

PROGRESSIVE
PO BOX 2930
CLINTON, IA 52733-2930

PROGRESSIVE®

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

DRAFT NUMBER: 6011100868

AMOUNT:

\$*****5,000.00

ISSUE DATE: July 30, 2024

Form 2721 (06/15)

KEEP THIS TOP PORTION FOR YOUR RECORDS

PROGRESSIVE®

VOID IF NOT PRESENTED WITHIN 90 DAYS

DRAFT NUMBER:

56-389

PAYABLE THROUGH
PNC BANK, N.A. 070
ASHLAND, OH
1-877-448-9544

CLAIM NUMBER: 24-5536924
NAME ALVARADO TORRES, NOEL

6011100868

412

July 30, 2024

PAY EXACTLY

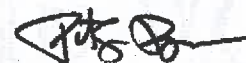
\$*****5,000.00

FIVE THOUSAND AND 00/100*****

PAY TO THE ORDER OF: NOEL ALVARADO TORRES AND RAMOS LAW

Progressive Preferred Insurance Company

BY:



AUTHORIZED SIGNATURE

⑈6011100868⑈ ⑆041203895⑆ 4130198412⑈

CMBP01Z 017659 004 S 001 001 < > .



ENDORSE HERE

X

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE*

*FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.

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Page 1 of 1



ADVICE FOR PAYMENT 6011100868

Payee: NOEL ALVARADO TORRES AND RAMOS LAW	Payment Date	07/30/2024
	Total Payment Amount	\$5,000.00
	Total Number of Invoices	1

If you have any questions regarding this payment, please call us at 1-800-274-4499.

Details

Claim Number: 245536924	Name: ALVARADO TORRES, NOEL	Date of Loss: 04/15/2024	Invoice Number: 130529297	Company: Progressive Preferred Insurance Company			
Type	Description	*Coverage	Reference	Identifier	Service Dates	Deductible	Payment Amount
Medical		MEDPAY	3220410	ALVARADO TORRES, NOEL	4/15/2024 - 4/15/2024	\$0.00	\$5,000.00

Total Payment Amount

\$5,000.00

***Full Description of Coverage:**

MEDPAY - Medical Payments

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Progressive
PO Box 2930
Clinton, IA 52733-2930

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

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: July 24, 2024
Bill Number: 78616857
Provider Invoice Number: 20236557601
Progressive Invoice Number: 130529297
Payment Number: 6011100868

Patient:
NOEL ALVARADO TORRES
5030 BROADWAY
DENVER, CO 80216

Provider Information:
LUTHERAN MEDICAL CENTER
PO BOX 912593
DENVER, CO 80291

Specialty: Hospital
Zip of Service: 80033
Region: 800
Date(s) of Service: 04/15/2024 - 04/15/2024
Discharge Status: 1
Type of bill: 0131
Page 1 of 3

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
B	S09.8XXA	Other specified injuries of head, initial encounter
C	J34.89	Other specified disorders of nose and nasal sinuses
D	R07.9	Chest pain, unspecified
E	M17.12	Unilateral primary osteoarthritis, left knee
F	M54.2	Cervicalgia
G	V89.2XXA	Person injured in unspecified motor-vehicle accident, traffic, initial encounter
H	Y92.410	Unspecified street and highway as the place of occurrence of the external cause

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	0260		96374			1	\$566.89	\$566.89	
04/15/2024	2	0301		82947			1	\$29.14	\$29.14	
04/15/2024	3	0320		71045	TC		1	\$401.79	\$401.79	339
04/15/2024	4	0320		72170	TC		1	\$488.18	\$488.18	339

Date of Service	Line	Rev Cd	POS	Proc Cd/ NDC	Mod/ Pkg	DX Ptr	Units	Amount Charged	Amount Allowed	Explanation Codes
04/15/2024	5	0320		73564	LT TC		1	\$521.20	\$521.20	339
04/15/2024	6	0351		70450	TC		1	\$2,245.77	\$2,245.77	339
04/15/2024	7	0351		70486			1	\$1,727.11	\$747.03	8170
04/15/2024	8	0352		72125			1	\$2,393.66	\$0.00	202
04/15/2024	9	0450		99284	25		1	\$4,274.17	\$0.00	202
04/15/2024	10	0636		J2270			1	\$51.10	\$0.00	202
Subtotals								\$12,699.01	\$5,000.00	
Amt Previously Paid									\$0.00	
Deductible/Co-Pay									\$0.00	
Totals								\$12,699.01	\$5,000.00	

Revenue Code (Rev Cd):

0260 - IV Therapy - General
0301 - Laboratory - Chemistry
0320 - Radiology-Diagnostic - General
0351 - CT Scan - Head Scan
0352 - CT Scan - Body Scan
0450 - Emergency Room - General
0636 - Pharmacy - Drugs Requiring Detailed Coding

Place of Service (POS):

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

96374 -Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
82947 -Glucose; quantitative, blood (except reagent strip)
71045 -Radiologic examination, chest; single view
72170 -Radiologic examination, pelvis; 1 or 2 views
73564 -Radiologic examination, knee; complete, 4 or more views
70450 -Computed tomography, head or brain; without contrast material
70486 -Computed tomography, maxillofacial area; without contrast material
72125 -Computed tomography, cervical spine; without contrast material
99284 -Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making
J2270 -Injection, morphine sulfate, up to 10 mg

Modifier/Package (Mod/Pkg):

TC - Technical Component



Modifier/Package (Mod/Pkg) continued:

- LT - Left side (used to identify procedures performed on left side of body)
25 - Significant, separately identifiable E/M by the same physician on the same day of procedure/service

Explanation Code:

- 339 - The modifier -TC has been appended to identify the technical portion of this procedure rendered in hospital/facility setting.
8170 - Enclosed is a partial payment. The benefits have exhausted for this claim.
202 - Policy benefits have been exhausted.

Additional Comments:

Progressive is now accepting e-bills. For more information, including Progressive's payer ID, please visit www.progressive.com/suppliers

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)

CMBP101Z 017659 004 C 003 003 A V

