



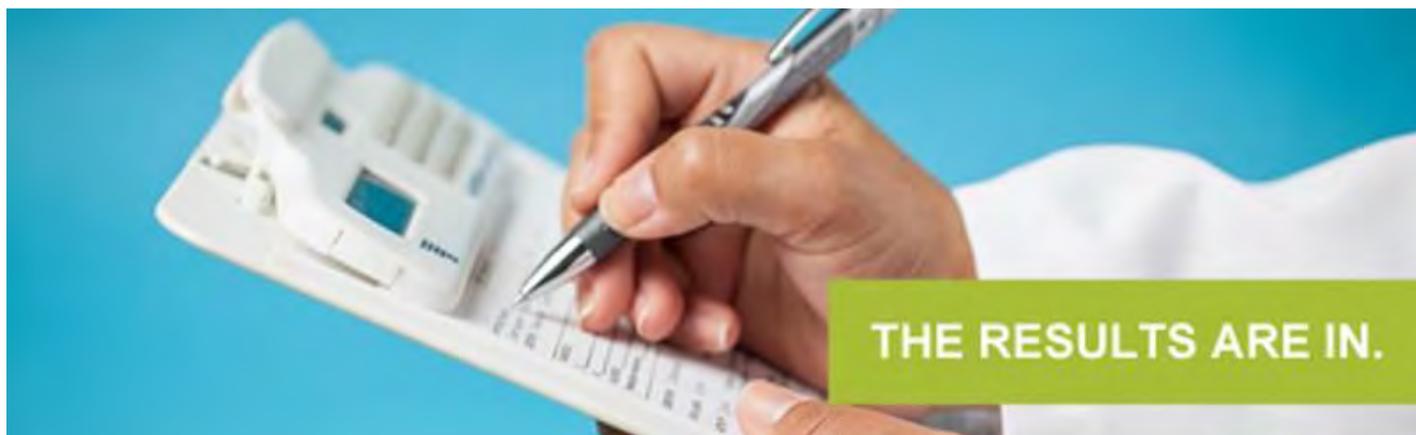
Ted Carpenter <ted@insuranceace.net>

Compass - Your Request

1 message

Kelly OBrien <KellyO@compassphs.com>
 To: "ted@AutoMaticInsurance.net" <ted@automaticinsurance.net>

Fri, Jan 24, 2014 at 4:15 PM



Bill	Balance	Progress Notes	Payment Notes
<p>EPMG of Illinois 4/16</p>	<p>Submitted Amount: \$819</p> <p>In-Network Discount: \$666.87</p> <p>Plan Payment: \$76.07</p> <p>Patient Responsibility:</p>	<p>This bill is now correct. The claim has been applied to your in-network benefits. According to your plan, this service is applied towards your in-network deductible of \$5,000 and is then covered at 50%.</p> <p>The provider billed \$819, of which \$152.13 was allowed by Assurant. Since your deductible was met at the time this claim processed, your balance represents your 50% coinsurance.</p> <p>Please make a payment to the provider</p>	<p>EPMG of Illinois, S.C. PO Box 95968 Oklahoma City, OK 73143-5968</p> <p>Account #: 0028901088 Pay via phone: 800-225-0953</p>

Please make a payment to the provider.

	<p>\$76.06</p>		
<p>Village of Oak Park 4/16</p>	<p>Submitted Amount: \$516</p> <p>In-Network Discount: \$0</p> <p>Plan Payment: \$369.66</p> <p>Patient Responsibility: \$146.34</p>	<p>This bill is now correct. The claim has been applied to your in-network benefits. According to your plan, this service is applied towards your in-network deductible of \$5,000 and is then covered at 50%.</p> <p>The provider billed \$516, of which the full amount was allowed by Assurant. The \$136.34 represents your 50% coinsurance which then met your out-of-pocket maximum. Your insurance paid the rest of the claim.</p> <p>Please make a payment to the provider.</p>	<p>Village of Oak Park PO Box 88850 Carol Stream, IL 60188</p> <p>Account #: 251-019045 Pay via phone: 630-530-2988</p>
<p>Loyola 4/17</p>	<p>Submitted Amount: \$13,716.10</p> <p>In-Network Discount: \$2,057.36</p> <p>Plan Payment: \$4,704.52</p> <p>Patient Responsibility: \$6,954.22</p>	<p>This bill is correct. You have received the in-network benefits for this claim. According to your plan, this service is applied towards your in-network deductible of \$5,000 and is then covered at 50%.</p> <p>The provider billed \$13,716.10, of which \$11,658.74 was allowed by Assurant. \$2,249.41 of your balance went towards your deductible, which was then met. The remaining \$4,704.52 represents your 50% coinsurance.</p> <p>Please make a payment to the provider.</p>	<p>Village of Oak Park PO Box 88850 Carol Stream, IL 60188</p> <p>Acct#: 251-019045 Pay via phone: 630-530-2988</p>
<p>*West Suburban Medical Center 4/17</p>	<p>Submitted Amount: \$10,380</p> <p>In-Network Discount: \$5,407.62</p> <p>Plan Payment: \$4,972.98</p>	<p>This bill is correct. You have received the in-network benefits for this claim. According to your plan, this service is applied towards your in-network deductible of \$5,000 and is then covered at 50%.</p> <p>The provider billed \$10,380, of which \$4,972.98 was allowed by Assurant. Assurant then paid the full amount since your deductible was met at the time this claim was received</p>	<p><i>No Need to Make Payment</i></p>

claim was received.

	<p>Patient Responsibility: \$0</p>		
<p>Superior Air Ground Ambulance Services 4/17</p>	<p>Submitted Amount: \$1,080</p> <p>In-Network Discount: \$0</p> <p>Plan Payment: \$1,000</p> <p>Patient Responsibility: \$0</p>	<p>This bill is now correct. The claim has been applied to your in-network benefits. According to your plan, this service is applied towards your in-network deductible of \$5,000 and is then covered at 50%.</p> <p>The provider billed \$1,080, of which \$1,000 was allowed by Assurant. Since your met your out-of-pocket maximum, Assurant paid the full price.</p>	<p><i>No Need to Make Payment</i></p>
<p>RadAdvantage 4/17</p>	<p>Submitted Amount: \$458</p> <p>In-Network Discount: *Pending</p> <p>Plan Payment: *Pending</p> <p>Patient Responsibility: *Pending</p>	<p>This claim has not yet been received by your insurance.</p> <p>We are in contact with the provider and are attempting to make sure they send this claim to your insurance correctly.</p>	<p><i>Please Wait to Make Payment</i></p>
<p>Illinois Laboratory Medicine Assoc 4/17</p>	<p>Submitted Amount: \$249.60</p> <p>In-Network Discount: \$0</p> <p>Plan Payment:</p>	<p>This bill is correct. You have received the in-network benefits for this claim. According to your plan, these lab services are not covered unless the ordering physician can prove there was a medical cause for ordering these tests.</p> <p>Please let us know who the ordering</p>	<p>Illinois Laboratory Medicine Associates, Ltd. PO Box 5966 Carol Stream, IL 60197-5966</p> <p>Account #: II M 199659</p>