

Progressive
PO Box 2930
Clinton, IA 52733-2930

506392 17658 CMBPI01Z 065 017658

Recipient:
RAMOS LAW
ATTN: MANUEL CORTEZ
10190 BANNOCK ST
SUITE 200
NORTHGLENN, CO 80260



Patient:
NOEL ALVARADO TORRES
5030 BROADWAY
DENVER, CO 80216

PROGRESSIVE®

Underwritten By:
Progressive Preferred Insurance
Company

Document Date: July 30, 2024
Claim Number: 24-5536924
Date of Loss: April 15, 2024
Policyholder: ALVARADO, NOEL
State of Jurisdiction: CO
Coverage Type: Medical Payments Coverage
Date Received: May 14, 2024
Bill Number: 77410084
Provider Invoice Number: 72285086
Progressive Invoice Number: 130529335

Provider Information:
EMERGENCY SERVICE PHYSICIANS
PO BOX 645951
CINCINNATI, OH 45264-5951

Specialty: Emergency Medicine
Zip of Service: 80033
Region: 800
Date(s) of Service: 04/15/2024 - 04/15/2024
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Explanation of Benefits

This is not a bill

ICD Diagnosis Codes:

Diagnosis Pointer (DX Ptr)	Code	Description
A	516.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter

ICD Procedure Codes: No Procedure Code entered for this bill.

Date of Service	Line	Rev Cd	POS	Proc Cd/ NDC	Mod/ Pkg	DX Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
04/15/2024	1		23	99285		A	1	\$1,481.55	\$0.00	202
Subtotals								\$1,481.55	\$0.00	
Amt Previously Paid									\$0.00	
Deductible/Co-Pay									\$0.00	
Totals								\$1,481.55	\$0.00	

Revenue Code (Rev Cd):

Place of Service (POS):

23 - Emergency Room (Hospital)

Procedure Code/National Drug Code (Proc Cd/NDC):

99285 -Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making

Modifier/Package (Mod/Pkg):

Explanation Code:

202 -Policy benefits have been exhausted.

Important Information:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

This explanation details what we have determined to be the appropriate reimbursement amount based on our careful review of this claim and the bill(s) and record(s) as submitted. Please note that if additional documentation and/or information have been requested, payment of the outstanding charge(s) is pending until we have received and reviewed the requested item(s). Should you disagree with the handling of these charges or have any questions, please contact the claims representative listed below. Otherwise, we will assume you have accepted our handling under the terms of this explanation.

MICHAEL L HARRIS
Claims Department
1-440-932-5637

Enclosure

Form 2740 (06/17)

