



Key Demo Payer  
 1880 JFK Blvd  
 12th Floor  
 Philadelphia, PA 19103

0000004/

Page 1 Of 2  
 0004171032

**EXPLANATION OF BENEFITS**



Member Name:

Patient Name: INSTAMED A PATIENT

Benefit Plan:

Member ID: 00026863

Rendering Provider: INSTAMED A PATIENT

Date: 02/21/15

Claim Number: 1502338110000

0000004 01 SP 0.480 \*\*SGLP T1 1 0465 19103-743212 -C01-P00000-I



1880 JFK BLVD 12TH FL  
 PHILADELPHIA PA 19103-7432



Questions? Please contact Customer Service at 1-866-InstaMed

**Service Detail**

Description of Service	Service Dates From To	Procedure (Modifier)	Charges	Allowed	Plan Pays	Provider Reduction	Patient Responsibility	Remark Code
	12/17/14 12/17/14	99211	1,827.93	0.00	1,827.93	0.00	0.00	
<b>Totals</b>			<b>1,827.93</b>	<b>0.00</b>	<b>1,827.93</b>	<b>0.00</b>	<b>0.00</b>	



Key Demo Payer  
 1880 JFK Blvd  
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 Philadelphia, PA 19103

Keybank

12-2/750

**No. 0004171032**

02/21/2015

\$1,827.93

**VOID VOID VOID**

One Thousand Eight Hundred Twenty Seven AND 93/100

Void after 6 months from date of issue

PAY TO THE ORDER OF

1880 JFK BLVD 12TH FL  
 PHILADELPHIA PA 19103-7432

00004 17 103 20 04 100 1039 1 234567890

**ABC HealthPlan Legal Text**

You, your beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for a review to **ABC HealthPlan**. Requests for review or appeal may be mailed to ABC HealthPlan 1880 JFK Blvd 12<sup>th</sup> Floor Philadelphia, PA 19103, Attn: Claims Appeal or sent via FAX to (215) 789-3680, Attn: Claims Appeal. The request should include any issues outlining the basis of the appeal. As pertinent to the appeal, a review of the plan and its administration may occur.

A request for review must be filed within 60 days after receipt of the written notice of denial of a claim. A decision will be rendered by **ABC HealthPlan** no later than 30 days after receipt of a request for review. If there are special circumstances, the decision shall be rendered as soon as possible, but no later than 120 days after receipt of the request for review. The decision, after **ABC HealthPlan's** review, shall be in writing and shall include specific reasons for the decision. This decision shall also include specific references to the pertinent provisions on which the decision was based.