

\*200001759947910000006C00005\*

Claim Number	: 8759947910000006	Total Charges	: \$1,958.24	EOR #	GK0513328
Billing Provider	: SINGH PT PLLC				
Service Provider	: SINGH PT PLLC AHUJA, GURPREET				
Patient Name	: ORTIZ, EDWIN	Dates of Service	: 05/07/2024 - 06/13/2024		

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
		42, 43, 44, 45, 46, 47, 48, 49, 5, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 6, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 7, 70, 71, 72, 8, 9
DF06	Based on the results of a health service examination by Dr(s). HOWARD A KIERNAN on 06/20/2023 , it has been determined that no further Orthopedic Surgery, Massage Therapy, Diagnostic Testing, Supplies, and Physical Therapy treatment is necessary for the injuries suffered by Edwin Ortiz related to the accident. Accordingly, all Orthopedic Surgery, Massage Therapy, Diagnostic Testing, Supplies, and Physical Therapy benefits will be denied effective 12:01 a.m. on 07/02/2023. A copy of the health service examination report will be provided upon written request. Additionally Edwin Ortiz was found to be no longer disabled from accident related injuries. Therefore, all lost wage benefits and/or household help benefits will also terminate on 07/02/2023.	1, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 2, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 3, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 4, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 5, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 6, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 7, 70, 71, 72, 8, 9

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For questions regarding payment and this EOR, please call your GEICO adjuster Sonia Santiago at 516-714-7909 x7909.