



RECEIVED APR 09 2024

Five Points MEC Plan
6006 N Mesa Street Suite 108
EL PASO, TX 79912

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL EMPLOYERS' RIA COMMITTEE (RUC) 01/17
1/24

RBP

1. MEDICARE (Medicare #)	2. MEDICAD (Medicaid #)	3. TRICARE (TRICARE #)	4. CHAMPVA (Member ID#)	5. GROUP HEALTH PLAN (ID#)	6. FECA BEN. LONG (ID#)	7. OTHER (ID#)	8. INSURED'S I.D. NUMBER (for Program # use 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE (MM DD YY)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No. Street)				6. PATIENT RELATIONSHIP TO INSURED (Spouse, Child, Other)		7. INSURED'S ADDRESS (No. Street)	
CITY: El Paso STATE: TX				CITY: El Paso STATE: TX		CITY: El Paso STATE: TX	
ZIP CODE: 79935				ZIP CODE: 79935		ZIP CODE: 79935	
8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				9. IS PATIENT'S CONDITION RELATED TO (YES/NO)		10. INSURED'S POLICY GROUP OR FECA NUMBER	
11. OTHER INSURED'S POLICY OR GROUP NUMBER				12. EMPLOYMENT? (Current or Previous)		13. INSURED'S DATE OF BIRTH (MM DD YY)	
14. RECEIVED FOR MED. USE				15. AUTO ACCIDENT? (YES/NO)		16. OTHER CLAIM ID (Designated by NUCC)	
17. RECEIVED FOR NUCC USE				18. OTHER ACCIDENT? (YES/NO)		19. INSURANCE PLAN NAME OR PROGRAM NAME	
20. INSURANCE PLAN NAME OR PROGRAM NAME				21. CLAIM CODE'S (Designated by NUCC)		22. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES/NO)	

HEAD BACK OF FORM BEFORE COMPLETING 4 & 5 ON THIS FORM. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I warrant the release of any medical or other information necessary to process this claim. I also warrant payment of your benefit benefits either to myself or to the party who accepts assignment.)

SIGNED: SIGNATURE ON FILE DATE: 03/29/2024 SIGNED: SIGNATURE ON FILE

13. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY COMPS (MM DD YY)	14. GENDER DATE (MM DD YY)	15. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)
16. NAME OF RECEIVING PROVIDER OR OTHER SOURCE (DN Regina Molokwu)	17. TEL. NO. (1951719593)	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? (YES/NO)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Include A1 to service line below (ML))	22. RESUBMISSION CODE	23. ORIGINAL REF. NO.
A. Z12.31		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		
J.		

MM	DD	YY	MM	DD	YY	ICD-10	ICD-9	DIAGNOSIS	MODIFIER	DIAGNOSIS POINTER	CHARGES	UNIT	CHARGE	RENDERING PROVIDER ID
03	09	24	03	09	24	11		77067		A	375.00	1		1225137078
03	09	24	03	09	24	11		77063	SS	A	155.00	1		1225137078

24. MEMBER ID NUMBER: 742642478	25. PATIENT'S ACCOUNT NO: DES0647562C	26. ACCEPT ASSIGNMENT? (YES/NO)	27. TOTAL CHARGE: 530.00	28. AMOUNT PAID: 0.00	29. AMOUNT DUE: 0.00
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30. SIGNATURE OF PHYSICIAN OR SUPPLIER (Southwestern Ultrasound, Inc DBA Desert Imaging)	31. SERVICE FACILITY LOCATION INFORMATION (SW Ultra DBA Desert Imaging - LT, 1727 Lee Trevino Dr, EL PASO, TX 79932-4521)	32. BILLING PROVIDER INFO & PC (515) 577 0100 (Southwestern Ultrasound, Inc DBA Desert Imaging, 122 W Castellano Dr, EL PASO TX 79912-2170)
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FIVEPOINTS
 BENEFIT PLANS, LLC
 6006 N Mesa Street - Suite 108
 El Paso, TX 79912

Explanation of Benefits (EOB)
 This statement shows how we applied your coverage to claim(s) submitted to us.
 This is **NOT** a Bill

[Redacted]
 El Paso, TX 79935

Dynamic Tool Company Inc	RBP - EE	
Effective From: 6/1/2023	To: CURRENT	

Explanation of Benefits (EOB)

Patient Name: [Redacted]

Issue Date: 4/11/2024

Date of Service	Service Code	Total Charges	Allowed Charges	Savings to Member	Medicare Rate Plus 1.25%	*Co-Pay	Member I.D.# [Redacted]	
							Plan	Member
3/9/2024	1	\$530.00	\$318.00	\$380.00	\$0.00	\$150.00	\$168.00	\$150.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
							Five Points Plan Responsibility	\$168.00
							Member Responsibility	\$150.00

Provider Billing Address: Southwestern Ultrasound, INC DBA
 122 W Castellano Dr
 El Paso, TX 79912

Service Codes	Description:
1 - MEDICAL	This Claim was Repriced using Referenced Based Pricing , providers who provide services to this member agree to 1.25% over the Medicare Rate with no balance billing .
2 - HOSPITAL	
3 - ER	
4 - LABS	
5 - IMAGING	

Please see attached repricing sheet for specific CPT Codes in Service

Member I.D. Number - your account # with our health plan
Total Charges - The total amount charged by a healthcare provider for services you received, whether or not the services are covered under your health plan.
First Health Network Allowed Charges - The amount receiving services from First Health Network provider within the network provider PPO.
Amount by Member & Five Points Health Plans, LLC - The amount paid to your health care provider.
Co-Insurance - The amount calculated using a fixed percentage you pay.
Amount not covered - The portion of the charges not covered under your health plan. Examples of Amount Not Covered include any of the following:
 * Amount for services that are not medically necessary.
 * Amount for services that are not covered by your health plan.
Member Responsibility - Your share for the services shown on this Explanation of Health Care Benefits (EOB). You may have already paid this amount to your health care provider.

Thank you for choosing Five Points Health Benefit Plans, LLC

Have questions?

Please email norman@fivepointsmecplan.com or elena@fivepointsmecplan.com. To find a participating provider call our customer service department at 1-800-785-1830 / 915-803-4198 or visit our website www.fivepointshealthbenefits.com

Mail all inquiries or claims to Five Points Health Benefit Plans, LLC 6006 N Mesa Street - Suite 108 El Paso, TX 79912

If you need assistance in Spanish to understand this document, you may request it for free by calling customer service.

FIVE POINTS BENEFIT PLANS, LLC
6006 NORTH MESA STREET SUITE 108
EL PASO TX 79912
(915) 803-4198

Group:THE COMPANY STORE

Rept Dt:04-10-2024

PATIENT INFORMATION

FH INFORMATION

LAST : [REDACTED] TYPE: Outpatient CLIENT # :997667466
FIRST : [REDACTED] MI: FROM: 03-09-2024 CLIENT ID:KZU
DOB : 08-12-1966 SEX:U RL: THRU: 03-09-2024 CONTROL #:4-101-R-00390-11
INSID ID: [REDACTED] CLAIM #: 224-101-R-000390-011
PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:

FTIN:742642478

FACILITY/OFFICE: SOUTHWESTERN ULTRASOUND CONSULTANTS
122 W CASTELLANO DR
EL PASO TX 79912-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	03-09-2024 03-09-2024	77067		001	375.00	225.00	150.00
002	03-09-2024 03-09-2024	77063	59	001	155.00	93.00	62.00
TOTALS:					530.00	318.00	212.00

BILLED CHARGES 530.00
EXCLUDED AMOUNT 0.00
NEGOTIATED RATE 318.00
TOTAL SAVINGS 212.00