

EXPLANATION OF BENEFITS



THIS IS NOT A BILL

2480BCHECB0471201

SIMON, CLAUDE
71 TONJES ROAD
CALICOON NY 12723



Subscriber Name: **SIMON, CLAUDE**

Subscriber ID #: **11755531*01-11755531*01**

09-02-2014

Member Name: **SIMON, CLAUDE**

Member ID: **11755531*01**

Patient Acct #: **554280V5622**

Provider Name: **REISON, DENNIS**

Provider ID: **P4360431**

Claim #: **4223S04674**

Date of CPT Service Code	Description	QTY	Billed Amt	Max Amt	Deductible Amt	Copay Amt	%	Co-Ins Amt	Adj Code	COB Amt	Payment Amt
08-08-14 99214	OFFICE/OUTPATIENT VISIT EST	1	200.00	59.55		25.00					34.55
08-08-14 93000	ELECTROCARDIOGRAM, COMPLETE	1	142.00	20.00							20.00

ATTENTION: THIS MAILING MAY CONTAIN DOCUMENTATION ON VARIOUS MATTERS

Please note: Check(s) associated with your claim(s) will be sent to the subscriber of your family, unless payment is made to the provider.

OHI INC

Please see last page for Appeals Rights

 **UnitedHealthcare**
Oxford

48 Monroe Turnpike, Trumbull, CT 06611

REMINDER - Effective January 1, 2007, Quest Diagnostics is no longer a participating laboratory with Oxford Health Plans. To locate a participating laboratory or for more information log in to www.oxfordhealth.com or call 1-800-666-1353.

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