

## Pacific Crest Insurance

Po Box 3257, Portland, OR 97208  
Member Services 1-800-555-1639

## EXPLANATION OF BENEFITS

**THIS IS NOT A BILL**

JERRELL WEBER  
671 HERRICK ST  
BEVERLY MA 01915

Member ID: CMH099413679  
Group: 994494  
Claim Number: 5353-57856227  
Provider: University of Ma Med Ctr-esrd  
Date Processed: 03/26/2024

| Service Date | Service Code | Amount Billed | Allowed Amount | Deductible | Co-insurance | Plan Paid | Remark |
|--------------|--------------|---------------|----------------|------------|--------------|-----------|--------|
| 03/14/2024   | 99396        | \$275.48      | \$170.79       | \$0.00     | \$34.15      | \$136.64  | 45     |
| TOTALS       |              | \$275.48      | \$170.79       | \$0.00     | \$34.15      | \$136.64  |        |

You may owe the provider: **\$34.15**

### Remark codes

45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. PR1: Deductible amount.

If you have other coverage, submit this statement to your other plan with the provider's bill. You have the right to appeal this decision within 180 days of the date you receive this notice. Call Member Services at the number above with questions about this explanation of benefits.