

200001759947910000006C00004

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|-------------------------|---------------------------------|-------------------------|---------------------------|--------------|-----------|
| 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 |
|-------------------------|----------|-----------|------------------------------|-------|------------|------------|----------------|--------------------|-------------|
| 67 | 06/11/24 | 97014 | Electric stimulation therapy | 1.0 | \$25.40 | \$25.40 | \$0.00 | \$0.00 | DF06 |
| 68 | 06/11/24 | 97110 | Therapeutic exercises | 1.0 | \$37.91 | \$37.91 | \$0.00 | \$0.00 | DF06 |
| 69 | 06/13/24 | 97140 | Manual therapy 1/> regions | 1.0 | \$40.40 | \$40.40 | \$0.00 | \$0.00 | DF06 |
| 70 | 06/13/24 | 97010 | Hot or cold packs therapy | 1.0 | \$5.25 | \$5.25 | \$0.00 | \$0.00 | DF06 |
| 71 | 06/13/24 | 97014 | Electric stimulation therapy | 1.0 | \$25.40 | \$25.40 | \$0.00 | \$0.00 | DF06 |
| 72 | 06/13/24 | 97110 | Therapeutic exercises | 1.0 | \$37.91 | \$37.91 | \$0.00 | \$0.00 | DF06 |
| Total Lines : 72 | | | | | \$1,958.24 | \$1,958.24 | \$0.00 | \$0.00 | |

| | | |
|---|------|-------------|
| Reimbursement Amount | : \$ | 0.00 |
| Previous Reimbursement Amount | : \$ | 0.00 |
| Difference in Reimbursement Amount | : \$ | 0.00 |
| Apportionment Amount | : \$ | 0.00 |
| Less Deductible | : \$ | 0.00 |
| Limited Benefits/Copay | : \$ | 0.00 |
| EOR Check Amount | : \$ | 0.00 |

| 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, |

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 Sonia Santiago at 516-714-7909 x7909.