NeuroSpa
Brain Rejuvenation Centers, Inc

Explanation of Benefits Examples

675.75

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: [redacted]				INSURED'S ID: [redacted]					PATIENT NAME: [redacted]				FOR INQUIRIES CALL:
PATIENT ACCOUNT#: 0				CLAIM NUMBER: [redacted]					RECEIVED DATE: 07/18/2020				(800) 333-0912
SERVICE PROVIDER NAME: ELAHI, ALI				SERVICE PROVIDER ID: 1619983533					EXPL CD: APPEALS CODE: CDI				
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: FEMALE SUBSCRIBER									
06/18/2020 06/18/2020	99215	11	195.00-	132.42-	0.00	0.00	0.00	0.00	0.00		62.58-	015 45	132.42-
	TOTAL:		195.00-	132.42-	0.00	0.00	0.00	0.00	0.00		62.58-		132.42-
	TOTAL NET PAID												132.42-

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
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PATIENT ACCOUNT#: 0				CLAIM NUMBER: [redacted]					RECEIVED DATE: 07/18/2020				(800) 333-0912
SERVICE PROVIDER NAME: ELAHI, ALI				SERVICE PROVIDER ID: 1619983533					EXPL CD: APPEALS CODE: CDI				
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: FEMALE SUBSCRIBER									
05/27/2020 05/27/2020	95961	11	795.00-	234.69-	0.00	0.00	117.34-	0.00	0.00		677.65-	015 45 067 2	117.35-
	TOTAL:		795.00-	234.69-	0.00	0.00	117.34-	0.00	0.00		677.65-		117.35-
	TOTAL NET PAID												117.35-

SERVICE DATE(S)	SERVICE CODES	POS	CHARGE	ALLOWED	DEDUCTIBLE	CO-PAY	CO-INSURANCE	CONTRACTUAL DIFFERENCE	PROVIDER RESP. AMOUNT	EXPL/ANSI CODE(S)	INSURED RESPONSIBILITY AMOUNT	EXPL/ANSI CODE(S)	WHAT WE WILL PAY
INSURED'S NAME: [redacted]				INSURED'S ID: [redacted]					PATIENT NAME: [redacted]				FOR INQUIRIES CALL:
PATIENT ACCOUNT#: 0				CLAIM NUMBER: [redacted]					RECEIVED DATE: 06/18/2020				(800) 333-0912
SERVICE PROVIDER NAME: ELAHI, ALI				SERVICE PROVIDER ID: 1619983533					EXPL CD: APPEALS CODE: CDI				
NETWORK: OUT OF NETWORK				RELATIONSHIP TO INSURED: FEMALE SUBSCRIBER									
06/12/2020 06/12/2020	90869	11	695.00	695.00	0.00	0.00	0.00	0.00	0.00		0.00		695.00
06/12/2020 06/12/2020	99070	11	100.00	0.00	0.00	0.00	0.00	0.00	0.00		100.00	771 234	0.00
	TOTAL:		795.00	695.00	0.00	0.00	0.00	0.00	0.00		100.00		695.00
	TOTAL NET PAID												695.00