

FRAUDSNIFFR

Medical Records Cover Page

Client:	Comprehensive Risk Services
Requester:	Kellie Hanna
Claim #:	565764
Case #:	112060OT-02
Patient's Name:	Terresa Slocum
Date of Birth:	8/28/1963

Our office was contacted and requested to secure records for the above-referenced patient from the following facility:

Dr./Facility:	Mid-Michigan Radiology Associates
Dr./Facility:	
Address:	
City/State/Zip:	
Telephone:	
Request Date:	October 24, 2024
Date Cleared:	November 8, 2024

Special Instructions:

Obtain medical records based on canvass result.



Open MRI

Mt. Pleasant

211 South Crapo, Suite H
Mt. Pleasant, MI 48858
989-953-6736
Fax 989-953-7554

NAME:	Slocum, Teresa	DOB:	28-Aug-1963
ACCOUNT NO:	1600169	PHYSICIAN:	HORAN, HANNAH PA
SEX:	F	DATE:	03-May-2024 10:37 AM

CLINICAL INDICATIONS: FELL 03/07/2024; RIGHT MEDIAL KNEE PAIN

COMPARISON: None

MRI OF THE RIGHT KNEE WITHOUT CONTRAST

TECHNIQUE (OPEN MRI): MRI of the knee without contrast. Multi-planar, multi-echo MR evaluation of the right knee is performed with a 1.2 Tesla high field strength Hitachi open MRI.

FINDINGS:

Bone Marrow: There is normal signal arising from the bone marrow.

Cartilage: There is mild decrease in the cartilage at the patellofemoral joint with osteophyte formation. Joint spaces are maintained.

Joint Fluid: There is a small joint effusion.

Quadriceps and patellar tendons: Quadriceps and patellar tendons are intact. There is decreased signal in the infrapatellar tendon concerning for tendinosis. There is associated mild pre-patellar superficial bursitis.

Medial Collateral Ligament: The medial collateral ligament is intact.

Lateral Collateral Ligament: The lateral collateral ligament is intact.

Retinaculum: Medial normal. Lateral normal.

Anterior Cruciate Ligament: The anterior cruciate ligament fibers are intact but there is edema concerning for ACL strain.

Posterior Cruciate Ligament: The posterior cruciate ligament is normal in signal and morphology.

Medial Meniscus: There is complete tear of the posterior horn of the medial meniscus.

Lateral Meniscus: The anterior and posterior horn of the lateral meniscus is normal in signal and morphology.

PROTECTED HEALTH INFORMATION in accordance with H.I.P.A.A./H.I.T.E.C.H. ACT. This report contains protected health information and is intended solely for use by the recipient. If you are not the intended recipient of this information, be advised that any use, disclosure, dissemination, distribution, or copying of this information is prohibited. If you believe you have received this information in error, return it immediately to MID-MICHIGAN RADIOLOGY ASSOCIATES, P.C.



Open MRI

Mt. Pleasant

211 South Crapo, Suite H
Mt. Pleasant, MI 48858
989-953-6736
Fax 989-953-7554

NAME:	Slocum, Teresa	DOB:	28-Aug-1963
ACCOUNT NO:	1600169	PHYSICIAN:	HORAN, HANNAH PA
SEX:	F	DATE:	03-May-2024 10:37 AM

Posterolateral Corner:

Popliteus Tendon: Normal.

Popliteofibular Ligament: Normal.

Proximal Tibiofibular Joint: Normal.

IMPRESSION:

1. Mild degenerative changes at the patellofemoral joint. There is associated small joint effusion.
2. Tendinosis of the infrapatellar tendon.
3. Anterior cruciate ligament strain with associated complete tear of the posterior horn of the medial meniscus.

Electronically signed by:
Muhammad Naveed Khan, M.D

04-May-2024 9:09 PM
Mid-Michigan Radiology Associates

Transcribed by: ANGIE SZELAG

Open MRI

Patient Name: SLOCUM, TERRESA

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

ACCT# 1600169/1 GENDER : F DOB: 08/28/1963
SLOCUM, TERRESA Phone #: (989) 429-5420
10250 BASS LAKE RD, CLARE, MI 48617
APPT: MRI KNEE RT W/O
TIME: 10:30a DATE: 05/03/2024
JANNA HODRAN PA NO AUTH NEEDED RT MEDIAL KNEE PAIN
PA# NA

AGE: 60

Please verify the demographic information above. If any corrections need to be made, please notify the receptionist.
If everything is correct, please initial. JA

I would like a copy of today's MRI. ☒ CD

Clinical History

(Signs, Symptoms & or Diagnosis)

PT PAIN 317124
NO SURGERY
RT KNEE PAIN

MRI Services

☐ With contrast ☐ With & without contrast ☒ Without contrast

☐ Brain (Head)

☐ Internal auditory canals ☐ Orbits ☐ Pituitary

☐ Cervical spine

☐ Lumbar spine

☐ Sacrum and coccyx

☐ Lumbar plexus

☐ Thoracic spine

☐ Brachial plexus

☐ Neck for soft tissue

☐ Orbits

☐ Temporomandibular joints

☐ Abdomen (Must specify organ)

☐ MRCP

☐ Pelvis

☐ Other

☐ Ankle

☐ Elbow

☐ Femur

☐ Foot

☐ Forearm

☐ Hand

☐ Hip

☐ Humerus

☒ Knee

☐ Lower leg

☐ Shoulder

☐ Wrist

☐ Hip arthrogram

☐ Shoulder arthrogram

☐ Wrist arthrogram

☐ Right

☐ Right

☐ Right

☐ Right

☐ Right

☐ Right

☐ Right

☐ Right

☒ Right

☐ Right

☐ Right

☐ Right

☐ Right

☐ Right

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

☐ Left

Magnetic Resonance Angiography (MRA)

☐ Carotid MRA

☐ Circle of Willis MRA

☐ Renal / Aorta MRA

☐ Lower extremities run-off / Aorta

Magnetic Resonance Venography (MRV)

☐ Brain

☐ Other

Open MRI

Patient Name: SLOCUM^TERRESA^^^

Patient Sex: F

Patient DOB: 19630828

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

211 South Crapo, Suite 11
Mt. Pleasant, MI 48858
Toll Free 855-777-6736
Local 989-953-6736
Fax 989-953-7554



ACKNOWLEDGEMENT OF RESPONSIBILITY FOR PAYMENT

I acknowledge that I am financially responsible for all costs incurred by myself (or my dependent child) in connection with medical examinations, treatments, referrals, testing and/or procedures performed by Open MRI whether conducted in the office or elsewhere, which are not otherwise paid for by my medical insurance company. I understand that I am responsible for paying any applicable copay, coinsurance, deductible amounts, and/or not covered services according to the terms of my insurance policy on the day services are rendered.

INSURANCE ASSIGNMENT TO Open MRI

I hereby authorize Open MRI of the benefits specified and otherwise payable to me but not to exceed the balance due of the charges for the service provided. I understand I am financially responsible to Open MRI for charges not covered by this authorization.

AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL INFORMATION AND TELEPHONE USAGE

I hereby authorize Open MRI or its designees to bill and release to my insurance company and/or third party(s) and/or external review agency(s) information contained in my (or my child's) patient record as is necessary for the payment of insurance benefits without regard to any limitations placed on dates, history of illness, diagnostic and/or therapeutic information. I further authorize Open MRI to release or obtain my medical information (i.e. films, reports, test results) to the physician(s) who referred me for these radiology services. I understand I may complete another form of release upon request if I need additional records released.

USES OF TELEPHONE CONTACT INFORMATION. Open MRI, its service providers (including service providers contacting patients about obtaining potential financial assistance for account(s) and/or for collection services) and their successors, assigns, affiliates, or agents to contact at any telephone number associated with the account(s), including wireless, cellular, or internet telephone numbers or other number that result in charges, whether provided in the past, present or future.

The methods of contact may include pre recorded or artificial voice messages and/or automatic telephone dialing systems, as applicable. This form will be held until a written declination is obtained.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Open MRI records and transmits health information, including prescription information, electronically. Health information is shared and protected electronically through local, state and national health information exchanges. This organization participates in the Michigan Health Connect (MHC) information network. MHC has rules regarding how health information can be accessed through MHC, and your rights associated with transmission of that information. Any questions, please contact management. I, the patient (or the parent/legal guardian) have been given a choice to receive a copy of the Practice's Notice of Privacy Rules _____ or decline a copy g (please initial option).

FEMALE PATIENTS, AGE OF 12-50 YEARS:

TODAY'S DATE	DATE OF LAST PERIOD	PREGNANT?	ARE YOU BREAST FEEDING?

I understand the information detailed above and I agree to the terms and agreement. By signing below, I understand I may be financially responsible for the service provided today.

PATIENT NAME PRINTED

Slocum Terresa

Patient (or Parent/Legal Guardian) Signature

5-3-24

Date

Open MRI

Patient Name:SLOCUM^TERRESA^^

Study Date:05/03/2024 10:37 AM

Study Description:MRI KNEE RT W/O

Patient Sex:F

Patient DOB:19630828

Apr/16/2024 1:54:35 PM

MyMichigan Health Clare Urgent 9893869913

4/16/24, 12:03 PM

Slocum, Teresa L (MRN # 1000134674) DOB: 08/28/1963

2/3



Urgent Care: MyMichigan Medical Offices Clare
802 Beach Street
CLARE MI 48817
Phone: 989-386-9911
Fax: 989-386-9913
www.mymichigan.org

Order Requisition

** IMPORTANT: This is your order form.

Please take with you to have your testing performed, **

If your test requires an appointment, please contact Central
Scheduling at (888) 367-2778 or _____ to schedule.

Imaging

Patient: Teresa L Slocum 10260 BASS LAKE RD CLARE, MI 48817	MRN: 1000134674 Gender: F DOB: 8/28/1963 PCP: Vadlamudi, Phani Deepthi Phone: 989-429-5420 (home) 989-429-5420 (mobile) 989-802-8845 (work)
-------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------

Authorizing Provider: Horan, Hannah K, PA NPI: 1982180678	Supervised by: Mecklinn, Kenneth, MD NPI: 1245284124
------------------------------------------------------------------	-------------------------------------------------------------

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary: NEW CONNECTCARE MIDMICHIGAN PPO	CONNECTCARE	302508	71778	892005396

Order Date: Apr 16, 2024

>> MRI knee right without contrast

(Order ID: 188087569)

CPT: 73721

Diagnosis: Right medial knee pain (M26.661) Knee trauma, internal derangement suspected, xray done

Priority: Routine

Expected Date: 4/10/2024

Count: 1

Decision Support Vendor: National Decision Support Company CareSelect

Score: Adherence Indication: Date: Session ID:

Instructions: Please arrive 15 minutes (Alpena patients arrive 30 minutes) prior to appointment to allow for Registration, bring ID, Insurance Card and Order (If Non-Epic Provider)

If you have any implants or metal objects, please contact your physician to make sure it is okay to proceed.

Current weight? 130

Does the patient have a Magnetically-Activated Implant or Device (stents, pacemaker, etc.)? No

Has the patient ever sought medical treatment to have metal removed from the eyes by a physician or hospital? No

Any surgery ever performed on body part being scanned? No

Printed at 4/16/2024 12:03 PM

1/1

Open MRI

Patient Name: SLOCUM^TERRESA^^

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828



Open MRI
Mt. Pleasant

MRI Patient Questionnaire

211 South Crane, Suite H
Mt. Pleasant, MI 48858
Toll Free 855 777-6736
Local 989 855 6736
Fax 989 933 7554

Warning! Certain implants, devices or objects may be hazardous to you and/or may interfere with the Magnetic Resonance (MR) procedure (i.e., MR, MR Angiography, Functional MRI, and MR Spectroscopy). **Do Not Enter** the MRI system room or MR environment if you have any question or concern regarding an implant, device or object. Consult with the MRI technologist or radiologist **before** entering the MR system room. **The MR System Magnet Is Always On.**

Note: You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise. Please consult with the MRI Technologist or Radiologist if you have any questions.

Patient Information: Last Name: Slocum First Name: Terrera
Emergency Contact: Name: Jeff Slocum Relationship: husband
Phone Number: 989-429-4915

Assistance Needed: ☐ Yes ☒ No Weight: 130 Work Comp: ☐ Yes ☒ No
Auto: ☐ Yes ☒ No Ins: Connect Care
1. Have you had prior surgery or an operation (e.g., brain, eye, heart, ear)? ☒ Yes ☐ No
If yes, please indicate the date and type of surgery:
Date: 1/24 Type of surgery: Ablation

Patient Safety Questions:

- ☐ Yes ☒ No Aneurysm Clip(s)
☐ Yes ☒ No Cardiac Pacemaker
☐ Yes ☒ No Implanted Cardioverter Defibrillator (ICD)
☐ Yes ☒ No Swan-Ganz or Thermolodulation Catheter
☐ Yes ☒ No Electronic Implant or Device
☐ Yes ☒ No Magnetically-Activated Implant or Device
☐ Yes ☒ No Neurostimulation system
☐ Yes ☒ No Spinal Cord Stimulator
☐ Yes ☒ No Shunt (spinal or intraventricular)
☐ Yes ☒ No Internal Electrodes or Wires
☐ Yes ☒ No Bone/Joint Pin, Screw, Nail, Wire, Plate
☐ Yes ☒ No Insulin or other Infusion Pump
☐ Yes ☒ No Implanted Drug Infusion Device
☐ Yes ☒ No Heart Valve Prosthesis
☐ Yes ☒ No Artificial or Prosthetic Limb
☐ Yes ☒ No Stent
☐ Yes ☒ No Filter
☐ Yes ☒ No Coil
☐ Yes ☒ No Vascular Access Port
☐ Yes ☒ No Medication Patch
☐ Yes ☒ No CGM
☐ Yes ☒ No Claustrophobia
☐ Yes ☒ No Have you ever had metal removed from your eyes?

- ☐ Yes ☒ No Tattoo or permanent Makeup
☒ Yes ☐ No Body Piercing Jewelry ears
(remove before entering MR Room)
☐ Yes ☒ No Hearing Aid
(remove before entering MR Room)
☐ Yes ☒ No Dentures or Partial Plates
☐ Yes ☒ No Bone Growth/Bone Fusion Stimulator
☐ Yes ☒ No Cochlear, Otologic or other Ear Implant
☐ Yes ☒ No Radiation Seeds or Implant
☐ Yes ☒ No Any Type of Prosthesis (Eye, Penile, etc.)
☐ Yes ☒ No Eyelid Spring or Wire
☒ Yes ☐ No Wire Mesh Implant (hernia)
☐ Yes ☒ No Any metallic fragment or foreign body (bb, bullet)
☐ Yes ☒ No Tissue Expander (i.e., Breast)
☒ Yes ☐ No Surgical Staples clips or Metallic Sutures
☐ Yes ☒ No Joint replacement (hip, knee, etc.)
☐ Yes ☒ No Colonoscopy or Endoscopy in last 6 wks.
☐ Yes ☒ No Other Implants?
☐ Yes ☒ No Any Surgery in 6 weeks?

For Female Patients:

- ☐ Yes ☒ No Are you pregnant?
☐ Yes ☒ No Are you currently breastfeeding?
☐ Yes ☒ No IUD, diaphragm, or pessary

Notes:

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form. I had the opportunity to ask questions regarding the information on this form and the MR procedure that I am about to undergo.

Signature of Person Completing Form: [Signature]

Date: 5-3-24

Please check: ☐ Patient ☐ Relative ☐ Nurse ☐ Other

Form Information Reviewed By: Print Name: MW

Signature: [Signature]

Date: 5/3/24

Please check: ☒ MRI Technologist ☐ Nurse

Rev 1/24

Open MRI

Patient Name: SLOCUM^TERRESA^^^

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

All Exams:

- ☒ Yes ☐ No Did you have an injury to the area we are scanning? How & When? 3-7-24
- ☒ Yes ☐ No Any pain in the area we are scanning? How often & Where? when bending knee, kneeling
- ☒ Yes ☐ No Does anything make the pain worse? bending, kneeling, stairs, stepping down
- ☐ Yes ☒ No Any surgery in the area we are scanning? When & Where?
- ☐ Yes ☒ No Any mass in the area we are scanning? Describe:
- ☐ Yes ☒ No Do you have a personal history of cancer? Type & When:
- ☒ Yes ☐ No Have you ever had another test (MRI, CAT scan, X-ray, Ultrasound, and Nuclear Medicine) of the area that is being scanned today? If so, please list what facility and date: X-ray
- ☒ Yes ☐ No Do you have any other medical conditions? diabetes, hyperlipidemia, osteoarthritis, osteoporosis

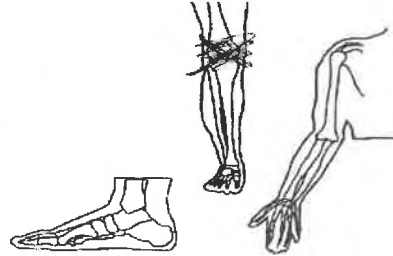
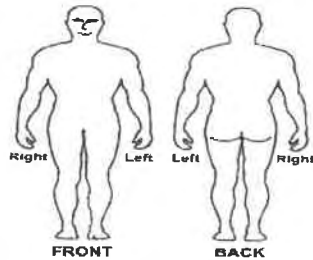
Neurological Exam: Please fill this section out if exam is: Brain, Spine, Orbit, Face, Neck, MRA Head or Neck

- ☐ Yes ☐ No Do you have any numbness or weakness? Describe:
- ☐ Yes ☐ No Have you had any bowel or bladder changes? Describe:
- ☐ Yes ☐ No Have you been diagnosed with MS?
- ☐ Yes ☐ No Do you have a history of visual problems?
- ☐ Yes ☐ No Do you have a history of seizures? Date of last seizure:
- ☐ Yes ☐ No Do you have a history of a stroke? Date of last stroke:
- ☐ Yes ☐ No Do you have a history of dizziness or loss of balance?

Important Instructions:

Before entering the MR environment or MR system room you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads

Please shade in the areas of your problem(s) below:



Open MRI

Patient Name: SLOCUM^TERRESA^^

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

All Exams:

- ☒ Yes ☐ No Did you have an injury to the area we are scanning? How & When? 3-7-24
- ☒ Yes ☐ No Any pain in the area we are scanning? How often & Where? when bending knee, kneeling
- ☒ Yes ☐ No Does anything make the pain worse? bending, kneeling, stairs, stepping down
- ☐ Yes ☒ No Any surgery in the area we are scanning? When & Where? _____
- ☐ Yes ☒ No Any mass in the area we are scanning? Describe: _____
- ☐ Yes ☒ No Do you have a personal history of cancer? Type & When: _____
- ☒ Yes ☐ No Have you ever had another test (MRI, CAT scan, X-ray, Ultrasound, and Nuclear Medicine) of the area that is being scanned today? If so, please list what facility and date: X-ray
- ☒ Yes ☐ No Do you have any other medical conditions? diabetes, hyperlipidemia, osteoarthritis, osteoporosis

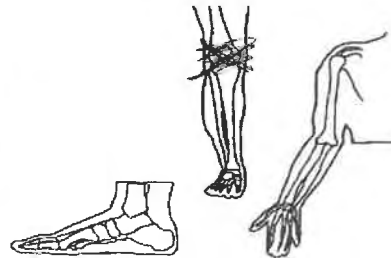
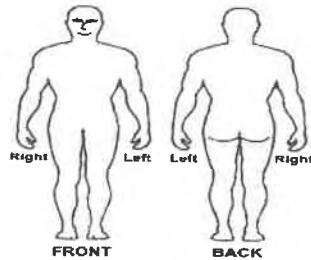
Neurological Exam: Please fill this section out if exam is: Brain, Spine, Orbit, Face, Neck, MRA Head or Neck

- ☐ Yes ☐ No Do you have any numbness or weakness? Describe: _____
- ☐ Yes ☐ No Have you had any bowel or bladder changes? Describe: _____
- ☐ Yes ☐ No Have you been diagnosed with MS? _____
- ☐ Yes ☐ No Do you have a history of visual problems? _____
- ☐ Yes ☐ No Do you have a history of seizures? Date of last seizure: _____
- ☐ Yes ☐ No Do you have a history of a stroke? Date of last stroke: _____
- ☐ Yes ☐ No Do you have a history of dizziness or loss of balance? _____

Important Instructions:

Before entering the MR environment or MR system room you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads

Please shade in the areas of your problem(s) below:



Open MRI

Patient Name:SLOCUM^TERRESA^
Study Date:05/03/2024 10:37 AM
Study Description:MRI KNEE RT W/O

Patient Sex:F

Patient DOB:19630828

Apr/16/2024 1:54:35 PM

MyMichigan Health Clare Urgent 9893868913

3/3



MyMichigan Family Medicine:
MyMichigan Health Park Harrison
815 N. Clare Avenue
Ste A
Harrison MI 48625-8177
Phone: 989-539-4434
www.mymichigan.org

Patient Preferred Name: Teresa Slocum	Encounter Date/Time: 4/16/2024
Hospital Account: MRN: 1000134874	Discharge Date/Time:
Contact Serial #: 84449013	
ENCOUNTER	
Patient Class: Hospital Service: No service for patient encounter.	Unit: Bed: Room/bed info not found
Admitting Provider: Attending Provider: Chief Complaint:	Referring Physician: Adm Diagnosis: Time of Order
PATIENT	
Patient Legal Name: Teresa L Slocum	DOB: 8/28/1963 (60 yrs)
Address: 10250 BASS LAKE RD	Sex: Female
City: CLARE MI 48617	Prim Lang: English
Primary Care Provider: Vaidiamudi, Phani Deepthi	Primary Phone: 989-429-8420
EMERGENCY CONTACT:	
Contact Name: 1. Slocum, Jeff	Legal Guardian? Relationship to Patient: Home Phone: Mobile Phone:
2. "No Contact Specified"	Spouse 989-429-4916
GUARANTOR	
Guarantor: Teresa L Slocum	DOB: Sex:
Address: 10250 Bass Lake Rd	Clare, MI, 48617
Relation to Patient: Guarantor ID:	Home Phone: Work Phone: Mobile Phone:
GUARANTOR EMPLOYER:	
Employer: MidMichigan Health Midlan	Status: FULL TIME
COVERAGE	
PRIMARY INSURANCE	
Payor: CONNECTCARE	Plan: NEW CONNECTCARE MIDMICH
Group Number:	Insurance Type:
Subscriber Name: SLOCUM, TERRESA L	Subscriber DOB: 08/28/1963
Subscriber ID: 892005396	
Pat. Rel. to Subscriber: Self	
SECONDARY INSURANCE	
Payor:	Plan: COMPREHENSIVE RISK SERV
Group Number:	Insurance Type:
Subscriber Name:	Subscriber DOB:
Subscriber ID:	
Pat. Rel. to Subscriber:	

Contact Serial # (84449013)

April 16, 2024



Open MRI

Patient Name:SLOCUM^TERRESA^
Study Date:05/03/2024 10:37 AM
Study Description:MRI KNEE RT W/O

Patient Sex:F

Patient DOB:19630828

Date of Service May 3, 2024

Transaction ID 63380542000 Transaction Time May 3, 2024 AM Customer ID 614476

[Feedback](#)

SLOCUM, TERRESA

10250 BASS LK AVE
CLARE, MI 48617

Member Status

Date of Birth
Aug 28, 1963

Gender
Female

Current Plan Effective Date
Jan 1, 2024 - May 31, 2024

Relationship to Subscriber
Self

[Find a Provider](#)

Member ID:

VYJ892005398

Group Number:

000071776

Group Name:

MYMICHIGAN HEALTH

Plan Number:

740



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Member's association and independent licensee
of the Blue Cross and Blue Shield Association
Payer: Blue Cross Blue Shield of Michigan

Other or Additional Payer Information
No additional payer information provided.

Provider Information

Requesting Provider

Name: ISOMM LLC

Category: Requesting Provider

NPI: 1877083962

Submitter ID: 014476 ISOMM LLC

Gaps in Care

Diagnostic Gaps

Status	HCC Code	HCC Description	ID Type
--------	----------	-----------------	---------

Treatment Opportunities

Status	Service Type	Last Service Date	Last Service Result	Service Needed By
OPEN	Breast Cancer Screening - Mammogram			12/31/2023
OPEN	Cervical Cancer Screening			
OPEN	Cervical Cancer Screening (Pap)			12/31/2023

Plan Maximums and Deductibles

[Filter by Network](#)

Health Benefit Plan Coverage - 30

[Contact Us](#)

Service Level Contact Information

Category: Contact Following Entry for Eligibility or Benefit Information

CONTACT AUTOMATED BENEFIT SERVICES AT 888-494-4600 FOR BENEFITS, COST SHARE AND COORDINATION OF BENEFIT INFORMATION.

Benefit Disclaimer

ISOMM LLC DBA OPEN MRI MT PLEASANT
211 S CRAPO STREET, SUITE H
MOUNT PLEASANT, MI 48858-2961
Phone: (989)252-8160
Fax: (989)953-7554
Tax ID:

Date Created: Thursday, November 7, 2024 11:06 AM

Patient: 97438 - SLOCUM, TERRESA

DATE	REF. DOCTOR	DOCTOR	PROCEDURE	MODIFIER	ICD	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	PAYSOURCE
05/03/2024	HORAN, HANNAH	KHAN, MUHAMMA D NAVEED	73721 - MRI JOINT LOWER EXT W/O CONTRAST	RT	S83.5 11A, S83.2 41A	\$1,057.00				
07/25/2024			Payment				\$538.69	\$383.64		Automated Ben
07/29/2024			Payment				\$134.67	\$0.00		Patient
						\$1,057.00	\$673.36	\$383.64	\$0.00	
Account Total:						\$1,057.00	\$673.36	\$383.64	\$0.00	

ELECTRONIC REPRODUCTION of EXPLANATION OF BENEFITS

Automated Benefit Services
P O Box 37705
OAK PARK, MI 48237

REMITTANCE
NOTICE

PRACTICE NAME: ISOMM LLC DBA OPEN MRI MT PLEASANT
PRACTICE NPI: 1871886952

RENDERING DOCTOR PROVIDER #:
RENDERING DOCTOR NPI: 1659347748
CLIENT NAME: SLOCUM, TERRESA
CLIENT ACCT#: 97438
PAYMENT DATE: 07/25/2024
Visit Number: MRI160016920240417
POL #: 892005396

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWD	DEDUCT	COINS	CO-PAY	REAS	ADJ-AMT	PMT-AMT
050324-050324	11	1	73721	RT	\$1,057.00	\$0.00	\$134.67	\$0.00	\$0.00	1	\$383.64	\$538.69
CLAIM TOTALS:					\$1,057.00	\$0.00	\$134.67	\$0.00	\$0.00		\$383.64	\$538.69

EXPLANATION CODE DESCRIPTION:
1 - 1 DEDUCTIBLE APPLIED