

\*200001759947910000006C00004\*

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

LINE	DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
67	06/11/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
68	06/11/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
69	06/13/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
70	06/13/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
71	06/13/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
72	06/13/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
<b>Total Lines : 72</b>					\$1,958.24	\$1,958.24	\$0.00	\$0.00	

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

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF LINE NUMBER
NY_FSL	Provider's fee exceeds the maximum allowance under the applicable fee schedule and is reduced accordingly. As per section 5108 of the New York State Insurance Law, Providers shall not exceed the charges permissible under the schedules prepared and established by the chairman of the Worker's Compensation Board.	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,

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](http://www.cariskic.com) or call 888-207-6366.

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