

Unified Group Services
PO Box 10
Pendleton IN 46064-0010



Unified
Group Services

PO Box 10, Pendleton, IN 46064-0010
Phone (800) 291-5837
www.UnifiedGrp.com

Forwarding Service Requested

JANE SAMPLE
1111 N MAIN ST
PORTLAND IN 47371

J14B

1

Customer Service**Date:** 04/07/20**Group #:** 0000**Group Name:** SAMPLE GROUP NAME**Patient Name:** JOHN SAMPLE**Patient Acct:** 000000000000000000**Insured Name:** JANE SAMPLE**Provider Tax ID:** 000000000-0**EXPLANATION OF BENEFITS*******This is NOT a Bill*****

Patient: JOHN SAMPLE
Claim: 2020- 00000000- 0

Insured: JANE SAMPLE
Provider: SAMPLE PROVIDER NAME

Insured ID: 000000000000
PPO Name: 0000 COMBINED ENCORE

Dates of Service	Type of Service	Total Charge	Adjustment Amount	Reason Code	Deductible Amount	Co-pay/ Co-ins	Percentage Paid	Patient Responsibility	Payment Amount
02/10-02/10/2020	SPECIALIST OFFICE VISIT	\$132.00	\$19.51	13 2	\$0.00	\$11.25	90%	\$11.25	\$101.24
Column Totals		\$132.00	\$19.51		\$0.00	\$11.25		\$11.25	\$101.24
Patient's Responsibility		\$11.25					Other Insurance Credits		\$0.00
							Adjusted Payment		\$101.24

Reason Code Description

Code	Description
13	DISCOUNT APPLIED
2	COINSURANCE APPLIED

Payment Details

Paid To	Payment Date	Payment No.	Amount
SAMPLE PROVIDER NAME	04/07/20	00000000	\$101.24

Comments

2607265161

STAR Financial Bank
Anderson, Indiana

Group No: 0000
Claim No: 2020- 00000000- 0

71-167/749

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Date 04/07/2020**AMOUNT**

*****\$101.24

PAY

*****ONE HUNDRED ONE DOLLARS AND 24 CENTS***

VOID 180 DAYS FROM
DATE OF ISSUE**TO THE
ORDER OF****SAMPLE PROVIDER NAME**1111 N MAIN
PORTLAND, IN 47371-0000*Richard L. Mousty*

Authorized Signature

0000000000

0000000000

000 000000

PROOF

ENDORSE CHECK HERE

X

diiova

DO NOT WRITE/SIGN/STAMP BELOW THIS LINE

DEPOSITORY BANK ENDORSEMENT

Rights for Claims Review

Each claimant shall be provided a reasonable opportunity for a full and fair review of a claim and the right to appeal the determination.

- Claimant shall have 180 days following receipt of a notification of an adverse benefit determination within which to appeal the determination.
- Any review shall take into account all comments, documents, records and other information submitted to the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination.

To initiate the review process send your request in writing to:

Unified Group Services, Inc.
PO Box 10
Pendleton, IN 46064-0010

All Claimants have a right to bring civil action under Section 502(a) of the Act following an adverse benefit determination on review.