

# Inland Empire Health Plan

## Remittance Advice

INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC  
473 E CARNEGIE DR  
STE 200  
SAN BERNARDINO, CA 92408  
823779224

Check Date: 02/20/2025  
Check Amount: \$39,400.00  
Check No.: EFT-2637309  
Page No.: 1

Member #	Line of Business				Patient Name			Provider Name										
Claim#	Line/ Ver#	Received Date	Service Period/Date From To		Proc	Mod	Qty	Amount Billed	Amount Allowed	Not Covered	Copay/ Coins	Deduct Amount	Withhold Amount	Net Paid	S T	Reason	Interest	Adjust
40000105343100			Medi-Cal		ABDELMALEK, MAGDA			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771479	001003	02/13/2025	01/17/2025	01/17/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 193366					Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
0097772430			001003	02/13/2025	01/28/2025	01/28/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	E	A1 INCLD1		
Patient Acct. # 197889					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
0097773999			001003	02/13/2025	01/23/2025	01/23/2025	G9008	U2	1.00	400.00	0.00	0.00	0.00	0.00	D	MODRQF		
Patient Acct. # 196163					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
					Member Totals :			840.00	40.00	0.00	0.00	0.00	0.00	40.00				
40000037136500			Medi-Cal		ABIR, RON			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097772209	001003	02/13/2025	01/06/2025	01/06/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 187114					Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
0097774111			001003	02/13/2025	01/22/2025	01/22/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	P	A1		
Patient Acct. # 194867					Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			80.00	80.00	0.00	0.00	0.00	0.00	80.00				
19980900100000			Medi-Cal		ABREGO, MARIA			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771480	001003	02/13/2025	01/17/2025	01/17/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 193264					Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
40000098463200			Medi-Cal		ABRICA SANCHEZ, JUAN			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097773392	001003	02/13/2025	01/27/2025	01/27/2025	G9008	U2	1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	D	MODRQF		
Patient Acct. # 197188					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
					Member Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
20020200001300			Medi-Cal		ACEVES RODRIGUEZ, JAMIE			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771910	001003	02/13/2025	01/09/2025	01/09/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	E	A1 INCLD1		
Patient Acct. # 189546					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
0097772210			001003	02/13/2025	01/06/2025	01/06/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	E	A1 INCLD1		
Patient Acct. # 187601					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
0097772292			001003	02/13/2025	01/03/2025	01/03/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	E	A1 INCLD1		
Patient Acct. # 186524					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
0097774183			001003	02/13/2025	01/21/2025	01/21/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	E	A1 INCLD1		
Patient Acct. # 200647					Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00				
					Member Totals :			1,600.00	0.00	0.00	0.00	0.00	0.00	0.00				
20141003288700			Medi-Cal		ACOSTA, DENISE			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097774112	001003	02/13/2025	01/22/2025	01/22/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 194998					Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				

# Inland Empire Health Plan

## Remittance Advice

INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC  
473 E CARNEGIE DR  
STE 200  
SAN BERNARDINO, CA 92408  
823779224

Check Date: 02/20/2025  
Check Amount: \$39,400.00  
Check No.: EFT-2637309  
Page No.: 2

Member #		Line of Business			Patient Name			Provider Name										
Claim#	Line/ Ver#	Received Date	Service Period/Date From To		Proc	Mod	Qty	Amount Billed	Amount Allowed	Not Covered	Copay/ Coins	Deduct Amount	Withhold Amount	Net Paid	S T	Reason	Interest	Adjust
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
40000106636400			Medi-Cal		AGHTAR, AKRAM			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771481	001003	02/13/2025	01/17/2025	01/17/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 193397							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20040200004400			Medi-Cal		AGUILA, MARIVEL			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097772370	001003	02/13/2025	01/02/2025	01/02/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 186019							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
40000118314600			Medi-Cal		AGUILAR DAMIAN, ALFONSO			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097772293	001003	02/13/2025	01/03/2025	01/03/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 186817							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20160100705200			Medi-Cal		AGUILAR, ESTELA			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771749	001003	02/13/2025	01/13/2025	01/13/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 190816							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20080900629000			Medi-Cal		AGUILAR, ESTHER			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097772107	001003	02/13/2025	01/07/2025	01/07/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 187859							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
0097772443	001003	02/13/2025	01/28/2025	01/28/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 197957							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							80.00	80.00	0.00	0.00	0.00	0.00	80.00					
40000064752000			Medi-Cal		AGUILAR, MARIA			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771699	001003	02/13/2025	01/14/2025	01/14/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 191428							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20100300003200			Medi-Cal		AGUILERA, JOSEPH			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097774184	001003	02/13/2025	01/21/2025	01/21/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 194360							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
40000065616700			Medi-Cal		AHMAD, EVA			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097772455	001003	02/13/2025	01/28/2025	01/28/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
Patient Acct. # 198320							Claim Totals :											
							40.00	40.00	0.00	0.00	0.00	0.00	40.00					
Member Totals :							40.00	40.00	0.00	0.00	0.00	0.00	40.00					

# Inland Empire Health Plan

## Remittance Advice

INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC  
473 E CARNEGIE DR  
STE 200  
SAN BERNARDINO, CA 92408  
823779224

Check Date: 02/20/2025  
Check Amount: \$39,400.00  
Check No.: EFT-2637309  
Page No.: 3

Member #	Line of Business				Patient Name			Provider Name											
Claim#	Line/ Ver#	Received Date	Service Period/Date From To		Proc	Mod	Qty	Amount Billed	Amount Allowed	Not Covered	Copay/ Coins	Deduct Amount	Withhold Amount	Net Paid	S T	Reason	Interest	Adjust	
40000132724600			Medi-Cal			AHMADI, ROKAI						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097772467	001003	02/13/2025	01/28/2025	01/28/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			
	Patient Acct. # 198084				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20111100019800			Medi-Cal			AHOFAIVA, OFA						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097772371	001003	02/13/2025	01/02/2025	01/02/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			
	Patient Acct. # 185620				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20111000017900			Medi-Cal			AKE, NORMA						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097772004	001003	02/13/2025	01/08/2025	01/08/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			
	Patient Acct. # 188766				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
40000101291200			Medi-Cal			ALARCON LORENZO, MARIA						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097772213	001003	02/13/2025	01/06/2025	01/06/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			
	Patient Acct. # 187147				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
40000090573300			Medi-Cal			ALARCON, MARIA						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097772212	001003	02/13/2025	01/06/2025	01/06/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			
	Patient Acct. # 187384				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
0097772479	001003	02/13/2025	01/28/2025	01/28/2025	G9008	U2	1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	D	MODRQF			
	Patient Acct. # 197967				Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00					
					Member Totals :			440.00	40.00	0.00	0.00	0.00	0.00	40.00					
40000114703200			Medi-Cal			ALCANTAR, MARIA						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097771559	001003	02/13/2025	01/16/2025	01/16/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	E	A1 INCLD1			
	Patient Acct. # 192946				Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00					
0097771825	001003	02/13/2025	01/10/2025	01/10/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	E	A1 INCLD1			
	Patient Acct. # 190369				Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00					
0097774185	001003	02/13/2025	01/21/2025	01/21/2025	G9012	U2	1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	E	A1 INCLD1			
	Patient Acct. # 194387				Claim Totals :			400.00	0.00	0.00	0.00	0.00	0.00	0.00					
					Member Totals :			1,200.00	0.00	0.00	0.00	0.00	0.00	0.00					
40000126657800			Medi-Cal			ALCARAZ, GUILLERMINA						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097771575	001003	02/13/2025	01/29/2025	01/29/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			
	Patient Acct. # 199018				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00					
20060800018200			Medi-Cal			ALCAZAR CASTELLANOS, SALVADOR						INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC							
0097772294	001003	02/13/2025	01/03/2025	01/03/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1			

# Inland Empire Health Plan

## Remittance Advice

INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC  
473 E CARNEGIE DR  
STE 200  
SAN BERNARDINO, CA 92408  
823779224

Check Date: 02/20/2025  
Check Amount: \$39,400.00  
Check No.: EFT-2637309  
Page No.: 4

Member #		Line of Business			Patient Name			Provider Name										
Claim#	Line/ Ver#	Received Date	Service Period/Date From To		Proc	Mod	Qty	Amount Billed	Amount Allowed	Not Covered	Copay/ Coins	Deduct Amount	Withhold Amount	Net Paid	S T	Reason	Interest	Adjust
0097774113	Patient Acct. # 186927				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	001003	02/13/2025	01/22/2025	01/22/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 194858				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
19970300017500					Member Totals :			80.00	80.00	0.00	0.00	0.00	0.00	80.00				
	Medi-Cal				ALCON, MARCY			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
	0097772005	001003	02/13/2025	01/08/2025	01/08/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1	
	Patient Acct. # 189224				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALEJO, SUSAN			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
40000013820200	001003	02/13/2025	01/02/2025	01/02/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 185585				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALFARO, JERONIMO			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097771588	001003	02/13/2025	01/29/2025	01/29/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 198631				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALI, KHALIL			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
0097774187	001003	02/13/2025	01/21/2025	01/21/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 194286				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALKADDUMI, SANIEH			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
20000800010800	001003	02/13/2025	01/17/2025	01/17/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 193372				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALONSO CATALAN, JOSE			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
20001200013400	001003	02/13/2025	01/17/2025	01/17/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 193596				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALVARENGA, GLORIA			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
20110700040700	001003	02/13/2025	01/08/2025	01/08/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 189034				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
					Member Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				
	Medi-Cal				ALVAREZ ZAPIEN, LUZ			INSTITUTE ON AGING SOUTHERN CALIFORNIA LLC										
20161000602400	001003	02/13/2025	01/14/2025	01/14/2025	G9012	U8	1.00	40.00	40.00	0.00	0.00	0.00	0.00	40.00	P	A1		
	Patient Acct. # 191535				Claim Totals :			40.00	40.00	0.00	0.00	0.00	0.00	40.00				