My name is Lisa McHenry, and my husband, Jon, and I have owned and operated our small business in the Portland Metro Area since 1992. We reside in Happy Valley, District 024, represented by Rod Monroe, and District 048, represented by Jeff Reardon. We have a group health plan through PacificSource Health Plans, and offer 100% funded insurance benefits to all of our employees. We have four children, and in 2006, one of our children, Joseph, was diagnosed with autism. 2006 was the genesis of what has turned into 6 years of a constant struggle to access the benefits we pay for through our group health plan at PacificSource.

My landmark autism insurance case in Oregon, which was decided in federal court on September 28, 2010, established clear requirements for insurers to cover these medically necessary, evidence based treatments for autism. Unfortunately, PacificSource has continued to make it extremely difficult for us to provide consistent, on-going therapy for my son, due to their continued position of denying and/or delaying payment on our claims for ABA therapy. Since June of 2012, I've been working tirelessly through the internal appeals process, once again, with PacificSource. With no other remedy, I was forced to file another lawsuit against PacificSource in January of 2013, and just last week, on May 15, 2013 Clackamas County Circuit Court Judge Katherine E. Weber ruled in favor my favor in the 2nd Lisa McHenry v. PacificSource Health Plans ruling. It is true that now 2 judges have ruled that that under Oregon law PacificSource must cover ABA therapy.

We are speaking about real children, and I have attached a picture of our children to give you faces to the names I speak of. To give you an idea of how this has affected our family, our daughter Sofia (10) now constantly asks and worries about whether or not PacificSource is covering our son, Joseph's treatment, at any given time. There are many other things I had hoped for my 10 year old daughter to be concerned about, and this issue isn't one of them. Even though PacificSource would not pay for all the treatment prescribed by Joseph's pediatrician, and we could not afford what he needed, the intensive therapy we have been able to provide has done well for loseph (8). At times, he is indistinguishable among his peers. My husband and I often say we have no idea where would be today without the intensive ABA therapy he has received for the past 6 years. Our two youngest Preston (7) and Dominic (5) often ask me as we're driving in the car what's wrong and why I'm upset. Often I'm trying to figure out how to pay for therapy, or I'm feeling guilty that I'm taking something away from my other children by using the money we have to pay for Joseph's therapy, while I fight PacificSource to pay the claims. As much as I have tried to shield all of my children from the anguish and worry that comes with what we have been through, they are well aware of the toll it has taken on our family. What if you had to make a choice like that for your children, or were witness to that gut wrenching decision with your grand-children, niece, nephew, good friend or neighbor?

No family should have to endure the burden and circumstances my family has been subject to for the last 6 years, and continues to be subject to, in trying to obtain autism insurance coverage. My intent isn't to continue to initiate legal action against PacificSource, but will continue to do so if that's what it takes to fight for access to the benefits I pay for in premiums each month through PacificSource Health Plans.

It is my hope that you are moved and inspired enough to be a part of a change that is crucial in the future of our children and the state of Oregon. If insurance companies continue putting families through what they've put me through for 6 years, these children will require costly support from the state of Oregon. If these children received the treatment they need now, covered by health insurance, there is a much higher chance of them overcome some of the most debilitating aspects of autism.

I prepared a timeline below illustrating the history of McHenry v. PacificSource Health Plans.

Timeline of McHenry v. PacificSource Health Plans

- 2007-2008 PacificSource denied all of our claims for treatment for our son, we appealed and appealed with no success.

- 2008 we met the criteria for external review in the State of Oregon, we were denied the opportunity by the external review organization, Imedics, as well as the Oregon Department of Insurance. It was later discovered in litigation, that PacificSource had a business relationship with IMEDICS, a conflict of interest that was not disclosed to me when I was denied my right to external review.

- 2008 we filed a Federal lawsuit against PacificSource, and fought through a 2 ¹/₂ year emotionally and financially exhausting litigation. During this 30 month legal process, we continued paying \$2-3K per month, out of pocket, for our son's treatment, in addition to thousands of dollars in attorney's fees.

- On January 6, 2010, a federal judge stating that she believed our son's treatment is not experimental in nature, and that it is not excluded as academic based social skills training. However, there was one piece that resulted in a ruling against us. Judge Stewart found that our BCBA (Board Certified Behavior Analyst) was not an approved provider through the Oregon Department of Human Services, and she determined this is a requirement under our insurance policy, which follows part of Oregon statutory law.

- I succeeded in getting Joseph's provider enrolled as a DHS approved provider, and our attorney filed a Motion for Reconsideration to the court, which in turn was granted in April of 2010. Five months later, on September 28, 2010, the Judge Stewart, ruled in our favor. However, after a mere 4 weeks of following the judge's orders, PacificSource not only filed an appeal in the 9th Circuit Court of Appeals, but also decided to edit our group plan contract on our renewal date of November 1, 2010, and specifically excluded our provider.

- We found a new dual licensed provider, and even after PacificSource agreed to cover Joseph's treatment with his new LPC/BCBA from December 2010-September 2012, we had to spend well over \$12,000 in attorney's fees alone in 2011, to get PacificSource to agree to a "reasonable and customary" hourly rate to pay our new LPC/BCBA. PacificSource initially offered our non-contracted, out of network provider approximately 45% of her reasonable and customary hourly rate, which she was unable to accept as payment.

- In June of 2012 the battle with PacificSource ensued again. Denial after denial, I appealed and appealed and finally sued PacificSource, again, in small claims court, and just last week, on May 15, 2013 Clackamas County Circuit Court Judge Katherine E. Weber ruled in favor my favor in the second Lisa McHenry v. PacificSource Health Plans.

Thank you for your time and consideration.

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PROVIDER PROVIDER PROVIDER	\$121.52 \$121.52 \$243.04 \$121.52 \$121.52 \$121.52 \$243.04	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	#1720.000 \$335.000 \$335.000 \$335.000 \$335.000 \$335.000 \$335.000 \$335.000	\$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,71,4,77 \$273,48 \$273,48 \$273,48 \$273,48 \$273,48 \$273,48	\$4890.00 \$360.00 \$360.00 \$360.00 \$360.00 \$360.00		Provider is hot barticipating Provider is not participating Provider is not participating Provider is not participating	3292493 3292493 3292493 3292493 6292493	MillerVoği Jóanna L. MillerVoği Joanna L. Joanna L. MillerVoği Joanna L.	5/2/2012 5/4/2012 5/9/2012 5/1//2012	21300004300 21300004300 21300004300 21370005600 21370005600
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\$284.06 PROVIDER 5/13/2012	§ 135.94	\$0.00	\$35.00	\$0.00	\$319.06	\$420.00	4	Provider is not participating	3292085	Schaefer, Sarah L	4/30/2012	
\$284.06 PROVIDER 5/13/2012	\$135.94	\$0.00	\$35.00	\$0.00	\$319.06	\$420.00	4	Provider is not	3292085		4/26/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35.00	<u>\$0 00</u>	\$296.27	00:068\$	<u>0</u>	Provider is not	3292085	Schaefer, Sarah	4/24/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35,00	2000	\$296:27	\$390.00	ŝ	Provider is not	3292085		4/23/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35.00	\$0 00	\$296.27	00.065\$	3 <u>60</u>	Provider is not	3292085	Schaefer Sarah	4/17/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0:00	\$35.00	\$0.00	\$296.27	00.065\$	ito	Provider is not	3292085	Schaeler, Sarah	4/16/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35.00	00 0\$	\$296.27	00.065\$	10	Provider is not	3292085	Schaefer, Sarah	4/12/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35.00	\$0.00	\$296.27	\$330.00	t ⊡	parricipaung Provider is not	3292085	Schaefer, Sarah	4/10/2012	
\$261.27 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35.00	80.00	\$296:27	\$390.00	<u>10</u>	Provider is not	3292085	Schaeler, Sarah	4/9/2012	
\$352.43 PROVIDER 5/13/2012	\$157.57	\$0.00	\$35.00	\$0.00	\$387.43	\$510.00	17	Próvider is not	3292085	Schaeler Sarah	4/5/2012	
\$284.06 PROVIDER 5/13/2012	\$135.94	80.00	\$35.00	\$0.00	\$319.06	\$420.00	4	Provider is not	3292085	Schaefer, Sarah	4/3/2012	
\$261.271 PROVIDER 5/13/2012	\$128.73	\$0.00	\$35.00	20.03	\$296.27	00.006\$	6	Provider is not	3292085	Schaefer, Sarah	4/2/2012	121300039900
58238.48	\$121.52	\$0.00	\$35.00	\$0.00	\$276.48	\$360.00						claim Total
\$238.48 PROVIDER 5/6/2012	\$121.52	\$0:00	\$35:00	\$0.00	\$273.48	\$360.00	<u>N</u>	Provider is not participating	3292493	MillerVogl, Joanna L.	4/25/2012	121210013400
\$476.96	\$243.04	\$0.00	\$70.00	50.00 L	\$546.98	\$720.00	0.191 - 101 - 101 - 101					glaim Total
PROVIDER		0003	\$35.00	00 0\$	\$273.48	\$360.00	N	Provider is not participating	3292493	MillerVogl, Joanna L	4/20/2012	12116000700
Claim Total Paid Payment Payable To Date	Total Patient C Responsibility	Patient Responsibility	Patient Responsibility F	Patient Resposibility	Allowed Amount	Billed Amount	of Srvcs	Explanation Description	Provider ID	Provider Name	Date of Service	Slaim ID

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Service Date(s): 1/1/2012 to 12/20/2012 Member History Report





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claim total Paid	a a		· · · ·		- 1	1.11	\$284.06 PROVIDER	\$284 06 PROVIDER	\$306.85 PROVIDER	\$284.06 PROVIDER	\$261.27 PROVIDER	\$284.06 PROVIDER	\$284.06 PROVIDER		2572.5	\$329.64 PROVIDER	\$238.48 PROVIDER	\$56812	\$56.16 PROVIDER	\$56.16	\$284.06 PROVIDE	\$306.85 PROVIDER	\$261.27 PROVIDER	\$306.85 PROVIDER	\$147.32 PROVIDER	\$147.32 PROVIDER	\$147.32 PROVIDER	\$147.32 PROVIDER	
. Total Patient Cla							\$135.94	\$135.94	\$143.15	\$135.94	\$128.73	\$135.94	\$135.94		6 € ≵.d. [21]	\$150.36	\$121.52	\$271.88	\$63.84	\$68.84	\$135.94	\$148.15	\$128.73	\$14315	\$92.68	\$92.68	\$92.68	\$92.68	10 10 10
nsurance. Patient To						00.00	\$0:00	\$0:00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		80.00 T	\$0.00	\$0.00	\$0.00	\$0.00		\$0:00	\$0.00	\$0.00	\$0.00	\$0.00	80:00	\$0.00	\$0.00	
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Billed	\$420.001	\$420.00	00.0243	\$420.00	e vo		\$420.00	\$420.00	\$450.00	\$420.00	\$390.00	\$420.00	\$420.00		00.040.04	\$480.00	\$360.00	\$840.00	\$120.00	\$120.00	\$420.00	\$450.00	\$390.00	\$450.00	\$240.00	\$240.00	\$240,00	\$240.00	
tinits of	14	14	4	4	2		14	14	<u>a</u> :	14	13	14	14			16	12		4		14	21	13	15	:00	100	80	' Ø	
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Provider	Schaefer, Sarah	Schaeter Sarah	Schaefer, Sarah	Schaefer, Sarah	Crhaelar Sarah			Schaefer, Sarah	Schaefer, Sarah	Schaefer, Sarah	Schaefer, Sarah	Schaeler, Sarah	6/28/2012 Schaeler, Sarah			Miller Vogl, Joanna L			MillerVogl, Joanna I		Schaeler, Sarah	Schaefer, Sarah	Schaefer, Sarah	Schaefer Sarah	Schaeler Sarah	Schaeler Sarah	Schaeler, Sarah	Schaefer, Sarah	
Date of					6/12/2012			6/18/2012	6/19/2012	6/21/2012	6/25/2012	6/26/2012	6/28/2012			6/2//2012 MillerVog	6/29/2012		7/18/2012 Miller Vogl		7/2/2012	7/3/2012	7/5/2012	7/9/2012	7/12/2012	7/16/2012	7/17/2012	7/19/2012	C C L C L C C L
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		Date of	Provider		Explanation	Units of	Billed	Allowed	Deductible	Copay	Colinsurance Patient	Total Patient	Glaim Tota		Davment
Notice Sector Sector<	22480004900	a/10/01/0	sia.	ELEVICIEN	Description	SINCE			ates host billing	(Responsible for the second seco	Mugisuorsati	. Responsibility	DIGEAGE	56341	
014/6102 5mate 333036 Provise inc 14 56.00 55.00	00000000000	2102/01/0		269600	Provider is not barticipating	<u>۷</u>	00.0054	84.0.24	00.0%	00.654	\$0 . 09	\$121.52	\$238.48	<u> </u>	9/9/2012
(1) (1) <td></td> <td>8/14/2012</td> <td></td> <td>3292085</td> <td>Provider is not</td> <td>4</td> <td>\$420.00</td> <td>\$319.06</td> <td>\$0:00</td> <td>\$35.00</td> <td>20.00</td> <td>\$135.94</td> <td>\$284.06</td> <td></td> <td>9/9/2012</td>		8/14/2012		3292085	Provider is not	4	\$420.00	\$319.06	\$0:00	\$35.00	20.00	\$135.94	\$284.06		9/9/2012
6 (16)12 Distribution (series) Section (series) Distribution (series) Section (series		8/15/2012		3292085	Provider is not	υ	\$180.00	\$136.74	\$0.00	\$35.00	\$0:00	\$78.26	\$101.74	182.0	9/9/2012
82:0013 Stands Sector		8/16/2012		3292085	Provider is not	3	00.065\$	\$296.27	\$0.00	\$35,00	\$0.00	\$128.73	\$261.27		9/9/2012
additional consistence		8/21/2012	Schaefer, Sarah	3292085	Provider is not	o	\$270.00	\$205:11	\$0.00	\$35.00	\$0:00	\$99.89	\$170.11		9/9/2012
ar77613 Guades, Same Texade and same 14 Sector		8/23/2012		3292085	Provider is not	i C	\$390.00	\$296.27	\$0.00	\$35.00	\$0.60	\$128.73	\$261.27		9/9/2012
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100 1/12/2012 State <		9/7/2012		3292493	Provider is not	æ	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32		9/16/2012
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Solutaeler, Sarah 3292066 Participating 10 \$300 00 \$227.90 \$6000 \$35.00 \$6000 \$107.10 \$192.30 \$192.30 \$192.30 \$107.11 \$192.30 \$107.11 \$100.116 \$10 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.116 \$100.		9/6/2012		3292085	Provider is not	ŋ	\$270.00	\$205.11	\$0.00	\$35.00	\$0:00	68.66\$	\$170.11		10/7/2012
L Schaeler. Sarah 3292085 Provider is not perticipating 5 \$50.00 \$205.11 \$60.00 \$35.00 \$50.00 \$170.11 PROVIDER 1 Schaeler. Sarah 3292085 Provider is not 9 \$270.00 \$205.11 \$0.00 \$35.00 \$50.00 \$50.01 \$50.00 <td< td=""><td></td><td>9/10/2012</td><td></td><td>3292085</td><td>Participating</td><td>0</td><td>\$300.00</td><td>\$227.90</td><td>\$0.00</td><td>\$35.00</td><td>\$0.00</td><td>\$107.10</td><td>\$192.90</td><td></td><td>10/7/2013</td></td<>		9/10/2012		3292085	Participating	0	\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90		10/7/2013
Charafer Saration		9/11/2012	L. Schaefer, Sarah	3292085	Provider is not	100	\$270.00	\$205.11	\$0.00	\$35.00	<u>\$0.00</u>	000000000000000000000000000000000000000	\$170.11		10/7/01
Control Social		9/1 9/01:2	L Schaatar Sarah	2202085	Darticipating	C	0000404	÷ ucce) 3() 11	- 1 A A A A A A A A A A A A A A A A A A	202110
Schweler, Sarah 3332085 Provider is not 9 \$227.000 \$206.11 \$0.000 \$355.00 \$50.00 \$107.10 \$107.10 \$197.011 PROVIDER 1 Schaeler, Sarah 3.322085 Provider is not 10 \$300.00 \$227.90 \$0.00 \$355.00 \$107.10 \$197.01 PROVIDER 1 Schaeler, Sarah 3.232085 Provider is not 9 \$207.00 \$205.11 \$0.00 \$555.00 \$50.00 \$107.10 \$197.01 PROVIDER 1 Schaeler, Sarah 3.232085 Provider is not 9 \$270.00 \$205.11 \$0.00 \$55.00 \$0.00 \$107.10 \$197.011 PROVIDER 1 Schaeler, Sarah 3.232085 Provider is not 9 \$205.11 \$0.00 \$35.00 \$50.00 \$50.00 \$50.00 \$170.11 PROVIDER 1 Later Sarah 3292085 Provider is not 9 \$2770.00 \$205.11 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00 \$50.00					participating	0			nnine	00.004	DO:D&	50.55 50.55 70.45	LT.0/L\$		10/7/2012
Schaeler, Sarah 3232085 Provider is not 10 \$300.00 \$277.90 \$0.00 \$35.00 \$107.10 \$1322.60 \$177.110 \$1322.60 \$FCVIDER L Schaeler, Sarah 3232085 Provider is not 9 \$277.000 \$205.11 \$60.00 \$355.00 \$50.00 \$170.11 \$FROVIDER Schaeler, Sarah 3232085 Provider is not 9 \$277.000 \$205.11 \$0.00 \$355.00 \$50.00		9/17/2012		3292085	Provider is not participating	თ	\$270.00	\$205.11	80.00	\$35 00	\$0:00	68:66\$	\$170.11		10/7/2012
Schaeler, Sarah 3392085 Provider is not 9 \$275.00 \$205.11 \$6.00 \$355.00 \$5.00 \$170.11 PROVIDER Chaeler, Sarah 3392085 Provider is not 9 \$277.000 \$205.11 \$5.000 \$599.89 \$170.11 PROVIDER Schaeler, Sarah 3392085 Provider is not 9 \$277.000 \$205.11 \$50.00 \$535.00 \$50.00 <td></td> <td>9/18/2012</td> <td>and the second second</td> <td>3292085</td> <td>Provider is not</td> <td></td> <td>\$300:00</td> <td>\$227.90</td> <td>\$0.00</td> <td>\$35.00</td> <td>\$0.00</td> <td>\$107,10</td> <td>\$192.90</td> <td>A 1 1</td> <td>10/7/2012</td>		9/18/2012	and the second second	3292085	Provider is not		\$300:00	\$227.90	\$0.00	\$35.00	\$0.00	\$107,10	\$192.90	A 1 1	10/7/2012
Schaeler. Sarah 3292085 Provider is not 9 \$270.00 \$205.11 \$0.00 \$35.00 \$0.00 \$35.00 \$170.11 FROVIDER L Darticipating 9 \$277.00 \$205.11 \$0.00 \$35.00 \$0.00 \$35.00 \$170.11 FROVIDER L Darticipating 9 \$277.00 \$205.11 \$0.00 \$35.00 \$0.00 \$170.11 FROVIDER L Scoole \$202.085 Provider is not 9 \$277.00 \$35.00 \$0.00 \$170.11 FROVIDER Chaeler, Sarah 3292.085 Provider is not 10 \$200.00 \$227.90 \$0.00 \$35.00 \$100.00 \$107.10 <td></td> <td>9/19/2012</td> <td></td> <td>3292085</td> <td>Provider is not</td> <td>ion Ion</td> <td>\$270.00</td> <td>\$205.11</td> <td>\$0.00</td> <td>\$35.00</td> <td>\$0.00</td> <td>68.66\$</td> <td>\$170.11</td> <td>a na straite</td> <td>10/7/2012</td>		9/19/2012		3292085	Provider is not	ion Ion	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	68.66\$	\$170.11	a na straite	10/7/2012
Schaeler. Sarah 3292085 Provider in M 9 \$205.11 \$0.00 \$35.00 \$0.00 \$0.00 \$170.11 PROVIDER L Darticipating 9 \$205.01 \$205.11 \$0.00 \$35.00 \$0.00 \$170.11 PROVIDER Chaeler. Sarah 3292085 Provider is not 10 \$300.00 \$227.90 \$0.00 \$0.00 \$100 <td></td> <td>9/20/2012</td> <td></td> <td>3292085</td> <td>Provider Is hot</td> <td>တ</td> <td>\$270:00</td> <td>\$205.11</td> <td>\$0.00</td> <td>\$35.00</td> <td>\$0.00</td> <td>68.66\$</td> <td>\$170.11</td> <td>Na L</td> <td>10/7/2012</td>		9/20/2012		3292085	Provider Is hot	တ	\$270:00	\$205.11	\$0.00	\$35.00	\$0.00	68.66\$	\$170.11	Na L	10/7/2012
Schaefer, Sarah 3292085 Provider is not 10 \$300.00 \$227.90 \$0.00 \$227.90 \$0.00 \$25.00 \$35.00 \$107.10 \$107.10 \$107.10		9/24/2012		3292085	Provider is not	0)	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.66	\$170.11		10/7/2012
		9/25/2012		3292085	Provider is not	0	\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90	PROVIDER	10/7/2012

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Payment Date Date 10/7/2012		10/7/2012		10/21/2012	10/21/2012		10/28/2012	10/28/2012	10/28/2012		10/28/2012	10/28/2012		11/11/2012		11/11/2012		11/11/2012		12/2/2012		12/2/2012	12/2/2012		12/2/2012
Pald To PROVIDER			2000 1008 1008 1008 1008 1008 1008 1008	PROVIDER	PROVIDER		PROVIDER	\$170.11 PROVIDER	PROVIDER		PROVIDER	PROVIDER				PROVIDER		PROVIDER		PROVIDER		PROVIDER	PROVIDER		PROVIDER
Claim Total Pavable \$170.11	\$2:109.68	\$0.0 0	\$0.00	\$238.48	\$238.48	\$476.96	\$170.11	\$170.11	\$56.16	\$396.38	\$56.16	\$238,48	\$294.64	00.0 \$	\$0.0¢	\$238.48	\$238.48	\$238.48	\$238.48	\$147.32	\$147.32	\$238.48	\$238.48	\$476.96	\$284.06
Total Patlent Responsibility \$99.89	5 (13) (3) (3)	\$360.00	\$360.00	\$121,52	\$121.52	\$243.04	68.66\$	68.66\$	\$63.84	\$263,62	\$63:84	\$121.52	\$185.36	\$480.00	\$480,00	.5121.52	\$121,62	\$121.52	\$121.52	\$92.68	892.68	\$12152	\$121,52	\$243.04	\$135.94
Coinsurance: Patlent Responsibility \$0.00	5000 \$ SW	\$0.00	\$0:00	00.03	\$0.00	\$0.00	00:0\$	\$0.00	\$0:00	50.00	\$0.00	\$0:00	2000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	20000 80000	\$0:00	\$0.00	\$0.00	 \$0.00 	\$0.00
Copay. Pellent Responsibility	\$420.00	\$0.00	\$0.00	\$35.00	\$35.00	\$70.00	\$35,00	\$35.00	\$35.00	\$105.00	\$35.00	\$35.00	\$70.00	\$0.00 8	20.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35:00	00353	\$35.00	\$35.00	\$70.00	\$35.00
Deductble Pallent Resposibility \$0:00	50.00 E	90 .00	00.04	\$0.00	00.08	00.0 3	\$0.00	<u>\$0.00</u>	20.03	2000	\$0:00	\$0.00	\$0,00 S	00.08	1 1 SO 00	\$0.00	00'0\$	\$0:00	20:00	\$0.00	20.00		\$0.00	\$0:00	\$0.00
Allowed Amount \$205.11	\$2 529,692	\$0.00	\$0.00	\$273.48	\$273.48	\$546.96	\$205.11	\$205.11	\$91.16	\$501.38	\$91.16	\$273.48	\$364.64	\$0.00	\$0'D0	\$273.48	\$273.46	\$273.48	\$273.48	\$182.32	\$182.32	\$273.48	\$273,48	\$546.96	\$319.06
Billed Amount \$270:00	\$5,660,00	\$360.00	\$360 DD	\$360.00	\$360.00	\$720.00	\$270.00	\$270.00	\$120.00	\$660.00	\$120,00	\$360.00	\$480.00	\$480.00	\$480.00	\$360.00	\$360.00	\$360.00	\$360.00	\$240.00	\$24D.00	\$360.00	\$360.00	\$720.00	\$420.00
Uhlts of Sives		-12		2	2		о	6	4	の時間に	4	(<u>()</u>		9 9				12	egra 18. 1 2. d 19. d	00		12	<u>ev</u>		14
	participating	Provider not leligible		Provider is not participating	Provider is not participating		Provider is not	Provider is not	Provider Is not	n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Provider is not	Participating		Provider not leligible		Provider is not participating		Provider is not participating		Provider is not participating		Provider is not	Provider is not		Provider is not participating
Providiat B		324267.7		3292493	3292493		3292085	3292085	3292085		3292493	3292493		3340989		3292493		3292493		3292493		3292493	3292493		3292493
Provider Name Schaeler, Sarah		9/19/2012 Fischer, Jenny		/ MillerVogl Joanna L.	10/3/2012 [Miller Vogl, Joanna L		2 Schaefer, Sarah	Schaefer, Sarah	2 Schaefer, Sarah		10/16/2012 MilierVogl,	0/17/2012 MillerVogl.		10/16/2012 Fischer, Jenny		10/24/2012 MillerVogl. Joanna L		10/31/2012 [MillerVog]. Joanna L		11/2/2012 [WillerVog , Joanna L.		11/7/2012 [MillerVog], Idana I	11/9/2012 MillerVog Joanna L		.11/14/2012 [MillerVog]. Joanna L.
Date of Service 9/27/2012		9/19/2012		9/26/2012	10/3/2012		10/1/2012	10/2/2012	10/8/2012		10/16/201:	10/17/201:		10/16/201.		10/24/201		10/31/201:		1.1/2/2012		11/7/2012	11/9/2012		11/14/201:
Glaim ID 122750008700	Claim Total	127181314900	Claim Total	122920044500		Claiṁ Total	122890022100			Olaim Total	122980011000		Claim Total	123110012200	Claim Total	123110012500	Olaim Total	123110032600	Galm Total	123110032800	Claim Total	123170024100		Claim: Total	123260009200

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Payment Date	12/2/2012	12/2012	12/9/2012	12/9/2012	12/9/2012		12/30/2012	12/30/2012		1/6/2013	15-2 15-2 15-27 15-27	1/6/2013	1/6/2013		1/6/2013		1/6/2013	1/6/2013	
Pirate Pirate Stat	PROVIDER	PROVIDER	PROVIDER	PROVIDER	PROVIDER			PROVIDER		FROVIDER		PROVIDER	PROVIDER		PROVIDER		PROVIDER	PROVIDER	
elaim riota Payable \$284.05 \$0.00	\$160.36	\$180,86 \$133.70	\$133.70 \$238.48	\$238.48 \$238.48	\$147.32	\$385.80 *****	\$325.00	\$325,00	S855.00	\$238.48	\$238.48	\$238.48	\$192.90	\$431.38	\$160.65	\$160.65	\$192.90	\$147.32	\$340.22
total Patlent Responsibility \$185:94 \$420.00	\$14 \$79.14	\$73.14 \$113:80	\$113.80 \$121.52	\$121.52 \$121.52	\$92,68	\$214.20 #56.00	\$35.00	235.00	5 (02)00	\$121.52	\$121.52	\$121.52	\$107.10	9228.62	\$35.00	\$35.00	\$107.10	\$92.68	\$133.78 8133.78
Collisurance Patient fresponsibility \$0.00 \$0.00	\$0.00 \$40.22	\$33.42	\$33.42 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00 0.00 0.00 0.00	\$0.00	\$0.00	\$000	\$0.00	80.00	\$0.00	00:0\$	80'08	\$0.00	00:0\$	\$0:00	\$0.00	\$000
Copay Fatlent Hesponstigtility SS5, 90 S35, 90	\$35.00 \$35.00	\$35.00 \$35.00	\$35.00 \$35.00	\$35.00 \$35.00	\$35.00	\$70.00 ese ool	\$35.00	\$35.00	\$105.00	\$35:00	\$35,00	\$35.00	\$35.00	00'02\$	\$35.00	\$32.00	\$35.00	\$35.00	\$70.00
Deductible Patient Resposibility \$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0 ,00 \$0.00	00.0 \$	(1000) 1000 10000	\$0.00	00 0\$	\$0.00	\$0:00	80.00	\$0.00	\$0.00	00 ⁰ 00	\$0.00 \$	\$0,00	\$0.00	20.00	\$0 00
Allowed Amount \$319.06	\$236.08	\$236.08 \$202.12	\$202 12 \$273.48	\$273.48 \$273.48	\$182.32	\$455.80 \$240.00	\$360:00	\$360.00	\$960,00	\$273.48	\$273.48	\$273.48	\$227.90	\$501.36	\$195:65	\$195.65	\$227,90	\$182.32	\$410.22
Billet Amount \$420.00	\$240.00 \$240.00	\$247.50 \$247.50	\$360.00	\$360.00	\$240.00	\$600.000 *****	\$360.00	\$360.00	\$960.00	\$360.00	\$360.00	\$360.00	\$300.00	\$660.00	\$236.00	\$236.00	\$300.00	\$240.00	\$540.00
Units Sives	-		ot 12	of 12	ot B	ο 10 ο 10 ο 10 ο 10 ο 10 ο 10 ο 10 ο 10	<u>⊳</u>	<u>N</u>		5 12		31.4 W . A . BITEZO	ot 10		Fee 1		ot 10	8	
Explanation Description Provider not	Provider is not	Provider is not participating	Provider is not participating	Provider is not	Provider is not participating	Mástisl fac	Manual fee	calculation Manual fee calculation		Provider is not participating		Provider is not participating	Provider is not participating		NetworX Std Fee Sched		Provider is not	Provider is not participating	
. <mark></mark>	3097328	3097328	3292493	3292493	3292493	2305200	3293290	3293290		3292493		3292493	3292493		3055671		3292493	3292493	
Date of Provider Service Name 11/14/2012 Fischer, Jenny	11/12/2012 Garter, Leslie E.	11/20/2012 Carter, Leslie E.	11/21/2012 MillerVogl, Joanna L	11/29/2012 [MilerVog],	11/30/2012 MilerVogl	12 Have Emily	012 Hoyt, Emily	Z/12/2012 Heyt, Emily		12/6/2012 MillerVogl, Joanna L		2/13/2012 MillerVog Joanna L	2/14/2012 [MillerVog], Joanna L		012 Shah, Rupa K.		2/20/2012 (Miller Vogl, Icanna I	2/21/2012 [MillerVog], Joanna L	
	E.S.				11/30/2	0 19/2015		12/12/2					12/14/2		0 12/3/2012			12/21/2/	
Claim (10 Claim 10tai 123340001300	Clain Total 127216365000	Glain Total 127217436800	Glaim Foral 123380000100	Claim Total 123380040900		Claim Total			Glain Total	12352000400	Glaim Total	123520044200		Claim Total	127227983700	Olaim Total	130020013300		Claim Total

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claim ID	Date of Service	Date of Provider Service Name	Provider ID	Explanation Description	Units of Sives	Billed Amount	Allowed Amount B	Deductible: Patent Resposibility	Copay: Patient Responsibility E	Colhsurance: Patient Tesponsibility	Total Patient Responsibility	Claim Total Pavable	Paid To	Payment Date
137007570100	12/19/2012	Hoyt, Emily	3293290	Provider not eticible	σ	\$360.00		\$0.00	\$0.00	\$0,00	\$720:00	20:00		1/20/2013
	12/27/2012	2/27/2012 Hoyt, Emily	3293290	Not Assigned	e	\$360.00	20.00	\$0,00	200.02	\$0.00	\$0.00	\$0:00		1/20/2013
Glaim Total						\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$720.00	\$0'00 \$		
137007570101	12/19/2012	2/19/2012 Hoyt, Emily	3293290	Manual fee calculation	-0	\$0.00	\$360.00	\$0:00	\$35.00	00.04	(\$685.00)	\$325.00 PF	PROVIDER	2/10/2013
	12/27/2012	2/27/2012 Hoyt, Emily	3293290		0	\$0.00	\$360.00	\$0:05	\$35.00	\$0.00	\$35.00	\$325.00 PF	PROVIDER 2	2/10/2013
Claim Total						00 0\$	\$720.00	\$0.00	\$70.00	\$0.00	(\$\$50,00)	\$650.00	loko Mari Desi	ar og Gestigt Gestigt Gestigt
123110012201	10/16/2012	10/16/2012 Fischer, Jenny	3340989	Provider is not participating	0	\$0.00	\$ 364.64	20.00	\$35.00	\$65.03	(\$263.71)	\$263.711 PF	PROVIDER	2/17/2013
Claim Total						\$0.00	\$384.64	\$0.00	\$35.00	\$66.93	(\$283.71)	\$263.71		
123340001301	11/14/2012	11/14/2012 Fischer, Jenny	3242677	Provider is not participating	0	\$0:00	\$319.06	\$0:00	\$35.00	\$56.81	(\$227.25)	\$227.25 PF	PROVIDER 2	2/17/2013
Claim Total						\$0.00	\$313-06	\$0.09	\$35.00	\$56.81	(\$287.25)	\$227.25		
127113466901	6/8/2012	6/8/201.2 Fischer, Jenny	3340989	Provider is not participating	0	\$0.00	\$297.12	\$0.00	\$35:00	\$52.42	(\$209.70)	\$209.70 PROVIDER		2/17/2013
Olaim.Total						\$0.00	\$297.12	\$0.00	\$35.00	\$52.42	(02,602\$)	\$209.70		
127134303901	7/9/2012	7/9/2012 Fischer, Jenny	3340989	Provider is not participating	:0	\$0:00	\$281.36	\$0.00	\$35.00	\$49.28	(\$197.08)	\$197.08 PF	PROVIDER 2	2/17/2013
Ólaim Totai						\$0.00	\$261.36	\$0.00	\$35.00	\$49.28	(\$197,08)	\$197,08		
1127156326401	8/15/2012	8/15/2012 Fischer, Jenny	3340989	Provider is not participating		00:0\$	\$273.48	\$0.00 \$0.00	\$35.00	\$47.70	(\$190.78)	\$190.78 PF	PROVIDER	2/17/2013
Glaim Total					natio Solos Solos Solos	\$0.00	\$273.48	\$0.00	\$35.00	\$47,70	(\$190.78)	\$190.78		
127181314901	9/19/2012	9/19/2012 Fischer, Jehny	3242677	Provider is not participating	0	\$0.00	\$273.48	\$0.00	\$35.00]	\$47.70	(\$190.78)	\$190.78 PF	PROVIDER	2/17/2013
Claim Total						\$0,00	\$273.48	500000	2000 2000 2000	54770 5	(\$19078)	\$190.78		

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\$46,990.46

\$23,445,33

\$448.97

\$6,325.00

90/0S

\$72,931.10 \$54,264.43

Grand Total:



Member History Summary - Paid/Denied Claims

Meniloei. Menik/Xenr Dairi	Billod Amount	Allonnad Amount Read			
2/2012				83,093.55	56,283.73
3/2012	\$6,240.00	\$4,740.32	\$0:00	\$2,059.68	\$4,180.32
4/2012	\$6,804.00	\$5,162.85	\$0.00	\$2,223.41	\$4,532.85
5/2012	\$6,690.00	\$5,082.17	80.00	\$2,202.83	\$4,487.17
6/2012	\$9,749.60	\$5,751.26	\$0.00	\$2,450.04	\$5,046.04
7/2012	\$6,558,00	\$4,715.72	\$0.00	\$2,298.16	\$4,190.72
8/2012	\$7,586.00	\$5,220.73	\$0.00	\$3,013.41	\$4,520.73
9/2012	\$6,420.00	\$4,877.06	\$0.00	\$2,207.94	\$4,212.06
10/2012	\$5,550.00	\$3,942.67	\$0.00	\$2,272.33	\$3,277.67
11/2012	\$1,200.00	\$546.96	\$0.00	\$723.04	\$476.96
12/2012	\$4,207.50	\$3,175.82	\$0.00	\$1,525.32	\$2,682.18
1/2013	\$2,516.00	\$1,380.73	\$0.00	\$1,304.92	\$1,170.73
2/2013	\$0.00	\$2,529.14	\$0.00	(\$1,929.30)	\$1,929.30

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\$46,990.46

\$23,445.33

00 O\$

\$54,264.43

\$72,931.10

Total Amounts:



Report Parameters:	Parameter Values:
Olaim Status	Paid/Denied Claims Only
Member Script History Pharmacy Report	No
Member Pharmacy History Report	Yes
Member History Claims Report - CPT & Dx Codes No	N
Member History Claims Report - Detail	Yes
History Summary Report	Yes
Member Number	
Service Date Start	
Service Date End	
Claim Number	~All
Claim Type	Both

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