

Patient: ERICA KAHN

Date: August 16, 2024

Claim Finalized Date: 12/23/2024

Provider: FLAGSTAFF MEDICAL CENTER Rendering Provider: FLAGSTAFF MEDICAL CENTER				Patient Responsibility				NETWORK: PHCSD	
Date of Service	Description	Billed Charges	Plan Allowed/ Qualified Payment Amount	Not Covered	Deductible	Co-Pay	Coinsurance	PAID Amount	PAID % Remark Code
08/16-08/16/2024	Waiting Period	\$16,372.80	\$16,372.80	\$16,372.80	\$0.00	\$0.00	\$0.00	\$0.00	75
	Gross Total	\$16,372.80	\$16,372.80	\$16,372.80	\$0.00	\$0.00	\$0.00	\$0.00	
	Other Insurance/Adjustment							\$0.00	
Patient #: [REDACTED]				Amount Paid:				\$0.00	
Claim #: [REDACTED]				Amount Patient May Owe Provider:				\$16,372.80	

Patient: ERICA KAHN

Date: August 19, 2024

Claim Finalized Date: 12/23/2024

Provider: Coconino County Rendering Provider: [REDACTED]				Patient Responsibility				NON-NETWORK	
Date of Service	Description	Billed Charges	Plan Allowed/ Qualified Payment Amount	Not Covered	Deductible	Co-Pay	Coinsurance	PAID Amount	PAID % Remark Code
08/19-08/19/2024	Service is Not Covered under the Plan	\$467.52	\$467.52	\$467.52	\$0.00	\$0.00	\$0.00	\$0.00	47
08/19-08/19/2024	Service is Not Covered under the Plan	\$60.00	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00	47
08/19-08/19/2024	Service is Not Covered under the Plan	\$1.00	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	47
08/19-08/19/2024	Service is Not Covered under the Plan	\$1.00	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	47
	Gross Total	\$529.52	\$529.52	\$529.52	\$0.00	\$0.00	\$0.00	\$0.00	
	Other Insurance/Adjustment							\$0.00	
Patient #: [REDACTED]				Amount Paid:				\$0.00	
Claim #: [REDACTED]				Amount Patient May Owe Provider:				\$529.52	

Patient: ERICA KAHN

Date: August 23, 2024

Claim Finalized Date: 12/23/2024

Provider: Circle Health Urgent Care, Llc Rendering Provider:				Patient Responsibility				NON-NETWORK		
Date of Service	Description	Billed Charges	Plan Allowed/ Qualified Payment Amount	Not Covered	Deductible	Co-Pay	Coinsurance	PAID Amount	PAID %	Remark Code
08/23-08/23/2024	Waiting Period	\$1,230.75	\$1,230.75	\$1,230.75	\$0.00	\$0.00	\$0.00	\$0.00		75
08/23-08/23/2024	Waiting Period	\$72.00	\$72.00	\$72.00	\$0.00	\$0.00	\$0.00	\$0.00		75
	Gross Total	\$1,302.75	\$1,302.75	\$1,302.75	\$0.00	\$0.00	\$0.00	\$0.00		
	Other Insurance/Adjustment							\$0.00		
Patient #:				Amount Paid:				\$0.00		
Claim #:				Amount Patient May Owe Provider:				\$1,302.75		

Year to Date (YTD) SUMMARY - Patient  
ERICA KAHN

		Out-of-Pocket (OOP)		Patient's Status	
		Deductible	OOP	MOOP <sup>1</sup>	Remaining
Network	Medical Year to Date (YTD) Summary	\$0.00	\$0.00	UNLIMITED	UNLIMITED
Non-Network	Medical Year to Date (YTD) Summary	\$0.00	\$0.00	UNLIMITED	UNLIMITED

<sup>1</sup>MOOP - Maximum Out-of-Pocket for Patient; Patient Responsibility amount are described in your benefits booklet; does not include "Not-Covered"

REMARKS

- 75The required waiting period for this service has not been met.
- 47Service not covered under plan



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Clearwater FL

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## Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

### Forwarding Service Requested

ERICA KAHN

### Customer Service

Questions? Please call  
Customer Service at  
(866) 949-3581  
Payer ID

### Policyholder/Member Information

Group:

Group No.:

Enrollee: KAHN, ERICA

Enrollee ID:

Paid Date: 07/08/2025



INNOVATIVE  
PARTNERS

Claim#:

Patient:

KAHN, ERICA

Patient#:

Provider: DENVER HEALTH

Dates of Service	Proc. Code	Amount Billed	Not Covered	Rmk Code	Discount Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Covered Amount	Paid At	Payment Amount
08/29-08/29/2024	99282	\$1,112.22	\$945.39	B15	\$166.83	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
08/29-08/29/2024	90675	\$1,127.12	\$845.34	99	\$281.78	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
08/29-08/29/2024	90471	\$63.32	\$47.49	99	\$15.83	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$2,302.66	\$1,838.22		\$464.44	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility:			\$1,838.22	Less Coordination of Benefits							\$0.00
				Total Payment							\$0.00

PER MULTIPLAN AGREEMENT

### Remark Code Description

B15 30 DAY WAITING PERIOD  
99 NOT A COVERED SERVICE

### Procedure Code Description

99282 ER VISIT  
90675 VACCINE  
90471 VACCINE



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## Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

### Forwarding Service Requested

ERICA KAHN

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### Customer Service

Questions? Please call  
Customer Service at  
(866) 949-3581  
Payer ID

### Policyholder/Member Information

Group:

Group No.:

Enrollee: KAHN, ERICA

Enrollee ID:

Paid Date: 07/08/2025



INNOVATIVE  
PARTNERS

Claim#:

Patient:

KAHN, ERICA

Patient#:

Provider: FLAGSTAFF EMERGENCY PHYSICIAN

Dates of Service	Proc. Code	Amount Billed	Not Covered	Rmk Code	Discount Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Covered Amount	Paid At	Payment Amount
08/16-08/16/2024	99284	\$706.00	\$706.00	99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$706.00	\$706.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility:		\$706.00						Less Coordination of Benefits		\$0.00	
								Total Payment		\$0.00	

### Remark Code Description

99 NOT A COVERED SERVICE

### Procedure Code Description

99284 ER VISIT