

Pacific Crest Insurance

Po Box 8281, Portland, OR 97208
Member Services 1-800-555-3799

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

KIMBERLIE KEMMER
929 Lake Avenue North.
Springfield, MA 01104

Member ID: CMH252485359
Group: 108342
Claim Number: 9914-89952365
Provider: Middlesex Internal Medicine Associates, Inc
Date Processed: 11/11/2024

Service Date	Service Code	Amount Billed	Allowed Amount	Deductible	Co-insurance	Plan Paid	Remark
10/24/2024	99396	\$1,372.45	\$1,015.61	\$25.00	\$198.12	\$792.49	PR1
TOTALS		\$1,372.45	\$1,015.61	\$25.00	\$198.12	\$792.49	

You may owe the provider: **\$223.12**

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.