

Health

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Springfield, MA 01103

Member ID: CMH267591874

Group: 311836

Claim Number: 7830-23855817

Provider: Sun Medical Clinic, PC

Date Processed: 04/25/2025

Service Date	Service Code	Amount Billed	Allowed Amount	Deductible	Co-insurance	Plan Paid	Remark
03/28/2025	99396	\$862.82	\$664.37	\$0.00	\$132.87	\$531.50	45
TOTALS		\$862.82	\$664.37	\$0.00	\$132.87	\$531.50	

You may owe the provider: **\$132.87**

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.