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To: Simonique**From:** Yuriko McElroy**Fax:** 303-865-5666**Pages:** 2 including fax cover**Phone:****Date:** 5/10/2024**Re:** Tamara Anderson – Case ID 27862985☐ **Urgent**☐ **For Review**☐ **Please Comment**☐ **Please Reply**☐ **Please Recycle**

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To follow is an itemized list of benefits paid to date by Cigna for the injuries arising from the date of accident on or around 2/5/2024.

Please contact me if you have any questions.

Conduent Payment Integrity Solutions

Insured:

Our CaselD:

Date Of Accident:

Our Client:

Tamara Anderson

27862985

2/5/2024

Cigna - Facets

Claimant : Tamara Anderson

<u>Patient</u>	<u>Claim Number</u>	<u>Misc</u>	<u>Provider</u>	<u>Dates Of Service</u>	<u>Claim Amount</u>	<u>Benefit Amount</u>
Tamara	240500431400	M25.562	SKY RIDGE MEDICAL CENTER	02/05/2024 - 02/05/2024	\$9,410.00	\$1,638.17
Tamara	240526230800	S89.92XA	GRANDE WILLIAM J.	02/05/2024 - 02/05/2024	\$39.10	\$12.54
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.