MIO-46147

C23 AIG OLA JUN 16 2009

Bank of America Higher Standards

Bank of America Direct

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[redacted] THIS DOCUMENT CONTAINS A CUSTOM COLORED BACKGROUND OF A SECURITY FEATURE

SOUTHERN AND INDUSTRY INSURANCE CO. AC-11301054 Check No.: 29620395 11/25/2009

00392058 Claim No.: 00481474
ORG: 3199.00 ACT: MEHL00011436 122607-011608

PAY **TWO THOUSAND ONE HUNDRED FIFTY NINE DOLLARS AND **82 CENTS**

TO THE ORDER OF FIRST WELLNESS CENTER
10100 BEACHNUT STE 110
HOUSTON
TX 77042

710 Pay **********$2,159.82
VOID AFTER NINETY DAYS

BANK OF AMERICA
HARTFORD CT

AUTHORIZED SIGNATURE

⑈29620395⑈ ⑆011900445⑆ 52081⑈ ⑈0000215982⑈

Reference # for verification

021096503
Compass Bank
Birmingham, AL
01/05/09 ⑆062001186⑆

Check Info	
Account:	52081
Amount:	2,159.82
Check #:	29620395
Posted Date:	01/06/2009

Electronic Endorsements	
01/06/2009	BANK OF AMERICA, NA
R/T:	11300016
Seq #:	008692389738
01/05/2009	COMPASS BANK (BOFD)
R/T:	62001186
Seq #:	12096503

BOFD - Bank of First Deposit

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663074

AIG

EXPLANATION OF REVIEW

PROVIDER COPY

S513 EOR14 9500
PAGE 01

INVOICE #: 0929003079

AIG Domestic Claims, Inc.
P.O. BOX 25975
SHAWNEE MISSION KS 66225

CLAIMANT NAME: MERCADO LUIS A
CONTROL #: 26082780245804
CLAIM NUMBER: 7104614740000
BILL ID: AEDI10042008012100022
DATE OF INJURY: 11/27/2007
ADJUSTER #: S513
DATE RECEIVED: 12/23/2008
DATE PROCESSED: 04/29/2009
SSN:
PATIENT ACCT#: MERLU0001561
EMPLOYER NAME: BLUEWATER CONSTRUCTORS, INC.

PROVIDER:
AMARA TEA DC
10100 BEECHNUT ST
STE 110
HOUSTON TX 77072

PROVIDER TAX ID: 421552713

DATES OF SERVICE	BILLED PROC CD	PAID PROC CODE	UNITS	BILLED CHARGES	FEE SCHEDULE OR CUSTOMARY	RECOMMENDED ALLOWANCE	REASON CODES
04/01/2008		97035	2.00	70.00	31.30	31.30	1
04/01/2008		97110	2.00	70.00	70.00	70.00	1
04/01/2008		97112	2.00	70.00	70.00	70.00	1
04/01/2008		97140	2.00	100.00	70.74	70.74	1
04/01/2008		99204	1.00	200.00	196.06	196.06	1
04/07/2008		97035	2.00	70.00	31.30	31.30	1
04/07/2008		97110	2.00	70.00	70.00	70.00	1
04/07/2008		97112	2.00	70.00	70.00	70.00	1
04/07/2008		97140	2.00	100.00	70.74	70.74	1
04/08/2008		97032	2.00	56.00	44.02	44.02	1
04/08/2008		97110	2.00	70.00	70.00	70.00	1
04/08/2008		97112	2.00	70.00	70.00	70.00	1
04/08/2008		97140	2.00	50.00	50.00	50.00	1
04/09/2008		97110	2.00	70.00	70.00	70.00	1
04/09/2008		97112	2.00	70.00	70.00	70.00	1
04/09/2008		97140	3.00	150.00	106.11	106.11	1
04/09/2008		97530	2.00	70.00	70.00	70.00	1
04/17/2008		97032	2.00	56.00	44.02	44.02	1
04/17/2008		97110	2.00	70.00	70.00	70.00	1
04/17/2008		97112	2.00	70.00	70.00	70.00	1
04/17/2008		97140	2.00	100.00	70.74	70.74	1
04/17/2008		97530	1.00	35.00	0.00	0.00	2
04/17/2008		99213	1.00	54.00	54.00	54.00	1
04/18/2008		97110	2.00	70.00	70.00	70.00	1
04/18/2008		97112	2.00	70.00	70.00	70.00	1
04/18/2008		97140	2.00	100.00	70.74	70.74	1
04/18/2008		97530	1.00	35.00	0.00	0.00	2
04/24/2008		97032	2.00	56.00	44.02	44.02	1
04/24/2008		97110	2.00	70.00	70.00	70.00	1
04/24/2008		97112	2.00	70.00	70.00	70.00	1
04/24/2008		97140	2.00	100.00	70.74	70.74	1
04/25/2008		97035	2.00	70.00	31.30	31.30	1
04/25/2008		97110	2.00	70.00	70.00	70.00	1
04/25/2008		97112	2.00	70.00	70.00	70.00	1
04/25/2008		97140	3.00	150.00	106.11	106.11	1
05/01/2008		97110	2.00	70.00	70.00	70.00	1
05/01/2008		97112	2.00	70.00	70.00	70.00	1
05/01/2008		97140	2.00	100.00	70.74	70.74	1
05/01/2008		97530	1.00	35.00	0.00	0.00	2
05/05/2008		97032	2.00	56.00	44.02	44.02	1
05/05/2008		97110	2.00	70.00	70.00	70.00	1
05/05/2008		97112	2.00	70.00	70.00	70.00	1
05/05/2008		97140	2.00	100.00	70.74	70.74	1
05/05/2008		99204	1.00	200.00	196.06	196.06	1

DIAGNOSIS:
7234 BRACHIAL NEURITIS OR RADICULITIS NOS
7244 THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED
9249 CONTUSION OF UNSPECIFIED SITE

TOTAL	CONTINUED			

AIG

EXPLANATION OF REVIEW

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S513 EOR14 9500
PAGE 02

INVOICE #: 0828003079

AIG Domestic Claims, Inc.
P.O. BOX 25975
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PROVIDER:
AMARA TEA DC
10100 BEECHNUT ST
STE 110
HOUSTON TX 77072

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BILL ID: AEDI1004200801210022

DATE OF INJURY: 11/27/2007

ADJUSTER #: S513
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DATE PROCESSED: 04/29/2009

SSN:
PATIENT ACCT#: MERLU0001561
EMPLOYER NAME: BLUEWATER CONSTRUCTORS, INC.

PROVIDER TAX ID: 421552713

DATES OF SERVICE	BILLED PROC CD	PAID PROC CODE	UNITS	BILLED CHARGES	FEE SCHEDULE OR CUSTOMARY	RECOMMENDED ALLOWANCE	REASON CODES
9400 CHEMICAL BURN OF EYELIDS AND PERIOCULAR AREA							
1 -(W1) Workers Compensation State Fee Schedule Adjustment							
2 -(23)The impact of prior payer(s) adjudication including payments and/or adjustments.							
* -Any request for reconsideration of this workers' compensation payment should be accompanied by a copy of this explanation of review. (Z656)							
* -Section 413.042 of the Texas Labor Code prohibits a provider from balance billing an injured worker for workers' compensation compensable services except care described under Section 1305.006 of the Insurance Code. (Z348)							
* -As of July 1, 2005 AIG Claim Services has changed the address to which you should mail medical bills and reconsideration requests. Please direct this mail to P.O. Box 25975, Shawnee Mission, KS 66225. (Z658)							
TOTAL				3513.00	2943.50	2943.50	

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RECOMMENDED AMOUNT	2943.50
PREVIOUSLY PAID AMOUNT	0.00
NEGOTIATED DISCOUNT	0.00
PAYABLE AMOUNT	2943.50

PROVIDER INQUIRIES: Please call (913) 495-3191

Paid 05-04-09
CK# 934798