





Forwarding Service Requested

թերդիլիսիսիլերունդրվիներդիլիելիրեննիկինի PB-DSM-12-ENV 10405
FNU HARI PRIYA
4708 BRIGGS RD
FAUREA Y 10 FAIRFAX VA 22030-5705

Explanation of Benefits

RETAIN FOR TAX PURPOSES THIS IS NOT A BILL

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: FNU HARI PRIYA

Date: 05/25/2022

Group Name: UCA - HEALTH SHIELD - CARE

Claim#: Patient:	02240933-16 FNU HARI PRIYA					#:M05476 er:PREMIE		A SURG	ICAL SPE	CLLC	
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
03/19-03/19/2022	15	\$307.00	\$260.95	\$46.05	\$0.00	96 B1	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column	Totals	\$307.00	\$260.95	\$46.05	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility: \$26			60.95				Total Payment Amount			\$0.00	

20220525B03 J426 1038 4815

Service Code Description

PHYS HOSP VISIT

Reason Code Description

- MULTIPLAN DISCOUNT. YOU ARE NOT RESPONSIBLE FOR THIS AMOUNT. For questions or appeals regarding the discount applied, please contact Multiplan at 800-950-7040.

 THIS IS A LIMITED BENEFIT PLAN AND THE PLAN DOES NOT PROVIDE BENEFITS FOR THE SERVICE TYPE RENDERED 96
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Additional Information

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