

Progressive  
PO Box 2930  
Clinton, IA 52733-2930  
  
505944 16465 CMBPI01N 060 016465

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



**Patient:**  
NOEL ALVARADO TORRES  
5030 BROADWAY  
DENVER, CO 80216



**Underwritten By:**  
**Progressive Preferred Insurance Company**

**Document Date:** May 16, 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:** 127298181

**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	S16.1XXA	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	303
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:**

303 -Supporting documentation is required prior to making a reimbursement decision. Please submit medical records for the corresponding dates of service.

**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 Z740 (06/17)

