

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

LINE	DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
41	05/24/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
42	05/24/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
43	05/24/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
44	05/24/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
45	05/30/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
46	05/30/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
47	05/30/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
48	05/30/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
49	05/31/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
50	05/31/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
51	05/31/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
52	05/31/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
53	06/03/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
54	06/03/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
55	06/03/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
56	06/03/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
57	06/04/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
58	06/04/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
59	06/04/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
60	06/04/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
61	06/06/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
62	06/06/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
63	06/06/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
64	06/06/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
65	06/11/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
66	06/11/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06

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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 Sonia Santiago at 516-714-7909 x7909.