

Explanation of Review



Client
 10005 AMERICAN NATIONAL
 1949 E SUNSHINE STREET
 SPRINGFIELD, MO 65899

Provider [REDACTED] **Bill:** PRA-ANOR-998
Patient [REDACTED]

NPI: [REDACTED] **Type:** DC **Specialty (1):** DC **Claim Number:** [REDACTED]
Tax ID: [REDACTED] **License:** [REDACTED] **DOI/DOL:** [REDACTED]
Rendering Provider: [REDACTED] **External ID:** [REDACTED] **Social Security Number:** [REDACTED]
Invoice No: [REDACTED] **Patient Account:** [REDACTED] **Policyholder/Insured:** [REDACTED]

Bill Details **Dates of Service:** [REDACTED] **Post Date:** [REDACTED] **Reviewer:** [REDACTED]

Bill ICD Version: [REDACTED]
Dx A: [REDACTED] **Dx B:** [REDACTED] **Dx C:** [REDACTED]
Dx D: [REDACTED] **Dx E:** [REDACTED] **Dx F:** [REDACTED]
Dx G: [REDACTED] **Dx H:** [REDACTED] **Dx I:** [REDACTED]
Dx J: [REDACTED] **Dx K:** [REDACTED] **Dx L:** [REDACTED]



Line	Date	POS	Rev./Proc. Code	Dx	Units	Description	PPO	NGD	Penalty	Copay	Explanation Code(s)
				Charges	BR						Deduct. Allow.
1	11-20-2018	11	95816-TC	A	1	EEG AWAKE AND DROWSY					790
				600.00	12.97						587.03
2	11-20-2018	11	[REDACTED]	A	1	[REDACTED]					[REDACTED]
3	11-20-2018	11	[REDACTED]	A	4	[REDACTED]					[REDACTED]
4	11-21-2018	11	[REDACTED]	A	1	[REDACTED]					[REDACTED]
5	11-21-2018	11	[REDACTED]	A	4	[REDACTED]					[REDACTED]
6	11-26-2018	11	[REDACTED]	A	1	[REDACTED]					[REDACTED]
7	11-26-2018	11	[REDACTED]	A	4	[REDACTED]					[REDACTED]

Totals
Total Charges: [REDACTED]
Bill Review Reductions: [REDACTED]
Recommended Allowance: [REDACTED]

PROCURA MANAGEMENT INC., 2500 MONROE BLVD, SUITE 100, NORRISTOWN, PA 19403
 PHONE: (800) 228-9129
 FAX: (610) 631-2372

10005 AMERICAN NATIONAL, 1949 E SUNSHINE STREET, SPRINGFIELD, MO 65899

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DCN Number: 20181207044532664



December 6, 2018

Toll Free: (800) 435-7764
 Email: myclaim@farmersinsurance.com
 National Document Center
 P.O. Box 268993
 Oklahoma City, OK 73126-8993
 Fax: (877) 217-1389

EXPLANATION OF REVIEW

Policy Holder:	[REDACTED]	Company:	Farmers Insurance Company of Oregon
Injured Person:	[REDACTED]		
Date of Injury:	10/14/2018		
Claim Unit Number:	[REDACTED]	Bill Review Id:	[REDACTED]
Claims Handler:	[REDACTED]	Post Date:	12/06/2018

This form describes medical charges that have been evaluated for payment. For questions by Medical Providers regarding coding and fee schedule issues, please contact the Medical Provider Support Center at (800) 215-5171. Any other claim related questions, please contact your claim handler at (952) 882-5459, or you may write to the above address.

If you are a Medical Provider, you can visit <https://www.hpcs.com/medicalprovider> for information on how to check the status of claims and payment details like check number, date payment issued and amount paid. You can also view a copy of the Explanation of Benefits.

Provider:	[REDACTED]	Patient Account #:	[REDACTED]
	[REDACTED]	Tax ID:	[REDACTED]
	[REDACTED]	Type:	CH
		Specialty:	Chiropractic

ICD Diagnosis

[REDACTED], (B) [REDACTED], (C) [REDACTED], (D) [REDACTED], (E) [REDACTED], (F) [REDACTED], (G) [REDACTED], (H) [REDACTED], (I) [REDACTED], (J) [REDACTED], (K) [REDACTED], (L) [REDACTED]

Submitted Charges

Line	Date of Service	POS	Proc. Code/ NDC	Mod./ Pkg.	Dx Ptr	Units	Amount Charged	Eligible Amount	Amount Allowed	Explainer Code
1	11/08/18	11	95816	TC		1	\$600.00	\$587.03	\$587.03	273
2	[REDACTED]	11	[REDACTED]			1	[REDACTED]	[REDACTED]	[REDACTED]	273
3	[REDACTED]	11	[REDACTED]	59		1	[REDACTED]	[REDACTED]	[REDACTED]	273,179
4	[REDACTED]	11	[REDACTED]	59		1	[REDACTED]	[REDACTED]	[REDACTED]	179,273
5	[REDACTED]	11	[REDACTED]	59		1	[REDACTED]	[REDACTED]	[REDACTED]	273,179
6	[REDACTED]	11	[REDACTED]			1	[REDACTED]	[REDACTED]	[REDACTED]	273
7	[REDACTED]	11	[REDACTED]	59		1	[REDACTED]	[REDACTED]	[REDACTED]	273,179
8	[REDACTED]	11	[REDACTED]			1	[REDACTED]	[REDACTED]	[REDACTED]	273
9	[REDACTED]	11	[REDACTED]	59		1	[REDACTED]	[REDACTED]	[REDACTED]	273,179
10	[REDACTED]	11	[REDACTED]	59		1	[REDACTED]	[REDACTED]	[REDACTED]	179,273
11	[REDACTED]	11	[REDACTED]			1	[REDACTED]	[REDACTED]	[REDACTED]	574,12
12	[REDACTED]	11	[REDACTED]			1	[REDACTED]	[REDACTED]	[REDACTED]	273