

Statement date: 06/03/2026

Member: Maria L. Santos | Member ID: VCH 482 190 337 | GRP 70215

Patient: Maria L. Santos | DOB 04/17/1988 | Plan: Valley Crest PPO Choice 1500

Maria L. Santos

2418 Palmetto Ridge Dr

Tampa, FL 33612

SUMMARY OF CLAIMS PROCESSED (5 claims, dates of service 03/12/2026 - 05/12/2026)

Total billed by providers	\$16,910.00	Deductible (individual)	\$1,500.00
Plan discount (network savings)	\$8,830.00	Deductible met	\$1,500.00
Allowed amount	\$8,080.00	Out-of-pocket max	\$6,000.00
Plan paid	\$5,264.00	Out-of-pocket met	\$2,816.00
Total you may owe providers	\$2,816.00		

CLAIM 1: Bayview Emergency Medical Services

Date(s) of service: 03/12/2026

Procedure codes: A0427, A0425

Amount billed	Plan discount	Allowed amount	Deductible	Coinsurance 20%	Plan paid
\$1,150.00	\$530.00	\$620.00	\$620.00	\$0.00	\$0.00

YOU MAY OWE THIS PROVIDER: **\$620.00**

CLAIM 2: St. Anselm Regional Medical Center

Date(s) of service: 03/12/2026

Procedure codes: 99284, labs, CT tech.

Amount billed	Plan discount	Allowed amount	Deductible	Coinsurance 20%	Plan paid
\$8,420.00	\$4,440.00	\$3,980.00	\$880.00	\$620.00	\$2,480.00

YOU MAY OWE THIS PROVIDER: **\$1,500.00**

Continued on next page. Claims are listed in order of date of service.

CLAIM 3: Lakeside Radiology Associates, P.A.

Date(s) of service: 03/12/2026

Procedure codes: 72125-26, 72131-26

Amount billed	Plan discount	Allowed amount	Deductible	Coinsurance 20%	Plan paid
\$1,480.00	\$770.00	\$710.00	\$0.00	\$142.00	\$568.00

YOU MAY OWE THIS PROVIDER: \$142.00

Line detail - CLAIM 3

DOS	CODE	SERVICE	BILLED	ALLOWED	PLAN PAID
03/12/2026	72125-26	CT cervical spine w/o contrast - prof. interpretation	\$620.00	\$298.00	\$238.40
03/12/2026	72131-26	CT lumbar spine w/o contrast - prof. interpretation	\$860.00	\$412.00	\$329.60

Billing provider: Lakeside Radiology Associates, P.A. NPI 1730 555 019 Place of service: 23 (Emergency Room)
Facility: St. Anselm Regional Medical Center | Claim received: 04/22/2026 | Processed: 05/20/2026

CLAIM 4: Harbor Imaging Center

Date(s) of service: 03/28/2026

Procedure codes: 72148, 72141

Amount billed	Plan discount	Allowed amount	Deductible	Coinsurance 20%	Plan paid
\$3,100.00	\$1,650.00	\$1,450.00	\$0.00	\$290.00	\$1,160.00

YOU MAY OWE THIS PROVIDER: \$290.00

Continued on next page.

CLAIM 5: Coastal Physical Therapy & Rehab

Date(s) of service: 04/02-05/12/2026

Procedure codes: 97110, 97140 x12

Amount billed	Plan discount	Allowed amount	Deductible	Coinsurance 20%	Plan paid
\$2,760.00	\$1,440.00	\$1,320.00	\$0.00	\$264.00	\$1,056.00

YOU MAY OWE THIS PROVIDER: \$264.00

Line detail - CLAIM 5 (12 visits, 2 units each)

Visit dates: 04/02, 04/07, 04/09, 04/14, 04/16, 04/21, 04/23, 04/28, 04/30, 05/05, 05/07, 05/12

Allowed \$110.00 per visit. Remark code N130: consult plan benefit documents for coverage limits (visit limit 30 per year).

IMPORTANT INFORMATION

If you have other insurance, including auto (PIP / MedPay), please notify Member Services at 1-800-555-0190. Valley Crest may seek reimbursement from a third party if you receive a settlement related to these claims (subrogation). Please contact us before settling any claim that relates to these services.

HOW TO APPEAL: You have 180 days from the date of this EOB to file an appeal. Write to Valley Crest Health Plan, Appeals Dept., PO Box 30500, Columbus, OH 43230, or call 1-800-555-0190.

This is not a bill. Providers may bill you for your share. Compare this EOB to bills you receive from providers. If a provider in your records is not listed here, or a bill is missing, contact the provider's billing office.