

**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

LINE	DOS	PROC CODE	MOD DESCRIPTION	UNITS	CHARGE	REDUCTION	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
15	04/15/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
16	04/15/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF05
17	04/16/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
18	04/16/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
19	04/16/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
20	04/16/24	97112	Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF05
21	04/19/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
22	04/19/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
23	04/19/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
24	04/19/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF05
25	04/22/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
26	04/22/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
27	04/22/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
28	04/22/24	97112	Neuromuscular reeducation	1.0	\$37.15	\$37.15	\$0.00	\$0.00	DF05
29	04/23/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
30	04/23/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
31	04/23/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
32	04/23/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF05
33	04/26/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
34	04/26/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
35	04/26/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
36	04/26/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF05
37	04/29/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF05
38	04/29/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF05
39	04/29/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF05
40	04/29/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF05

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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 Azeen Popal at 516-714-0493 x0493.