March 14, 2024

000653

Insured:

Tamara Anderson

Our Case ID:

27862985

Patient:

Tamara Anderson

Date of Incident:

02/05/2024

Our Client:

Cigna

Dear Alicia Oaks:

Enclosed please find an itemized list of medical providers, dates of service, claim amounts and benefits paid. As you can see our lien amount to date is \$1,650.71. Please call prior to settlement or judgment to determine the total amount of benefits paid by our client.

Also, would you kindly provide us with a list of the medical specials you have submitted to the insurance carrier? The purpose for this list is to crosscheck with our information to verify that we are not making a claim for any expenses that were not a result of the above accident, and to ensure that all charges that are related to the accident are included in the claim.

Thank you for your cooperation.

Very truly yours, Yuriko Mcelroy Conduent Payment Integrity Solutions (801) 352-5026

## **Conduent Payment Integrity Solutions**

Insured: Tamara Anderson

Our Case ID: 27862985 Date of Incident: 02/05/2024

Our Client: Cigna



## Claimant: Tamara Anderson

Patient	Claim Number	Misc.	Provider	Date of Service	Claim Amount	Benefit Amount
Tamara	240526230800	S89.92XA	GRANDE WILLIAM J.	02/05/2024 - 02/05/2024	\$39.10	\$12.54
Tamara	240500431400	M25.562	SKY RIDGE MEDICAL CE	02/05/2024 - 02/05/2024	\$9,410.00	\$1,638.17
				Totals:	\$9,449,10	\$1.650.71

Our receipt of these funds may impact payments of future claims. If you have any questions about how this refund may impact future claims for the member or their family members, please contact Cigna member services' department at 800-244-6224 or the customer service number listed on the member's ID card.