

Back in Business
6150 North Fairfield Drive
Pensacola, FL 32503
(850)456-4139

EIN: 28-5700856

Blue Cross Blue Shield Of NC
PO Box 35
Durham, NC 27702-0035

03/02/2011

Re: Patient: Loretta Fox Claim # 70422

To whom it may concern:

The claim referenced above was initially submitted 182 days ago. This claim remains un-paid or underpaid. Please process and pay, or advise us as to the reason. Pertinent data from that claim is included below.

Insured Name: Fox Loretta
Insured ID: YB5556
Group #: N/A
Insured DOB: 04/05/1991
Insured Name: Fox Loretta
Employer: N/A

Patient DOB: 04/05/1991
Onset Date: 04/21/2010

Assignment Accepted; Signature on File:
Rendering Provider: Ashlee Jones D.C.

Diagnoses:
1: 739.2 3: 739.3
2: 739.1 4:

Original Date Claim Submitted 09/01/2010
Claim Charges Total \$256.00
Amount Paid:
Remaining: \$256.00

DOS	Procedure Code	Relates To	Charge	Paid
08/02/2010	97010	1,2,3	\$15.00	
08/02/2010	97010	1,2,3	\$54.00	
08/03/2010	97010	1,2,3	\$35.00	
08/03/2010	72020	1,2,3	\$43.00	
08/11/2010	72020	1,2,3	\$54.00	
09/01/2010	72020	1,2,3	\$55.00	

Back in Business
6150 North Fairfield Drive
Pensacola, FL 32503
(850)456-4139

EIN: 28-5700856

Blue Cross Blue Shield Of NC
PO Box 35
Durham, NC 27702-0035

03/02/2011

Re: Patient: Loretta Fox Claim # 70423

To whom it may concern:

The claim referenced above was initially submitted 182 days ago. This claim remains un-paid or underpaid. Please process and pay, or advise us as to the reason. Pertinent data from that claim is included below.

Insured Name: Fox Loretta
Insured ID: YB5556
Group #: N/A
Insured DOB: 04/05/1991
Insured Name: Fox Loretta
Employer: N/A

Patient DOB: 04/05/1991
Onset Date: 04/21/2010

Assignment Accepted; Signature on File:
Rendering Provider: Ashlee Jones D.C.

Diagnoses:
1: 739.2 3: 739.3
2: 739.1 4:

Original Date Claim Submitted 09/01/2010
Claim Charges Total \$70.00
Amount Paid:
Remaining: \$70.00

DOS	Procedure Code	Relates To	Charge	Paid
09/01/2010	98940	1,2,3	\$55.00	
09/01/2010	97010	1,2,3	\$15.00	