

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
15	06/10/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
16	06/10/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
17	05/08/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
18	05/08/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
19	05/08/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
20	05/08/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
21	05/10/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
22	05/10/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
23	05/10/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
24	05/10/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
25	05/13/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
26	05/13/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
27	05/13/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
28	05/13/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
29	05/15/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
30	05/15/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
31	05/15/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
32	05/15/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
33	05/21/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
34	05/21/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
35	05/21/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
36	05/21/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$0.00	\$0.00	DF06
37	05/22/24	97140	Manual therapy 1/> regions	1.0	\$40.40	\$40.40	\$0.00	\$0.00	DF06
38	05/22/24	97010	Hot or cold packs therapy	1.0	\$5.25	\$5.25	\$0.00	\$0.00	DF06
39	05/22/24	97014	Electric stimulation therapy	1.0	\$25.40	\$25.40	\$0.00	\$0.00	DF06
40	05/22/24	97110	Therapeutic exercises	1.0	\$37.91	\$37.91	\$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.

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