

Explanation of Review

**** THIS IS NOT A BILL ****

1-800-332-3226 Shalitha 3-28-19

Insurance Co
 SAFECO CVO - ILLINOIS -
 Insurance Co: SAFECO INS CO OF ILLINOIS
 P.O. BOX 515097
 LOS ANGELES, CA 90051

Provider
 SHELBY COUNTY DIVE TEAM
 PO BOX 326
 SHELBYVILLE, IL 62565-0326

Bill: L01-C414-5460
Patient
 CONAWAY, SHAWN
 688 HARRISTOWN RD
 NIANTIC, IL 62551-9747

Tax ID: 376002119 **Type:** AT

Claim Number: 989543656039-00003

DOI/DOL: 05-01-2017

Rendering Provider: SHELBY COUNTY DIVE TEAM
External ID: 1188501

CR Date / BR Date: 05-22-2017 / 05-23-2017

Policyholder/Insured: SHAWN CONAWAY HEATHER CONAWAY
Policyholder/Insured Address: 688 HARRISTOWN RD
 NIANTIC, IL 62551-9747

Bill Details
Dates of Service: 05-01-2017
Post Date: 06-12-2017

Reviewer: 7K/b©
Pay Auth: 99
Client Type of Bill: MT **CR Seq:** 41400005460
Adjuster: ANIBUY

PPO: Coventry Integrated Network **Contract ID:** ATOCN-2609071

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS Rev./Proc. Code	Dx. Charges	Units Review	Description UR	PPO	NGD	Copay	Explanation Code(s) Deduct.	Allow.
1	05-01-2017	42 RESCUE FROM VEHICLE IN A		1						0.00
		A0999	1,000.00		UNLISTED AMBULANCE SERVI	400.00			402, 373, PEU	600.00

Totals	Total Charges:	1,000.00								
	Bill Review Allowance:			1,000.00						
	PPO Reductions:					400.00				
	Recommended Allowance:									<u>500.00</u>

Messages

373 BASED ON THE AVAILABLE INFORMATION, THE SERVICES RENDERED APPEAR TO BEST BE DESCRIBED BY THIS CODE.

402 PLEASE NOTE THAT CODES WERE ASSIGNED BASED ON THE AVAILABLE INFORMATION AS THE PROVIDER DID NOT SUBMIT CODES WITH THE CHARGES.

PEU THE CHARGES HAVE BEEN PRICED IN ACCORDANCE WITH THE AUTO PROVISIONS OF COVENTRY OWNED CONTRACT. FOR QUESTIONS PLEASE CALL 1-800-937-6824.

Notes

* Unless otherwise noted, all bill review reductions are due to charges exceeding amounts that would appear reasonable for the provider's geographical region.

IF PAYMENT IS DUE, CHECK WILL BE SENT UNDER SEPARATE COVER. APPEALS MUST BE SUBMITTED IN WRITING WITH COPY OF THE EOR AND SUPPORTING DOCUMENTATION TO P.O. BOX 515097 LOS ANGELES, CA 90051, FOR QUESTIONS CALL, (800) 245-1700, EXT. 7240286

ISSUE DATE JUN 19, 2017
CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

CLAIM NO. 989543656039
ACS REF NO. 13A171210614
POLICY NO. 204691375

LOSS DATE 05-01-17

ADJUSTER:
LATORIA SMOOTE
PHONE NO: 1-800-332-3226

AGENT: 25-0549
SIEGERT-LEES INS SERVICES LLC

PAYMENT PERIOD:
05-01-17 TO 05-01-17

SHELBY COUNTY DIVE TEAM
PO BOX 326
SHELBYVILLE IL 62565-0326

COVERAGES PAID THIS CHECK:

600.00 AUTO MED MEDICAL EXPENSES

****600.00 TOTAL PAID THIS CHECK
INSURED: CONAWAY HEATHER CONAWAY, SHAWN
ON BEHALF OF: CONAWAY, SHAWN
IN PAYMENT OF: MEDICAL SERVICES

THIS CHECK IS IN PAYMENT OF MEDICAL SERVICES.
FOR INFORMATION CONCERNING THIS PAYMENT PLEASE REFER TO THE
EXPLANATION OF REVIEW (EOR) STATEMENT MAILED UNDER SEPARATE COVER.
APPEALS MUST BE SUBMITTED IN WRITING WITH COPY OF THE EOR, BILL
AND SUPPORTING DOCUMENTATION TO:

SAFECO CLAIMS, P.O. BOX 515097, LOS ANGELES, CA 90051-5099
(800) 245-1700, EXT. 593-2044

pcsNT-NR

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

SCC * 006656
Safeco Insurance Companies
P.O. Box 461
Saint Louis, MO 63166-0461

Safeco Insurance
A Liberty Mutual Company

The Northern Trust Company
Chicago, IL
Payable through Oakbrook Terrace, IL

1502152

CHECK DATE JUN 19, 2017

B Code
50-980

Claim No. 13A171210614

Voucher No. 1700815

\$ ****600.00

VOID IF NOT PRESENTED WITHIN SIX MONTHS OF ISSUE DATE OF CHECK

PAY SIX HUNDRED DOLLARS AND NO CENTS

TO THE ORDER OF

SHELBY COUNTY DIVE TEAM
PO BOX 326
SHELBYVILLE IL 62565-0326

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$500,000

ISSUE DATE MAY 14, 2019
CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

CLAIM NO. 989543656039
ACS REF NO. 13A171210614
POLICY NO. 204691375
LOSS DATE 05-01-17

ADJUSTER:
LATORIA SMOOTE
PHONE NO: 1-800-332-3226

AGENT: 25-0549
SIEGERT-LEES INS SERVICES LLC

SHELBY COUNTY DIVE TEAM
PO BOX 326
SHELBYVILLE IL 62565-0326

COVERAGES PAID THIS CHECK:

600.00 AUTO MED MEDICAL EXPENSES

****600.00 TOTAL PAID THIS CHECK
INSURED: CONAWAY HEATHER CONAWAY, SHAWN
ON BEHALF OF: CONAWAY, SHAWN
IN PAYMENT OF: MEDICAL SERVICES

pesNT-NR

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM PUR TO RED.

SCC * 000978
Safeco Insurance Companies
P.O. Box 461
Saint Louis, MO 63166-0461

Safeco InsuranceTM
A Liberty Mutual Company

The Northern Trust Company
Chicago, IL
Payable through Oakbrook Terrace, IL

17228569

CHECK DATE 70-2382
MAY 14, 2019 719

B Code 50-380 Claim No. 13A171210614

Voucher No. 1340113

\$ ****600.00

VOID IF NOT PRESENTED WITHIN SIX MONTHS OF ISSUE DATE OF CHECK

PAY SIX HUNDRED DOLLARS AND NO CENTS

TO THE ORDER OF

SHELBY COUNTY DIVE TEAM
PO BOX 326
SHELBYVILLE IL 62565-0326

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$500,000



ENBRIDGE (U.S.) INC.
1100 Louisiana Street
Suite 3300
Houston, TX 77002

BANK OF AMERICA NA
1315 LAKE COOK ROAD
NORTHBROOK, IL 60062
70-2328/719

Ch# 3020003859

DATE 2016 10 21
Y/A MM DJ

PAY *****One Thousand Dollars And 00 Cents

\$ *****1,000.00

USD Funds

TO THE ORDER OF SHELBY COUNTY
DIVE TEAM
PO BOX 326
SHELBYVILLE, IL 62565-0326
United States



⑈ 30 2000 38 59 ⑈



PAYMENT NO 1 01 872010 J
PAYMENT AMOUNT \$1,050.00
ISSUE DATE 11-08-2019
AUTHORIZED BY STONER, KEVIN
PHONE (855) 231-1590

CLAIM NO 13-B849-1P0
LOSS DATE 10-19-2019
POLICY NO 5915-901-13E
INSURED SHANKS, PETE & DANLEY, MARY

SHELBY COUNTY DIVE TEAM
PO BOX 326
SHELBYVILLE IL 62565-0326

START DATE 10-21-2019

BILL REFERENCE NO 10-21-19

REMARKS Shelby County Dive Team Tow Bill for \$1,050.00.

COVERAGE DESCRIPTION
COMPREHENSIVE

ON BEHALF OF
SHANKS, PETE & DANLEY, MARY

AMOUNT
1,050.00

RETAIN STUB FOR RECORDS

SHELBY COUNTY DIVE TEAM

Check Number 37358
Check Date Dec 16, 2019

Check Amount \$220.00

Item to be Paid - Description

Discount Take

Amount Paid

Charitable Contributions

220.00