

Cigna Explanation of Benefits for 30999 for Kotler Airway

Provider Explanation of Medical Benefits Report



Provider Number 953140605 0000	Provider Name ROBERT KOTLER MD	Date through which claims were processed 06/20/2016	THIS IS NOT A BILL Retain for Your Records	Page 1											
Line	Procedure Date	Procedure Code	Adjusted Procedure Code	Billed Amount	Adjusted Procedure Code Amount	Allowed Amount	Not Covered/Discount	Deduct/Copay Amount	Coinsurance Amount	DRG / Per Diem / APC Type	DRG / Per Diem / APC Number	DRG/Per Diem Amount	DRG/Per Diem Benefit Amount	Plan Benefit	See Note

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

PATIENT NAME: MEMBER NAME:	30520 30130 30130 30999	Billed Amount 6000.00 1600.00 1600.00 425.00	PATIENT#: SUBSCRIBER#: 1409.42 434.88 434.88 425.00	OPERATION LOCATION/GROUP# REF#: 4590.58 1165.12 1165.12 0.00	1409.42 434.88 434.88 425.00	RECEIVE DATE: 05/31/2016 PROCESS DATE: 06/20	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	A0 A0 A0 A0					
TOTAL		9625.00	2704.18	6920.82	2704.18									0.00	

THE \$3,000 IN NETWORK FAMILY DEDUCTIBLE HAS BEEN SATISFIED FOR THE POLICY YEAR BEGINNING 07/01/2015
 \$5,704.18 HAS BEEN APPLIED TOWARDS THE \$6,000 OUT OF NETWORK FAMILY DEDUCTIBLE FOR THE POLICY YEAR BEGINNING 07/01/2015
 THE \$9,000 IN NETWORK FAMILY 'OUT-OF-POCKET LIMIT' HAS BEEN REACHED FOR THE POLICY YEAR BEGINNING 07/01/2015
 \$9,750.25 HAS BEEN APPLIED TOWARDS THE \$18,000 OUT OF NETWORK FAMILY 'OUT-OF-POCKET LIMIT' FOR THE POLICY YEAR BEGINNING 07/01/2015

Cigna allowed full fee, \$425.00

BALANCE..... \$9,625.00

**** NOTES ON BENEFIT DETERMINATION:**

THIS EXPENSE HAS BEEN APPLIED TO PLAN DEDUCTIBLE OR COPAY
 IF YOU HAVE ANY QUESTIONS REGARDING THIS CLAIM, PLEASE INCLUDE THE REFERENCE NUMBER ON INQUIRIES.

SYS-MR4

VIEW ELIGIBILITY, BENEFITS, AND CLAIM DETAILS AND GET PRECERTIFICATION ANSWERS FAST AT THE CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE (WWW.CIGNA4FORHCP.COM)

A0) FOR OUT-OF-NETWORK SERVICES, CIGNA WILL REIMBURSE YOU UP TO A SET MAXIMUM AMOUNT (KNOWN AS MAXIMUM REIMBURSABLE CHARGE IN YOUR PLAN BOOKLET). YOUR HEALTH CARE PROFESSIONAL MAY BILL YOU FOR ANYTHING ABOVE THIS AMOUNT.