Progressive PO Box 2930 Clinton, IA 52733-2930

511013 56 2 AB 0.537 CMBPI03R 003 000056

Recipient:

HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES 210 FINLEY AVE STATEN ISLAND, NY 10306

Patient

AALIYAL S BANKS 763 EAST 82ND ST BROOKLYN, NY 11236

Explanation of Benefits This is not a bill

ICD Diagnosis Codes:

Diagnosis Pointer (DX Ptr)	Code	Description
Α	M54.2	Cervicalgia
В	M54.6	Pain in thoracic spine
C	M54.50	Low back pain, unspecified
D	M99.04	Segmental and somatic dysfunction of sacral region
E	M99.05	Segmental and somatic dysfunction of pelvic region

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
11/13/2023	1		11	98941			1	\$57.30	\$0.00	6841
										6848
Subtotals								\$57.30	\$0.00	,
Amt Previously Paid								\$0.00		
Deductible/Co-Pay								\$0.00		
Totals								\$57.30	\$0.00	

Revenue Code (Rev Cd):

PROGRESSIVE®

Underwritten By: Progressive Direct Insurance Company

Document Date: December 21, 2023 Claim Number: 23-3448926 Date of Loss: June 10, 2023 Policyholder: BANKS, AALIYAL State of Jurisdiction: NY

Coverage Type: Personal Injury Protection **Date Received:** December 11, 2023

Bill Number: 74932111 **Provider Invoice Number:**

Progressive Invoice Number: 121102294

Provider Information:

HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES 210 FINLEY AVE

STATEN ISLAND, NY 10306

Specialty: Chiropractic **Zip of Service:** 11210

Region: 4

Date(s) of Service: 11/13/2023 - 11/13/2023

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