





December 1, 2009

Quest Diagnostics Clinical Lab,
1443 Ne 53rd Ct
Fort Lauderdale, FL 33334

re-submit

Patient : 
Group #:  Individual U 65 Std 2500
Member #:  Provider: Quest Diagnostics Clinical Lab,
Claim #:  Date-of-Service: 11/17/2009

Dear Michael E Morton :

The claim referenced above has been denied in part or in full for the following reason:

This service(s) is considered a pre-existing condition and is therefore excluded from coverage.

If you disagree with this decision, you may appeal by contacting us at the address provided below. You have the option to be represented in the appeal process by anyone you choose, including an attorney; however, representation is not required.

Your appeal must be submitted in writing within 180 calendar days of this notice. Otherwise, you may lose your right to an appeal. You may submit any comments, documents or other relevant information with your appeal. This is outlined in your Certificate of Coverage.

If you have any questions regarding this determination you may contact the AvMed's Member Solutions Department by calling 1-800-477-8768 or by writing AvMed's Member Solutions, PO Box 823, Gainesville, FL 32602 or 4300 NW 89th Blvd., Gainesville, FL 32606.

Sincerely,

Lance Curtis, Claims Operations

Letter ID: CSIN36
EX Code: EX

attention :





AvMED

INDIVIDUAL HEALTH

THIS IS NOT A BILL

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Explanation of Benefits for:



Annual Year-to-Date Accumulations	2009-In-Network	2009-Out-Network	2008-In-Network	2008-Out-Network
Individual Deductible:	\$0.00	\$0.00	\$0.00	\$0.00
Individual Out-of-Pocket:	\$0.00	\$0.00	\$0.00	\$0.00
Family Deductible:	\$0.00	\$0.00	\$0.00	\$0.00

Please Note: Your claim may be paid at multiple co-insurance levels in accordance with your benefit plan. This Explanation of Benefits summarizes claims processed on your behalf as follows:

Clinic/Line Number	Date(s) of Service	Provider Billed	AvMed Allowed	Applied to Deductible	Co-Pay	Member Co-Ins	COB	Other	AvMed Paid	Explanation Codes	What you Owe
Provider: QUEST DIAGNOSTICS CLINICAL											
	11/17/09	\$118.00	\$19.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$19.57
PATHOLOGY & LABORATORY											
	0200 11/17/09	\$115.00	\$26.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$26.85
PATHOLOGY & LABORATORY											
	0300 11/17/09	\$41.20	\$4.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$4.63
PATHOLOGY & LABORATORY											
	0400 11/17/09	\$190.60	\$48.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$48.90
PATHOLOGY & LABORATORY											
PROVIDER TOTALS:		\$464.80	\$99.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$99.95
CLAIMS TOTALS:		\$464.80	\$99.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$99.95

Explanation Code Key(s):
EN SERVICE IS FOR A PRE-EXISTING CONDITION AND IS EXCLUDED FROM COVERAGE



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Explanation of Benefits for: **MICHAEL E MORTON**

Annual Year-to-Date Accumulations	2009-In-Network	2009-Out-Network	2008-In-Network	2008-Out-Network
Individual Deductible:	\$0.00	\$0.00	\$0.00	\$0.00
Individual Out-of-Pocket:	\$0.00	\$0.00	\$0.00	\$0.00
Family Deductible:	\$0.00	\$0.00	\$0.00	\$0.00

Please Note: Your claim may be paid at multiple co-insurance levels in accordance with your benefit plan. This Explanation of Benefits summarizes claims processed on your behalf as follows:

Claim/Line Number	Date(s) of Service	Provider Billed	AvMed Allowed	Applied to Deductible	Co-pay	Member Co-ins	CDR	Other	AvMed Paid	Explanation Codes	What you Owe
Provider: [REDACTED]	11/17/09	\$274.00	\$111.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$111.10
PHYSICIAN SERVICES	0200 11/17/09	\$5.00	\$2.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$2.25
PATHOLOGY & LABORATORY	0300 11/17/09	\$45.00	\$16.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	EX	\$16.89
DIAGNOSTIC SERVICES											
PROVIDER TOTALS:		\$324.00	\$130.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$130.24
AIMS TOTALS:		\$324.00	\$130.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$130.24

Explanation Code Key(s):
SERVICE IS FOR A PRE-EXISTING CONDITION AND IS EXCLUDED FROM COVERAGE