

Explanation of Medical Benefits

02/03/2004

Reviewer: CDB

Claim No: NS03002735-001

Bill No.: 0000095934

Carrier Name: Insurance Company of Dallas C/O Anchor Claims Management Inc.
Dallas, TX 753819045 P.O. Box 819045

Employer: Anchor Company
P. O. Box 819045
Dallas, Texas 75381-9045

Employee Name: John Doe
2304 Tarpley
Carrollton, TX 75006

Social Security No.: 444444445 **Date of Birth:** 10/10/1962

Occurrence Date: 11/20/2003

Part of Body: 35 Hand

Bill Id or Account 444-44-4445

No.:

ICD9 Codes: 1 - 842.1 2 - 3 - 4 -

Svc Date	POS	CPT	Mod	Description	ICD9	Units	Billed Charges	Usual/ Customary	PPO Amount	Rec. Allowance	Reason Code
11/20/03	11	99080	73	SPECIAL REPORTS OR FORMS		1 1	15.00	15.00		15.00	F
11/20/03	11	73130	WP	X-RAY EXAM OF HAND		1 1	71.22	38.08		38.08	F
11/20/03	11	99204		Office visit, L4, New Patient		1 1	195.00	170.13		170.13	F
Totals:							281.22	223.21		223.21	

The employer has an occupational injury benefit plan which provides certain medical benefits to its employees who are injured on the job. Accordingly, the employer pays for medical services rendered in accordance with usual, customary and reasonable guidelines which most often include, but are not limited to, application of medical fee guidelines published by the Texas Workers' Compensation Commission. The employer is responsible for payment of authorized treatment only; no billing, nor any attempt, should be made to collect any amount from the patient.

Provider Name & Address
Combined Medial Clinic
3010 Lyndon B Johnson Fwy
Dallas, TX 75234

Provider Tax ID: 751111111

Reason Codes

A- Pre-Authorization Not Obtained	G- Included in global	R- Charge Unrelated to Compensable Injury
B- Paid at Brand-Name Price	H- Half Payment	S- Supplemental Payment
C- Negotiated Contract	L- Not Treating Doctor	T- Not According to Treatment Guidelines
D- Duplicate Charge	M- Reduced to Fair & Reasonable	U- Unnecessary Medical Treatments of Services
E- Entitlement (non-compensable)	N- Not Documented	X- Payment to Injured Worker or Employ
F- Reduced According to Fee Guidelines	P- Overpayment Recoupment	

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL ANCHOR CLAIMS MANAGEMENT, INC. AT (800)275-3193.

Anchor Claims Management, Inc. P.O. Box 819045 Dallas, TX 75381-9045