



Explanation of Health Care Benefits

Claim Information

H2114823
02/17/2024

Subscriber Name ANDREW SHARP
Patient Name ANDREW SHARP

THIS IS NOT A BILL. This is an explanation of the claim processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Claim Number: 22422814489 Patient ID: 136067170001 Patient Control Number: I196232534633 Group Number: 10545125
Group Name: PERFORCE SOFTWARE INC
Provider: GUARDIAN SLEEP CLINIC

Your original claim has processed as follows:

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
11/23/2023 - 11/23/2023 MEDICAL EQUIPMENT	30.00	30.00	.00	.00	.00	.00	.00	.00	.00	.00	E6291
11/23/2023 - 11/23/2023 MEDICAL EQUIPMENT	90.00	90.00	.00	.00	.00	.00	.00	.00	.00	.00	E6291
TOTAL	120.00	120.00	.00	.00	.00	.00	.00	.00	.00	.00	

Claim Number: 22422814489 Patient ID: 136067170001 Patient Control Number: I196232534633 Group Number: 10545125
 Group Name: PERFORCE SOFTWARE INC
 Provider: GUARDIAN SLEEP CLINIC

We have adjusted your original claim as follows:

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
11/23/2023 - 11/23/2023 MEDICAL EQUIPMENT	30.00	.00	.00	30.00	.00	.00	.00	.00	.00	30.00	T6587 J7091
11/23/2023 - 11/23/2023 MEDICAL EQUIPMENT	90.00	.00	.00	90.00	.00	.00	.00	.00	.00	90.00	T6587 J7091
TOTAL	120.00	.00	.00	120.00	.00	.00	.00	.00	.00	120.00	

ADJUSTED PAYMENT AMOUNT: \$0.00
 MINUS ORIGINAL PAYMENT AMOUNT: \$0.00
 CLAIM TOTAL: \$0.00

Note:

- E6291 These charges cannot be processed until we receive the medical information we requested from your provider. These charges will be processed when this information is received.
- J7091 We are making this adjustment to a previously processed claim.
- T6587 The precertification review determined this service was not medically necessary. Therefore, no payment can be made.

