

# EXPLANATION OF REVIEW

Provider Copy

Florida

Receive Date : 03/11/2019  
Service Provider : [REDACTED]  
26-3989326  
[REDACTED]  
[REDACTED]

Claim Number : [REDACTED]  
Adjuster : [REDACTED]  
Date Of Loss : 01/12/2019

Patient : [REDACTED]

Billing Provider : [REDACTED]  
[REDACTED]  
[REDACTED]

RECEIVED MAR 26 2019

Provider Title : Chiropractor  
Provider Specialty :

Patient Account # : [REDACTED]  
Carrier : Windhaven Insurance  
PO BOX 269015  
MIAMI FL 33126

Dates Of Service : 02/04/2019 to 02/04/2019

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	G44.319		ICD-9	Ac post-trauma headache not intract
2	G47.9		ICD-9	Sleep disorder unspecified

  

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
1	2/04/19	95815		Electroencephalogram with awake/sleeping	1	888.25	0.00	773.02	FL_REGMCR
ICD Ref: 1,2									
2	2/04/19	99211	25	Office outpatient visit 5 minutes	1	67.40	0.00	45.02	FL_REGMCR
ICD Ref: 1,2									

If you have a question regarding payment, please contact your insurance carrier.

PO BOX 269015, MIAMI, FL 33126  
766.253.7651

