



Federal Insurance Company
Administrative Concepts, Inc.
PO Box 4000
Collegetown PA 19426-9000

Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**



Forwarding Service Requested

*****ALL FOR AADC 890
PB-DSM-18-ENV 26351
SOMSHEKER GANGU
1453 OVERSEER AVE
HENDERSON NV 89074-1652

Customer Service Information

Questions? Please contact Customer Service at
(610)293-9229
Or visit us online at www.acitpa.com
or email us at aciclaims@acitpa.com
or Fax us at (610)293-9299

Enrollee: SOMSHEKER GANGU
Date: 01/09/2023

Group Name: UNIFIED CARING ASSOCIATION (CA, NV)

Claim#: 02273924-03
Patient: PATHIK GANGU

Patient#: 851025
Provider: ST. ROSE PEDIATRICS

Dates of Service	Service Code	Total Charge	Ineligible Amount	Discount Amount	Other Insurance	Reason Code	Deductible Amount	Co-Pay Amount	Covered After Deductions	Paid At	Payment Amount
12/02-12/02/2022	16	\$119.00	\$119.00	\$0.00	\$0.00	70	\$0.00	\$0.00	\$0.00	0%	\$0.00
12/02-12/02/2022	08	\$200.00	\$200.00	\$0.00	\$0.00	70 B1	\$0.00	\$0.00	\$0.00	0%	\$0.00
12/02-12/02/2022	08	\$250.00	\$250.00	\$0.00	\$0.00	70 B1	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$569.00	\$569.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility:			\$569.00		Total Payment Amount					\$0.00	

Service Code Description

08 DIAGNOSTIC LAB
16 PHYS OFFICE VISIT

Reason Code Description

70 CHARGES INCURRED AFTER POLICY TERMINATES ARE NOT COVERED
B1 THIS IS A LIMITED BENEFIT PLAN AND THE PLAN DOES NOT PROVIDE BENEFITS FOR THE SERVICE TYPE RENDERED

Additional Information

*** Administrative Concepts, Inc. does not share private health information except as required by law. We are committed to guarding the private information entrusted to us.