

000001779369790000001C00004

Claim Number : 8779369790000001	Total Charges : \$1,304.48	EOR # GK0268700
Billing Provider : SINGH PT PLLC		
Service Provider : SINGH PT PLLC AHUJA, GURPREET		
Patient Name : RAFIQ, ARIBA	Dates of Service : 04/08/2024 - 05/01/2024	

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
41	04/30/24	97010		Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
42	04/30/24	97140		Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
43	04/30/24	97014		Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
44	04/30/24	97112		Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF05
45	05/01/24	97010		Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
46	05/01/24	97140		Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
47	05/01/24	97014		Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
48	05/01/24	97110		Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF05
Total Lines : 48						\$1,304.48	\$1,304.48	\$0.00	\$0.00	

Reimbursement Amount	:	\$	0.00
Previous Reimbursement Amount	:	\$	0.00
Difference in Reimbursement Amount	:	\$	0.00
Apportionment Amount	:	\$	0.00
Less Deductible	:	\$	0.00
Limited Benefits/Copay	:	\$	0.00
EOR Check Amount	:	\$	0.00

Track your medical claims submitted to GEICO by enrolling in our online Medical Provider Claim Tracking website at:
<https://partners.geico.com/mpctweb>.

Medical Providers: Submit your medical claims and documentation to GEICO electronically. Contact our clearinghouse at:
www.cariskic.com or call 888-207-6366.

For questions regarding payment and this EOR, please call your GEICO adjuster Azeen Popal at 516-714-0493 x0493.