | | SUBTOTAL | \$139.36 | \$70.00 | \$84.36 | | \$55.00 | D1 |

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

PATIENT: AHED MCDANIEL (SP)

SUBSCRIBER ID: A 955623584 **SUBSCRIBER NAME:** JORGE R LOPEZ **CLAIM NUMBER:** EL66014981 0016134601
CLAIM DATE: 05/02/24-05/02/24 **DATE RECEIVED:** 05/03/24 **PRODUCT:** CHOYC+
REND PROV ID: 1114978376 **REND PROV:** KINETIC PHYSICAL THER

| PATIENT CONTROL NUMBER | PATIENT ID | AUTH/REF NUMBER | DRG | DRG WEIGHT | CLAIM CHARGE AMOUNT | CLM ADJ AMT | GRP CD | CLM ADJ RSN CD | CLAIM PAYMENT AMOUNT | PATIENT RESPONSIBILITY |
|------------------------|------------|-----------------|-----|------------|---------------------|-------------|--------|----------------|----------------------|------------------------|
| 98498401T0 | | | | | \$154.75 | | | | \$55.00 | \$15.00 |

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|--------|----------------|----------------|---------------|
| TB-135298 | 05/02/24 - 05/02/24 | | 97110 | GP | | 3 | 3 | \$106.74 | \$70.00 | \$36.74 | CO | 45 | \$55.00 | D1 |
| | | | | | | | | | | \$15.00 | PR | 3 | | |
| TB-135299 | 05/02/24 - 05/02/24 | | 97140 | GP | | 1 | 1 | \$32.62 | | \$32.62 | CO | 45 | \$0.00 | D1 |



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 05/08/24

TIN: 050581184

NPI: 1114978376

PAYEE NAME: KINETIC PHYSICAL
THERAPY INC

PAYMENT NUMBER: TZ 80542280

PAYMENT AMOUNT: \$270.00

GROUP NUMBER: 217324

GROUP NAME: LITTLER MENDELSON PC

PATIENT: AHED MCDANIEL (SP)

SUBSCRIBER ID: A 955623584

SUBSCRIBER NAME: JORGE R LOPEZ

CLAIM NUMBER: EL66014981 0016134601

CLAIM DATE: 05/02/24-05/02/24

DATE RECEIVED: 05/03/24

PRODUCT: CHOYC+

REND PROV ID: 1114978376

REND PROV: KINETIC PHYSICAL THER

CONTINUED

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|---------|----------------|----------------|---------------|
| TB-135300 | 05/02/24 - 05/02/24 | | G0283 | GP | | 1 | 1 | \$15.39 | | \$15.39 | CO | 45 | \$0.00 | D1 |
| CLAIM# EL66014981 0016134601 | | | | | | | | SUBTOTAL | \$154.75 | \$70.00 | \$99.75 | | \$55.00 | D1 |

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NOTES

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 05/08/24

TIN: 050581184

NPI: 1114978376

PAYEE NAME: KINETIC PHYSICAL
THERAPY INC

PAYMENT NUMBER: TZ 80542280

PAYMENT AMOUNT: \$270.00

GROUP NUMBER: 217324

GROUP NAME: LITTLER MENDELSON PC

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PROVIDER REMITTANCE ADVICE

KINETIC PHYSICAL THERAPY INC
KINETIC PHYSICAL THERAPY INC
132 HOLIDAY CT STE 203
ANNAPOLIS MD 21401

PAYMENT DATE: 05/08/24
TIN: 050581184
NPI: 1114978376
PAYEE NAME: KINETIC PHYSICAL
THERAPY INC
PAYMENT NUMBER: TZ 80542280
PAYMENT AMOUNT: \$270.00
GROUP NUMBER: 717262
GROUP NAME: FINRA

PATIENT: LORI WALSH (EE)

SUBSCRIBER ID: A 904964489 **SUBSCRIBER NAME:** LORI WALSH **CLAIM NUMBER:** EL53911518 0101621490
CLAIM DATE: 04/30/24-04/30/24 **DATE RECEIVED:** 04/30/24 **PRODUCT:** CHOYC+
REND PROV ID: 1114978376 **REND PROV:** KINETIC PHYSICAL THER

| PATIENT CONTROL NUMBER | PATIENT ID | AUTH/REF NUMBER | DRG | DRG WEIGHT | CLAIM CHARGE AMOUNT | CLM ADJ AMT | GRP CD | CLM ADJ RSN CD | CLAIM PAYMENT AMOUNT | PATIENT RESPONSIBILITY |
|------------------------|------------|-----------------|-----|------------|---------------------|-------------|--------|----------------|----------------------|------------------------|
| 98334743T0 | | | | | \$246.71 | | | | \$35.00 | \$35.00 |

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|----------|----------------|----------------|---------------|
| TB-133893 | 04/30/24 - 04/30/24 | | 97161 | GP | | 1 | 1 | \$91.96 | \$70.00 | \$35.00 | PR | 3 | \$35.00 | D1 |
| | | | | | | | | | | \$21.96 | CO | 45 | | |
| TB-133894 | 04/30/24 - 04/30/24 | | 97110 | GP | | 3 | 3 | \$106.74 | | \$106.74 | CO | 45 | \$0.00 | D1 |
| TB-133895 | 04/30/24 - 04/30/24 | | 97140 | GP | | 1 | 1 | \$32.62 | | \$32.62 | CO | 45 | \$0.00 | D1 |
| TB-133896 | 04/30/24 - 04/30/24 | | G0283 | GP | | 1 | 1 | \$15.39 | | \$15.39 | CO | 45 | \$0.00 | D1 |
| CLAIM# EL53911518 0101621490 | | | | | | | | SUBTOTAL | \$246.71 | \$70.00 | \$211.71 | | \$35.00 | D1 |

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

SUBSCRIBER ID: A 904964489 **SUBSCRIBER NAME:** LORI WALSH **CLAIM NUMBER:** EL66350536 0101690479
CLAIM DATE: 05/03/24-05/03/24 **DATE RECEIVED:** 05/03/24 **PRODUCT:** CHOYC+
REND PROV ID: 1114978376 **REND PROV:** KINETIC PHYSICAL THER

| PATIENT CONTROL NUMBER | PATIENT ID | AUTH/REF NUMBER | DRG | DRG WEIGHT | CLAIM CHARGE AMOUNT | CLM ADJ AMT | GRP CD | CLM ADJ RSN CD | CLAIM PAYMENT AMOUNT | PATIENT RESPONSIBILITY |
|------------------------|------------|-----------------|-----|------------|---------------------|-------------|--------|----------------|----------------------|------------------------|
| 98521998T0 | | | | | \$154.75 | | | | \$35.00 | \$35.00 |

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|--------|----------------|----------------|---------------|
| TB-135371 | 05/03/24 - 05/03/24 | | 97110 | GP | | 3 | 3 | \$106.74 | \$70.00 | \$35.00 | PR | 3 | \$35.00 | D1 |
| | | | | | | | | | | \$36.74 | CO | 45 | | |
| TB-135372 | 05/03/24 - 05/03/24 | | 97140 | GP | | 1 | 1 | \$32.62 | | \$32.62 | CO | 45 | \$0.00 | D1 |

STD - PRA



PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 05/08/24
 TIN: 050581184
 NPI: 1114978376
 PAYEE NAME: KINETIC PHYSICAL
 THERAPY INC
 PAYMENT NUMBER: TZ 80542280
 PAYMENT AMOUNT: \$270.00
 GROUP NUMBER: 717262
 GROUP NAME: FINRA

PATIENT: LORI WALSH (EE)

| | | | | | |
|-----------------------|-------------------|-------------------------|-----------------------|----------------------|-----------------------|
| SUBSCRIBER ID: | A 904964489 | SUBSCRIBER NAME: | LORI WALSH | CLAIM NUMBER: | EL66350536 0101690479 |
| CLAIM DATE: | 05/03/24-05/03/24 | DATE RECEIVED: | 05/03/24 | PRODUCT: | CHOYC+ |
| REND PROV ID: | 1114978376 | REND PROV: | KINETIC PHYSICAL THER | | |

CONTINUED

SERVICE LINE DETAIL(S)

| LINE CTRL# | DATES OF SERVICE | SUB PROD/ SVC/ MOD | ADJ PROD/ SVC | MOD | REV | UNITS | SUB UNITS | CHARGE | AMOUNT ALLOWED | ADJ AMOUNT | GRP CD | CLM ADJ RSN CD | PAYMENT AMOUNT | REMARK/ NOTES |
|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|----------|----------------|----------------|---------------|
| TB-135373 | 05/03/24 - 05/03/24 | | G0283 | GP | | 1 | 1 | \$15.39 | | \$15.39 | CO | 45 | \$0.00 | D1 |
| CLAIM# EL66350536 0101690479 | | | | | | | | SUBTOTAL | \$154.75 | \$70.00 | \$119.75 | | \$35.00 | D1 |

PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

| | | | | | |
|-----------------------|-------------------|-------------------------|-----------------------|----------------------|-----------------------|
| SUBSCRIBER ID: | A 904964489 | SUBSCRIBER NAME: | LORI WALSH | CLAIM NUMBER: | EL73186570 0101737388 |
| CLAIM DATE: | 05/06/24-05/06/24 | DATE RECEIVED: | 05/06/24 | PRODUCT: | CHOYC+ |
| REND PROV ID: | 1114978376 | REND PROV: | KINETIC PHYSICAL THER | | |

| PATIENT CONTROL NUMBER | PATIENT ID | AUTH/REF NUMBER | DRG | DRG WEIGHT | CLAIM CHARGE AMOUNT | CLM ADJ AMT | GRP CD | CLM ADJ RSN CD | CLAIM PAYMENT AMOUNT | PATIENT RESPONSIBILITY |
|------------------------|------------|-----------------|-----|------------|---------------------|-------------|--------|----------------|----------------------|------------------------|
| 98598519T0 | | | | | \$154.75 | | | | \$35.00 | \$35.00 |

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|------------------------------|---------------------|--------------------|---------------|-----|-----|-------|-----------|----------|----------------|------------|----------|----------------|----------------|---------------|
| TB-135458 | 05/06/24 - 05/06/24 | | 97110 | GP | | 3 | 3 | \$106.74 | \$70.00 | \$35.00 | PR | 3 | \$35.00 | D1 |
| | | | | | | | | | | \$36.74 | CO | 45 | | |
| TB-135459 | 05/06/24 - 05/06/24 | | 97140 | GP | | 1 | 1 | \$32.62 | | \$32.62 | CO | 45 | \$0.00 | D1 |
| TB-135460 | 05/06/24 - 05/06/24 | | G0283 | GP | | 1 | 1 | \$15.39 | | \$15.39 | CO | 45 | \$0.00 | D1 |
| CLAIM# EL73186570 0101737388 | | | | | | | | SUBTOTAL | \$154.75 | \$70.00 | \$119.75 | | \$35.00 | D1 |

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| | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|----------|--|
| TOTAL PAYABLE TO PROVIDER | | | | | | | | | | | | \$270.00 | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|----------|--|

NOTES

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PROVIDER REMITTANCE ADVICE

PAYMENT DATE: 05/08/24

TIN: 050581184

NPI: 1114978376

PAYEE NAME: KINETIC PHYSICAL
THERAPY INC

PAYMENT NUMBER: TZ 80542280

PAYMENT AMOUNT: \$270.00

GROUP NUMBER: 717262

GROUP NAME: FINRA

NOTES

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