



Forwarding Service Requested

Payment Date: 08/29/2024

Payment Number: 36814

Payment Amount: \$67.99



*****ALL FOR AADC 800
PB-DSM-26-ENV 19811 53
PHILIP RICE
11268 E LINVALE DR
AURORA CO 80014-3071



Devoted Health Insurance Company of Colorado
PO BOX 211524
EAGAN, MN 55121

1-2/210
JPMorgan Chase Bank N.A.
New York, NY

CHECK NUMBER

36814

ISSUE DATE

08/29/2024

AMOUNT

*****\$67.99

****Sixty Seven Dollars and Ninety Nine Cents****

VOID AFTER 180 DAYS FROM
DATE OF ISSUE

PAY PHILIP RICE
TO THE
ORDER OF 11268 E LINVALE DR
AURORA, CO 80014

Authorized Signature

EXPLANATION OF PAYMENT (EOP)

**Devoted Health Insurance
Company of Colorado**
PO BOX 211524
EAGAN, MN 55121



PHILIP RICE
11268 E LINVALE DR
AURORA, CO 80014

For questions concerning your EOP's contact
1-877-762-3515 for assistance.

BENEFIT REIMBURSEMENT

ID # D5SYZR

Claim #: AJX372Y9ZJ **Check Date:** 08/29/2024

Provider: REFLECT HEALTH INC **Provider Acct #:**

Service Facility:

Line	Date of Service	Service Description	Code	Amount Requested	Copay/Coins	Adjustments	Paid Amount
1	07/31/2024	Physician office visit. The amount of time with the physician is determined by a person's condition and treatment needs.	99213	\$112.50	\$0.00 \$0.00	\$44.51	\$67.99
Claim Totals:				\$112.50	\$0.00 \$0.00	\$44.51	\$67.99

Summary of this EOP

Number of Claims:	1
Amount Requested:	\$112.50
Copay/Coins:	\$0.00
Adjustments:	\$44.51
Paid Amount:	\$67.99

Explanation of Copay/Adjustments:

Code	Description
PR 3	Adjustment of \$25.00: Co-payment Amount
PR 119	Adjustment of \$19.51: You have reached the coverage limit for this benefit.

You recently paid out of your own pocket for a service covered by your plan. Great news, you are being reimbursed in accordance with your plan benefit. Your reimbursement check is attached to this notice.

Details about what you requested and what is being reimbursed are outlined above.