



Missoula County Employee Benefits Plan  
200 W BROADWAY ST  
MISSOULA MT 59802-4292

# Explanation of Payment



Please retain for your records.  
It is the only copy you will receive.

## Forwarding Service Requested



\*\*\*\*\*ALL FOR AADC 598  
PB-DSM-405-ENV 12775 35

### Customer Service

If you have questions, please call (406) 523-4876

Group Name: Missoula County Employee Benefits  
Group #: 501  
Date: 01/11/2019

When filling out your flex reimbursement form, please be sure to use the correct dates of service and the patient responsibility amount. They are highlighted in yellow.

Treatment Dates	Procedure Code	Billed Amount	Not Covered	Reason Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Ins Amount	Paid At	Payment Amount
11/08-11/08/2018	90837	\$170.00	\$0.00		\$0.00	\$0.00	\$0.00	\$51.00	70%	\$119.00
11/29-11/29/2018	90837	\$170.00	\$0.00		\$0.00	\$0.00	\$0.00	\$51.00	70%	\$119.00
Column Totals		\$340.00	\$0.00		\$0.00	\$0.00	\$0.00	\$102.00		\$238.00
<b>Patient's Responsibility.....</b>										<b>\$102.00</b>
Other Insurance Credits										\$0.00
Adjusted Payment										\$238.00

### Appeal Rights

If you feel that action on all or part of your claim is incorrect you or your authorized representative can request a review or an internal appeal. Address a written appeal to the plan administrator at 200 West Broadway, Missoula, MT 59802-4292 and provide any relevant documentation to support your appeal. You must appeal within 180 days of the adverse benefit determination (any appeal received after the 180-day time period has expired will receive no further consideration). Your appeal will be reviewed by the Plan Administrator and you will receive a written determination within 60 days from the receipt of the appeal for post-service claims, 30 days for pre-service claims, and 72 hours for urgent care claims.



Missoula County Employee Benefits Plan  
200 W. Broadway  
Missoula, MT 59802-4292

First Interstate Bank  
of Missoula, N.A.  
Missoula, Montana

93-168-929

00684763

Issue Date: 01/23/2019

AMOUNT
***\$238.00

Void After 90 Days

\*\*\*TWO HUNDRED THIRTY-EIGHT DOLLARS AND 00 CENTS\*\*\*



PAY TO THE ORDER OF

Nadine M. Wisniewski/PhD  
P O Box 1171  
Florence MT 59833

*Heidi Fritcher*  
*Jean Curtiss*  
Authorized Signature