

CLAIMS & PAYMENTS

Gary J Hall

Date of Service: **02/21/2022**

Tier:

Claim #: **21578203702**

Group #: 10421497

Your Cost

Css Illinois

Approved

\$ 0.00

This claim, 21578203702 , has **1** service

Prosthesis

Css Illinois

Tier: N/A

02/21/2022

Procedure Code: 21085

Quantity: 1

Provider Charge \$ 4000.00

Member Discounted Rate \$ 1518.76

Plan Paid to Provider \$ 1518.76

(Released for payment on 02/24/2022)

Your Total Cost \$ 0.00
