

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	

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, 42, 43, 44, 45, 46, 47, 48, 5, 6, 7, 8, 9
DF05	Denial is made due to non-compliance with the Mandatory Personal Injury Protection Endorsement, "Proof of Claim" which states, in part, the eligible injured person shall submit to medical examination by physicians selected by, or acceptable to the company, when, and as often as the company may reasonably require. Applicant was given opportunities to appear for medical examination on 06/21/2023 and 07/18/2023 and failed to appear at the scheduled time on either date. Accordingly, all benefits are denied effective 12:01 a.m. on 04/01/2023.	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, 5, 6, 7, 8, 9

Comments:

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.