

DO NOT WRITE/SIGN/STAMP BELOW THE DEPOSITORY BANK ENDORSEMENT

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Explanation of Benefits



\$0.00

Forwarding Service Requested

175C UNIVERSITY PROFESSIONAL SVCS PO BOX 3590

PORTLAND OR 97208-3590

E1-9005

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

Customer Service Information

Questions? Please contact Customer Service at (610)293-9229 Or visit us online at www.visit-aci.com

or email us at aciclaims@visit-aci.com or Fax us at (610)293-9299

Enrollee: JAMES MAHFOOD

Date: 07/27/2020

Group Name: MED-SENSE GUARANTEE ASSOCIATION

Claim#: Patient:

01687473-08 **JAMES MAHFOOD**

Patient#:60173711180 Provider: OHSU DERMATOLOGY CHH

Dates of Service	Service Code	Total Charge	Ineligible Amount	Discount Amount	Other Insurance	Reason Code	Deductible Amount	Co-Pay Amount	Covered After Deductions	Paid At	Payment Amount	
06/25-06/25/2020	16	\$502.00	\$169.98	\$257.02	\$0.00	96 LM	\$0.00	\$0.00	\$75.00	100%	\$75.00	
06/25-06/25/2020	16	\$274.00	\$164.88	\$109.12	\$0.00	96 LM	\$0.00	\$0.00	\$0.00	0%	\$0.00	
Column Totals \$776.00		\$776.00	\$334.86	\$366.14	\$0.00		\$0.00	\$0.00	\$75.00		\$75.00	
Patient's Responsibility:			\$334.86						Payment to Provider			

Service Code Description

PHYS OFFICE VISIT 16

Reason Code Description

MULTIPLAN DISCOUNT. YOU ARE NOT RESPONSIBLE FOR THIS 96 AMOUNT. For questions or appeals regarding the discount applied, please contact Multiplan at 800-950-7040.

Payment to Enrollee

This policy contains benefit limitations and the policy benefit has been LM paid for this service category.

Additional Information

Administrative Concepts, Inc. does not share private health information except as required by law. We are committed to guarding the private information entrusted to us.



-LB]

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