

**AULTCARE**  
 P. O. BOX 6910  
 CANTON, OH 44706-0910

201205022019

**Explanation of Benefits  
 Enrollee Copy**

For claim questions or general information:

Call: 330-363-6360 or 1-800-344-8858  
 Hearing impaired 330-363-2393 or  
 1-866-633-4752  
 Monday - Friday 7:30 a.m. to 5:00 p.m.

Email: aultcare@aultcare.com

Visit us: www.aultcare.com



**Electronic Service Requested**

4475 0.0208



**This is not a bill**

Group #: [REDACTED]  
 Group: [REDACTED]  
 Date: [REDACTED]  
 Member ID: [REDACTED]

Provider Name: [REDACTED]		Patient Name: [REDACTED]		Employee: [REDACTED]				
Claim#: [REDACTED]		Patient #: [REDACTED]						
Dates of Service -- CPT/Mod Procedure Description	Billed Amount	Ineligible Amount	Remark Code	Contractual Adjustment	Adj Code	Coin-Copay/ Deductible	Payment Amount	Other Payment
[REDACTED] OFFICE VISIT/MEDICAL	125.00	21.80	V9	0.00		51.60	51.60	0.00
<b>TOTALS</b>	125.00	21.80		0.00		51.60	51.60	0.00

**Total Net Payment: 51.60**  
**Payment To Provider: 51.60**

**Payment To:** [REDACTED] **Check No** [REDACTED] **Amount** 51.60

Reason Code Description
V9 EXCEEDS REASONABLE & CUSTOMARY LIMITATION

**Deductible Information**  
 Your 2012 deductible has been satisfied.

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**Electronic Service Requested**

3096 0.0208



**This is not a bill**

Group #: [REDACTED]  
 Group: [REDACTED]  
 Date: [REDACTED]  
 Member ID: [REDACTED]

Provider Name: [REDACTED]		Patient Name: [REDACTED]		Employee: [REDACTED]				
Claim#: [REDACTED]		Patient #: [REDACTED]						
Dates of Service – CPT/Mod Procedure Description	Billed Amount	Ineligible Amount	Remark Code	Contractual Adjustment	Adj Code	Coin-Copay/ Deductible	Payment Amount	Other Payment
[REDACTED] INJECTIONS	7.00	.00		6.09	O3	.18	.73	0.00
[REDACTED] INJECTIONS	8.00	.00		6.33	O3	.33	1.34	0.00
[REDACTED] INJECTIONS	30.00	.00		7.03	O3	4.59	18.38	0.00
<b>TOTALS</b>	<b>45.00</b>	<b>0.00</b>		<b>19.45</b>		<b>5.10</b>	<b>20.45</b>	<b>0.00</b>

**Total Net Payment: 20.45**  
**Payment To Provider: 20.45**

Payment To:	Check No	Amount
[REDACTED]	[REDACTED]	20.45

**Reason Code Description**

O3	FEE ADJUSTMENT/PROVIDER DISCOUNT, PATIENT NOT REQUIRED TO PAY.
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**Deductible Information**

Your 2012 deductible has been satisfied.