

Progressive
PO Box 2930
Clinton, IA 52733-2930

PROGRESSIVE®

Underwritten By:
Progressive Direct Insurance
Company

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

Document Date: November 15, 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: July 10, 2023
Bill Number: 72497164
Provider Invoice Number:
Progressive Invoice Number: 119520540

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

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: 06/19/2023 - 06/29/2023
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Explanation of Benefits

This is not a bill

ICD Diagnosis Codes:

Diagnosis Pointer (DX Ptr)	Code	Description
A	M54.2	Cervicalgia
B	M54.50	Low back pain, unspecified
C	M99.05	Segmental and somatic dysfunction of pelvic region
D	M54.6	Pain in thoracic spine
E	M99.04	Segmental and somatic dysfunction of sacral 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
06/19/2023	1		11	99203	25		1	\$75.00	\$0.00	6841 6848
06/19/2023	2		11	99072			1	\$13.00	\$0.00	6841 6848
06/19/2023	3		11	98941			1	\$57.30	\$0.00	6841 6848
06/29/2023	4		11	99072			1	\$13.00	\$0.00	6841 6848
06/29/2023	5		11	98941			1	\$57.30	\$0.00	6841 6848