

# 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
<b>Totals:</b>							<b>281.22</b>	<b>223.21</b>		<b>223.21</b>	

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**