

Prepared: 04/01/2016
 Time: 12:07:21PM
 Paid From: 8/1/2006
 Paid To: 3/31/2016

Mutual of Omaha Insurance Company Paid Claims Detail Report by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|----------|---------------|--------|-------------|----------------|---------------------|------------------|------------|------------|
|----------|---------------|--------|-------------|----------------|---------------------|------------------|------------|------------|

Policy Year: 15

| | | | | | | | | |
|-----------------------------------|------------|-----------------------|-------------|------------------------------|-------------|---------------|---------------------|--------------|
| Claimant: 006 - ABP - 15334021201 | | HALL MAURQUISE | | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: S63.511A | | | Incurred: 9/28/2015 | |
| Claim ID: 215-029714-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/14/2015 | 25.51 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25.51 |
| Provider Total: | | 25.51 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25.51 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: S63.511A | | | Incurred: 9/28/2015 | |
| Claim ID: 215-028536-00 | | | | Procedure Codes: 73110 99243 | | | | |
| | 12/14/2015 | 337.00 | 0.00 | 0.00 | 0.00 | 113.37 | 223.63 | 0.00 |
| Provider Total: | | 337.00 | 0.00 | 0.00 | 0.00 | 113.37 | 223.63 | 0.00 |
| Claimant Total: | | 362.51 | 0.00 | 0.00 | 0.00 | 113.37 | 223.63 | 25.51 |

Policy Year: 14

| | | | | | | | | |
|-----------------------------------|------------|---------------------------|-------------|------------------------------|---------------|--------------|----------------------|-------------|
| Claimant: 006 - ABP - 15012020001 | | KEARSE-LEWIS JOWAN | | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: 810.00 | | | Incurred: 11/15/2014 | |
| Claim ID: 214-034963-00 | | | | Procedure Codes: 99199 | | | | |
| | 01/29/2015 | 8.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8.50 |
| Provider Total: | | 8.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 8.50 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 810.00 | | | Incurred: 11/15/2014 | |
| Claim ID: 214-033525-00 | | | | Procedure Codes: L3670 | | | | |
| | 01/21/2015 | 155.00 | 0.00 | 0.00 | 0.00 | 37.80 | 117.20 | 0.00 |
| Claim ID: 214-037519-00 | | | | Procedure Codes: 23515 | | | | |
| | 01/29/2015 | 2,250.00 | 0.00 | 0.00 | 160.86 | 0.00 | 2,089.14 | 0.00 |
| Claim ID: 214-046500-00 | | | | Procedure Codes: 73000 99213 | | | | |
| | 04/24/2015 | 215.00 | 0.00 | 64.12 | 90.88 | 0.00 | 60.00 | 0.00 |
| Provider Total: | | 2,620.00 | 0.00 | 64.12 | 251.74 | 37.80 | 2,266.34 | 0.00 |
| Claimant Total: | | 2,628.50 | 0.00 | 64.12 | 251.74 | 37.80 | 2,266.34 | 8.50 |

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|-----------------------------------|------------|--------------------------|-------------|------------------------|-------------|-------------|---------------------|-----------------|
| Claimant: 006 - ABP - 15128000301 | | PHILLIPS TASCHELL | | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: 717.83 | | | Incurred: 4/13/2015 | |
| Claim ID: 215-015202-00 | | | | Procedure Codes: 99199 | | | | |
| | 08/17/2015 | 4,094.68 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,094.68 |
| Provider Total: | | 4,094.68 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,094.68 |

**Where applicable, Total Paid includes repricing fees and/or New York Surcharge

For Info/Questions, please contact Mutual of Omaha Special Risk at (800)524-2324

Prepared: 04/01/2016
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 Paid From: 8/1/2006
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Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid | |
|-----------------------------------|---------------|------------------|------------------|--|---------------------|---------------------|-----------------|------------------|--|
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 844.2 | | Incurred: 4/13/2015 | | | |
| Claim ID: 215-006032-00 | | | | Procedure Codes: 99214 | | | | | |
| | 08/24/2015 | 180.00 | 180.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Claim ID: 215-007743-00 | | | | Procedure Codes: 20610 73560 | | | | | |
| | 09/08/2015 | 310.00 | 310.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Claim ID: 215-007803-00 | | | | Procedure Codes: L1833 | | | | | |
| | 09/08/2015 | 882.00 | 882.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Claim ID: 215-008662-00 | | | | Procedure Codes: 20900 29880 29888 | | | | | |
| | 09/21/2015 | 10,600.00 | 10,600.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Provider Total: | | 11,972.00 | 11,972.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| ROTHMAN SPECIALTY HOSPITAL | | | | ICD9 Code: 717.83 | | Incurred: 4/13/2015 | | | |
| Claim ID: 215-014086-00 | | | | Procedure Codes: 29880 29888 76942 C1713 | | | | | |
| | 08/06/2015 | 50,157.89 | 0.00 | 0.00 | 0.00 | 19,974.05 | 2,500.00 | 27,683.84 | |
| Provider Total: | | 50,157.89 | 0.00 | 0.00 | 0.00 | 19,974.05 | 2,500.00 | 27,683.84 | |
| Claimant Total: | | 66,224.57 | 11,972.00 | 0.00 | 0.00 | 19,974.05 | 2,500.00 | 31,778.52 | |

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|--------------------------------|-------------------------|-------------|------------------|------------------------------|-------------|---------------------|-------------|-------------|--|
| Claimant: | 006 - ABP - 15334021201 | HALL | MAURQUISE | | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: S63.511A | | Incurred: 9/28/2015 | | | |
| Claim ID: 215-029714-00 | | | | Procedure Codes: 99199 | | | | | |
| | 12/10/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Provider Total: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: S63.511A | | Incurred: 9/28/2015 | | | |
| Claim ID: 215-028536-00 | | | | Procedure Codes: 73110 99243 | | | | | |
| | 12/03/2015 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Provider Total: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Claimant Total: | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Policy Year: 13

| | | | | | | | | | |
|--------------------------------|-------------------------|------------------|----------------|------------------------|------|---------------------|------|------|--|
| Claimant: | 006 - ABP - 13292010501 | MCGLASHEN | MICHAEL | | | | | | |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 844.1 | | Incurred: 9/17/2013 | | | |
| Claim ID: 213-022394-00 | | | | Procedure Codes: 99243 | | | | | |
| | 02/03/2014 | 250.00 | 250.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Claim ID: 213-022395-00 | | | | Procedure Codes: L1832 | | | | | |
| | 02/03/2014 | 882.00 | 882.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

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 Paid To: 3/31/2016

Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|-------------------------|------------------------|-----------------|-----------------|------------------------|---------------------|------------------|---------------|-------------|
| Claim ID: 213-022654-00 | | | | Procedure Codes: 27405 | | | | |
| | 02/24/2014 | 2,700.00 | 2,700.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 213-024762-00 | | | | Procedure Codes: 73560 | | | | |
| | 02/24/2014 | 85.00 | 85.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 213-050486-00 | | | | Procedure Codes: E0114 | | | | |
| | 10/13/2014 | 75.00 | 75.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 213-050487-00 | | | | Procedure Codes: 73560 | | | | |
| | 10/06/2014 | 85.00 | 85.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 213-053083-00 | | | | Procedure Codes: L1832 | | | | |
| | 08/11/2014 | 882.00 | 0.00 | 0.00 | 0.00 | 0.00 | 882.00 | 0.00 |
| | Provider Total: | 4,959.00 | 4,077.00 | 0.00 | 0.00 | 0.00 | 882.00 | 0.00 |
| | Claimant Total: | 4,959.00 | 4,077.00 | 0.00 | 0.00 | 0.00 | 882.00 | 0.00 |

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|--------------------------------|-------------------------|--|---------------------|-------------------|--------------------|---------------|-----------------|-----------------|
| Claimant: | 006 - ABP - 14008000801 | MATHIS | ANWAR-NASSER | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: 825.29 | Incurred: 9/7/2013 | | | |
| Claim ID: | 213-053916-00 | Procedure Codes: 99199 | | | | | | |
| | 09/12/2014 | 200.82 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 200.82 |
| | Provider Total: | 200.82 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 200.82 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 825.22 | Incurred: 9/7/2013 | | | |
| Claim ID: | 213-032742-00 | Procedure Codes: L4360 | | | | | | |
| | 04/14/2014 | 336.00 | 336.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: | 213-032743-00 | Procedure Codes: 73630 | | | | | | |
| | 04/14/2014 | 87.00 | 87.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: | 213-051270-00 | Procedure Codes: 73630 | | | | | | |
| | 10/20/2014 | 87.00 | 87.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: | 213-053626-00 | Procedure Codes: 20680 28615 29405 73630 99243 | | | | | | |
| | 09/06/2014 | 4,898.00 | 0.00 | 0.00 | 0.00 | 979.60 | 2,500.00 | 1,418.40 |
| | Provider Total: | 5,408.00 | 510.00 | 0.00 | 0.00 | 979.60 | 2,500.00 | 1,418.40 |
| | Claimant Total: | 5,608.82 | 510.00 | 0.00 | 0.00 | 979.60 | 2,500.00 | 1,619.22 |

Policy Year: 12

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|-----------------------|-------------------------|------------------------|--------------|-------------------|---------------------|------|------|-------|
| Claimant: | 006 - ABP - 12283000101 | REESE | RIDGE | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: 842.12 | Incurred: 9/13/2012 | | | |
| Claim ID: | 212-030383-00 | Procedure Codes: 99199 | | | | | | |
| | 11/05/2012 | 13.53 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.53 |

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Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|--------------------------------|------------------------|------------------|-------------|------------------------------------|---------------------|---------------------|-----------------|-----------------|
| Claim ID: 212-030384-00 | | | | Procedure Codes: 99199 | | | | |
| | 11/05/2012 | 108.12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 108.12 |
| Claim ID: 212-031658-00 | | | | Procedure Codes: 99199 | | | | |
| | 11/13/2012 | 381.10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 381.10 |
| Claim ID: 212-033291-00 | | | | Procedure Codes: 99199 | | | | |
| | 11/26/2012 | 10.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.25 |
| Claim ID: 212-038506-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/27/2012 | 11.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 11.03 |
| | Provider Total: | 524.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 524.03 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 842.12 | | Incurred: 9/13/2012 | | |
| Claim ID: 212-028449-00 | | | | Procedure Codes: 73120 99243 | | | | |
| | 09/27/2012 | 330.00 | 0.00 | 0.00 | 0.00 | 66.00 | 264.00 | 0.00 |
| Claim ID: 212-028858-00 | | | | Procedure Codes: 26540 73110 | | | | |
| | 10/01/2012 | 2,637.00 | 0.00 | 0.00 | 0.00 | 527.40 | 2,109.60 | 0.00 |
| Claim ID: 212-031800-00 | | | | Procedure Codes: 29075 | | | | |
| | 10/18/2012 | 250.00 | 0.00 | 0.00 | 0.00 | 50.00 | 0.00 | 200.00 |
| Claim ID: 212-037500-00 | | | | Procedure Codes: 29705 73140 | | | | |
| | 11/26/2012 | 269.00 | 0.00 | 0.00 | 0.00 | 53.80 | 0.00 | 215.20 |
| | Provider Total: | 3,486.00 | 0.00 | 0.00 | 0.00 | 697.20 | 2,373.60 | 415.20 |
| RIDDLE SURGICAL CENTER | | | | ICD9 Code: 842.12 | | Incurred: 9/13/2012 | | |
| Claim ID: 212-030181-00 | | | | Procedure Codes: 26542 76000 99070 | | | | |
| | 10/09/2012 | 9,295.00 | 0.00 | 0.00 | 0.00 | 1,859.00 | 126.40 | 7,309.60 |
| | Provider Total: | 9,295.00 | 0.00 | 0.00 | 0.00 | 1,859.00 | 126.40 | 7,309.60 |
| | Claimant Total: | 13,305.03 | 0.00 | 0.00 | 0.00 | 2,556.20 | 2,500.00 | 8,248.83 |

Policy Year: 10

| | | | | | | | | |
|-------------------------|-------------------------|----------------|--------------|------------------------|------|--------------------|------|-------|
| Claimant: | 006 - ABP - 10284001101 | BURRELL | LAMAR | | | | | |
| GLOBALCARE INC | | | | ICD9 Code: 719.46 | | Incurred: 9/5/2010 | | |
| Claim ID: 210-024768-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/14/2010 | 45.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 45.00 |
| Claim ID: 210-024850-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/14/2010 | 48.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 48.40 |
| Claim ID: 210-024932-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/14/2010 | 98.34 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 98.34 |

Prepared: 04/01/2016
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Mutual of Omaha Insurance Company
Paid Claims Detail Report
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*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|--------------------------------------|------------------------|------------------|-------------|--|---------------------|---------------------|-----------------|------------------|
| Claim ID: 210-025129-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/15/2010 | 206.30 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 206.30 |
| Claim ID: 210-026415-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/20/2010 | 22.11 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 22.11 |
| Claim ID: 210-042224-00 | | | | Procedure Codes: 99199 | | | | |
| | 03/04/2011 | 2,301.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,301.54 |
| Claim ID: 210-044002-00 | | | | Procedure Codes: 99199 | | | | |
| | 03/11/2011 | 145.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 145.20 |
| | Provider Total: | 2,702.65 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,702.65 |
| MAIN LINE EMERGENCY MED ASSOC | | | | ICD9 Code: 813.81 | | Incurred: 9/18/2010 | | |
| Claim ID: 210-047703-00 | | | | Procedure Codes: 29125 99284 | | | | |
| | 03/07/2011 | 457.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 457.00 |
| | Provider Total: | 457.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 457.00 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 813.01 | | Incurred: 9/18/2010 | | |
| Claim ID: 210-016724-00 | | | | Procedure Codes: 99203 | | | | |
| | 10/01/2010 | 210.00 | 0.00 | 0.00 | 0.00 | 125.00 | 85.00 | 0.00 |
| Claim ID: 210-018281-00 | | | | Procedure Codes: 25525 73110 | | | | |
| | 10/12/2010 | 2,337.00 | 0.00 | 0.00 | 0.00 | 937.75 | 1,165.00 | 234.25 |
| | Provider Total: | 2,547.00 | 0.00 | 0.00 | 0.00 | 1,062.75 | 1,250.00 | 234.25 |
| RIDDLE MEMORIAL HOSPITAL | | | | ICD9 Code: V57.21 | | Incurred: 9/18/2010 | | |
| Claim ID: 210-020626-00 | | | | Procedure Codes: 97003 97760 | | | | |
| | 10/25/2010 | 1,005.00 | 0.00 | 0.00 | 0.00 | 100.50 | 0.00 | 904.50 |
| Claim ID: 210-032503-00 | | | | Procedure Codes: 25515 A4216 C1713 J0690 J2001 J2250 J2405 | | | | |
| | 12/27/2010 | 24,908.49 | 0.00 | 0.00 | 0.00 | 10,461.56 | 0.00 | 14,446.93 |
| | Provider Total: | 25,913.49 | 0.00 | 0.00 | 0.00 | 10,562.06 | 0.00 | 15,351.43 |
| SOCIETY HILL ANESTH CONSULT | | | | ICD9 Code: 813.21 | | Incurred: 9/18/2010 | | |
| Claim ID: 210-037785-00 | | | | Procedure Codes: 01830 | | | | |
| | 01/24/2011 | 900.00 | 0.00 | 0.00 | 0.00 | 660.00 | 0.00 | 240.00 |
| | Provider Total: | 900.00 | 0.00 | 0.00 | 0.00 | 660.00 | 0.00 | 240.00 |
| | Claimant Total: | 32,520.14 | 0.00 | 0.00 | 0.00 | 12,284.81 | 1,250.00 | 18,985.33 |

Policy Year: 09

Claimant: 006 - ABP - 10277000401 **WATKINS JACKIE**

J3010 J7120

Prepared: 04/01/2016
 Time: 12:07:21PM
 Paid From: 8/1/2006
 Paid To: 3/31/2016

Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|---------------------------------|---------------|------------------|-------------|------------------|---------------------|---------------------|-------------|---------------|
| RIDDLE MEMORIAL HOSPITAL | | | | ICD9 Code: 959.9 | | Incurred: 8/10/2009 | | |
| Claim ID: 209-038983-00 | | | | Procedure Codes: | | | | |
| | 10/27/2010 | 12,594.75 | 0.00 | 8,516.00 | 3,578.75 | 0.00 | 0.00 | 500.00 |
| Provider Total: | | 12,594.75 | 0.00 | 8,516.00 | 3,578.75 | 0.00 | 0.00 | 500.00 |
| Claimant Total: | | 12,594.75 | 0.00 | 8,516.00 | 3,578.75 | 0.00 | 0.00 | 500.00 |

Policy Year: 08

| Claimant: | 006 - ABP - 08347010301 | | JACKSON BRYANT | | | | | |
|-------------------------|-------------------------|--------|-----------------------|------------------------|------|----------------------|------|--------|
| GLOBALCARE INC | | | | ICD9 Code: 824.4 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-017625-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/29/2008 | 193.60 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 193.60 |
| Claim ID: 208-017685-00 | | | | Procedure Codes: 99199 | | | | |
| | 12/30/2008 | 13.64 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.64 |
| Claim ID: 208-020004-00 | | | | Procedure Codes: 99199 | | | | |
| | 01/22/2009 | 11.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 11.48 |
| Claim ID: 208-021385-00 | | | | Procedure Codes: 99199 | | | | |
| | 02/04/2009 | 13.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.20 |
| Claim ID: 208-021429-00 | | | | Procedure Codes: 99199 | | | | |
| | 02/05/2009 | 3.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.83 |
| Claim ID: 208-022457-00 | | | | Procedure Codes: 99199 | | | | |
| | 02/19/2009 | 25.87 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25.87 |
| Claim ID: 208-025609-00 | | | | Procedure Codes: 99199 | | | | |
| | 03/24/2009 | 3.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.83 |
| Claim ID: 208-027031-00 | | | | Procedure Codes: 99199 | | | | |
| | 04/10/2009 | 57.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 57.20 |
| Claim ID: 208-028123-00 | | | | Procedure Codes: 99199 | | | | |
| | 04/14/2009 | 13.23 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.23 |
| Claim ID: 208-028462-00 | | | | Procedure Codes: 99199 | | | | |
| | 04/27/2009 | 54.22 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 54.22 |
| Claim ID: 208-029328-00 | | | | Procedure Codes: 99199 | | | | |
| | 05/18/2009 | 29.22 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 29.22 |
| Claim ID: 208-029618-00 | | | | Procedure Codes: 99199 | | | | |
| | 05/22/2009 | 13.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.05 |
| Claim ID: 208-030098-00 | | | | Procedure Codes: 99199 | | | | |
| | 06/02/2009 | 26.16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26.16 |

**Where applicable, Total Paid includes repricing fees and/or New York Surcharge

For Info/Questions, please contact Mutual of Omaha Special Risk at (800)524-2324

Prepared: 04/01/2016
 Time: 12:07:21PM
 Paid From: 8/1/2006
 Paid To: 3/31/2016

Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|---|------------------------|-----------------|-------------|--|---------------------|----------------------|-------------|-----------------|
| Claim ID: 208-030836-00 | | | | Procedure Codes: 99199 | | | | |
| | 06/16/2009 | 12.47 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 12.47 |
| Claim ID: 208-031315-00 | | | | Procedure Codes: 99199 | | | | |
| | 06/24/2009 | 37.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 37.40 |
| Claim ID: 208-031830-00 | | | | Procedure Codes: 99199 | | | | |
| | 07/13/2009 | 20.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 20.08 |
| Claim ID: 208-032129-00 | | | | Procedure Codes: 99199 | | | | |
| | 07/21/2009 | 10.93 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.93 |
| Claim ID: 208-032842-00 | | | | Procedure Codes: 99199 | | | | |
| | 08/13/2009 | 11.36 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 11.36 |
| Claim ID: 208-033175-00 | | | | Procedure Codes: 99199 | | | | |
| | 08/26/2009 | 11.61 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 11.61 |
| Claim ID: 208-033330-00 | | | | Procedure Codes: 99199 | | | | |
| | 08/28/2009 | 13.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.05 |
| Claim ID: 208-033536-00 | | | | Procedure Codes: 99199 | | | | |
| | 09/04/2009 | 3.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.83 |
| Claim ID: 208-034684-00 | | | | Procedure Codes: 99199 | | | | |
| | 11/03/2009 | 5,056.38 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,056.38 |
| | Provider Total: | 5,635.64 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,635.64 |
| GOOD FELLOWSHIP AMBUALNCE | | | | ICD9 Code: 827.0 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-026862-00 | | | | Procedure Codes: A0010 | | | | |
| | 03/26/2009 | 627.00 | 0.00 | 0.00 | 0.00 | 62.70 | 0.00 | 564.30 |
| | Provider Total: | 627.00 | 0.00 | 0.00 | 0.00 | 62.70 | 0.00 | 564.30 |
| JOINT & SPINE PHYSICAL THERAPY | | | | ICD9 Code: 824.8 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-024867-00 | | | | Procedure Codes: 97001 97110 97112 97140 | | | | |
| | 03/02/2009 | 215.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 215.00 |
| Claim ID: 208-025278-00 | | | | Procedure Codes: 97010 97110 97112 97116 97140 | | | | |
| | 03/05/2009 | 202.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 202.00 |
| Claim ID: 208-026313-00 | | | | Procedure Codes: 97010 97110 97112 97116 97140 | | | | |
| | 03/17/2009 | 202.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 202.00 |
| Claim ID: 208-027113-00 | | | | Procedure Codes: 97010 97110 97112 97116 97140 G0283 | | | | |
| | 03/30/2009 | 222.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 222.00 |
| Claim ID: 208-027519-00 | | | | Procedure Codes: 97010 97014 97110 97112 97116 97140 | | | | |
| | 04/06/2009 | 626.00 | 0.00 | 0.00 | 0.00 | 183.79 | 0.00 | 442.21 |

Prepared: 04/01/2016
 Time: 12:07:21PM
 Paid From: 8/1/2006
 Paid To: 3/31/2016

Mutual of Omaha Insurance Company Paid Claims Detail Report by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|--------------------------------|---------------|-----------------|-------------|--|---------------------|----------------------|-------------|-----------------|
| Claim ID: 208-027960-00 | | | | Procedure Codes: 97110 97112 97116 97140 | | | | |
| | 04/13/2009 | 182.00 | 0.00 | 0.00 | 0.00 | 44.29 | 0.00 | 137.71 |
| Claim ID: 208-027961-00 | | | | Procedure Codes: 97110 97112 97116 97140 | | | | |
| | 04/13/2009 | 182.00 | 0.00 | 0.00 | 0.00 | 44.29 | 0.00 | 137.71 |
| Claim ID: 208-028342-00 | | | | Procedure Codes: 97110 97112 97116 97140 | | | | |
| | 04/20/2009 | 182.00 | 0.00 | 0.00 | 0.00 | 44.29 | 0.00 | 137.71 |
| Claim ID: 208-028903-00 | | | | Procedure Codes: 97010 97110 97112 97116 97140 | | | | |
| | 04/27/2009 | 202.00 | 0.00 | 0.00 | 0.00 | 59.32 | 0.00 | 142.68 |
| Claim ID: 208-029461-00 | | | | Procedure Codes: 97010 97110 97112 97116 | | | | |
| | 05/08/2009 | 458.00 | 0.00 | 0.00 | 0.00 | 118.92 | 0.00 | 339.08 |
| Claim ID: 208-030496-00 | | | | Procedure Codes: 97010 97110 97112 97116 G0283 | | | | |
| | 05/26/2009 | 186.00 | 0.00 | 0.00 | 0.00 | 56.66 | 0.00 | 129.34 |
| Claim ID: 208-030947-00 | | | | Procedure Codes: 97010 97110 97112 97116 G0283 | | | | |
| | 06/05/2009 | 558.00 | 0.00 | 0.00 | 0.00 | 169.98 | 0.00 | 388.02 |
| Claim ID: 208-031553-00 | | | | Procedure Codes: 97010 97110 97112 97116 G0283 | | | | |
| | 06/19/2009 | 332.00 | 0.00 | 0.00 | 0.00 | 91.29 | 0.00 | 240.71 |
| Claim ID: 208-031728-00 | | | | Procedure Codes: 97010 97110 97112 97116 | | | | |
| | 06/25/2009 | 166.00 | 0.00 | 0.00 | 0.00 | 49.66 | 0.00 | 116.34 |
| Claim ID: 208-032557-00 | | | | Procedure Codes: 97010 97014 97110 97112 97116 | | | | |
| | 07/23/2009 | 186.00 | 0.00 | 0.00 | 0.00 | 51.62 | 0.00 | 134.38 |
| Claim ID: 208-032767-00 | | | | Procedure Codes: 97010 97110 97112 97116 G0283 | | | | |
| | 07/28/2009 | 186.00 | 0.00 | 0.00 | 0.00 | 52.78 | 0.00 | 133.22 |
| Claim ID: 208-033028-00 | | | | Procedure Codes: 97010 97110 97112 97116 97140 | | | | |
| | 08/10/2009 | 202.00 | 0.00 | 0.00 | 0.00 | 59.32 | 0.00 | 142.68 |
| Provider Total: | | 4,489.00 | 0.00 | 0.00 | 0.00 | 1,026.21 | 0.00 | 3,462.79 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 824.4 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-016400-00 | | | | Procedure Codes: 27814 27829 | | | | |
| | 12/01/2008 | 4,400.00 | 1,379.38 | 0.00 | 0.00 | 0.00 | 0.00 | 3,020.62 |
| Claim ID: 208-016401-00 | | | | Procedure Codes: 73610 99243 | | | | |
| | 12/01/2008 | 287.00 | 0.00 | 0.00 | 0.00 | 0.00 | 250.00 | 37.00 |
| Claim ID: 208-018726-00 | | | | Procedure Codes: 29405 73610 | | | | |
| | 12/22/2008 | 261.00 | 0.00 | 0.00 | 0.00 | 52.20 | 0.00 | 208.80 |
| Claim ID: 208-020769-00 | | | | Procedure Codes: 73610 | | | | |
| | 01/15/2009 | 87.00 | 0.00 | 0.00 | 0.00 | 17.40 | 0.00 | 69.60 |

Prepared: 04/01/2016
 Time: 12:07:21PM
 Paid From: 8/1/2006
 Paid To: 3/31/2016

Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|--|------------------------|------------------|-----------------|--|---------------------|----------------------|---------------|------------------|
| Claim ID: 208-021854-00 | | | | Procedure Codes: L4360 | | | | |
| | 01/26/2009 | 336.00 | 0.00 | 0.00 | 0.00 | 117.60 | 0.00 | 218.40 |
| Claim ID: 208-024622-00 | | | | Procedure Codes: L1902 | | | | |
| | 02/27/2009 | 99.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 99.00 |
| Claim ID: 208-024866-00 | | | | Procedure Codes: 73610 | | | | |
| | 03/02/2009 | 87.00 | 0.00 | 0.00 | 0.00 | 17.40 | 0.00 | 69.60 |
| Claim ID: 208-026224-00 | | | | Procedure Codes: 20680 | | | | |
| | 03/16/2009 | 1,300.00 | 0.00 | 0.00 | 0.00 | 260.00 | 0.00 | 1,040.00 |
| Claim ID: 208-027088-00 | | | | Procedure Codes: 73610 | | | | |
| | 03/30/2009 | 87.00 | 0.00 | 0.00 | 0.00 | 17.40 | 0.00 | 69.60 |
| | Provider Total: | 6,944.00 | 1,379.38 | 0.00 | 0.00 | 482.00 | 250.00 | 4,832.62 |
| RIDDLE DIAG IMAGING | | | | ICD9 Code: V72.83 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-016809-00 | | | | Procedure Codes: 71020 73600 | | | | |
| | 12/05/2008 | 84.00 | 0.00 | 0.00 | 0.00 | 62.00 | 0.00 | 22.00 |
| Claim ID: 208-019782-00 | | | | Procedure Codes: 71020 73600 | | | | |
| | 01/06/2009 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | Provider Total: | 84.00 | 0.00 | 0.00 | 0.00 | 62.00 | 0.00 | 22.00 |
| RIDDLE MEMORIAL HOSPITAL | | | | ICD9 Code: 824.4 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-034213-00 | | | | Procedure Codes: 27814 71020 73600 85025 85610 85730 93005 | | | | |
| | 09/25/2009 | 54,722.75 | 0.00 | 0.00 | 0.00 | 22,983.55 | 0.00 | 31,739.20 |
| | Provider Total: | 54,722.75 | 0.00 | 0.00 | 0.00 | 22,983.55 | 0.00 | 31,739.20 |
| RMH PHYSICIAN SVC-PATHOLOGY | | | | ICD9 Code: V54.01 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-026671-00 | | | | Procedure Codes: 88300 | | | | |
| | 03/23/2009 | 66.00 | 0.00 | 0.00 | 0.00 | 60.12 | 0.00 | 5.88 |
| | Provider Total: | 66.00 | 0.00 | 0.00 | 0.00 | 60.12 | 0.00 | 5.88 |
| SOCIETY HILL ANESTHESIA CONSULTAN | | | | ICD9 Code: 824.4 | | Incurred: 10/25/2008 | | |
| Claim ID: 208-019281-00 | | | | Procedure Codes: 27814 | | | | |
| | 12/29/2008 | 1,275.00 | 0.00 | 0.00 | 0.00 | 60.00 | 0.00 | 1,215.00 |
| | Provider Total: | 1,275.00 | 0.00 | 0.00 | 0.00 | 60.00 | 0.00 | 1,215.00 |
| | Claimant Total: | 73,843.39 | 1,379.38 | 0.00 | 0.00 | 24,736.58 | 250.00 | 47,477.43 |

Claimant: 006 - ABP - 09246000301 **MUSE MICHAEL**

RIDDLE MEMORIAL HOSPITAL ICD9 Code: 786.5 Incurred: 8/15/2008

C1713 J0690 J2250 J2405 J3010 J7030 J7120

Prepared: 04/01/2016
 Time: 12:07:21PM
 Paid From: 8/1/2006
 Paid To: 3/31/2016

Mutual of Omaha Insurance Company
Paid Claims Detail Report
by Provider, Claimant



*** MUTUAL OF OMAHA CONFIDENTIAL ***

Underwriter: **006** Group ID: **ABP** Policy Number: **051085-178** **CHEYNEY UNIV**

| Provider | Date Received | Billed | Not Covered | Other Ins Paid | Other Ins Write off | Repriced Savings | Deductible | Total Paid |
|-------------------------|---------------|------------------|-------------|------------------|---------------------|------------------|-------------|-----------------|
| Claim ID: 208-033607-00 | | | | Procedure Codes: | | | | |
| | 12/28/2009 | 13,913.00 | 0.00 | 8,218.55 | 4,173.90 | 0.00 | 0.00 | 1,520.55 |
| Provider Total: | | 13,913.00 | 0.00 | 8,218.55 | 4,173.90 | 0.00 | 0.00 | 1,520.55 |
| Claimant Total: | | 13,913.00 | 0.00 | 8,218.55 | 4,173.90 | 0.00 | 0.00 | 1,520.55 |

| Claimant: | 006 - ABP - 09355001001 | | HOGAN BOBBY | | | | | |
|---|-------------------------|------------------|--------------------|--|---------------------|-------------|-------------|-------------|
| JOINT & SPINE PHYSICAL THERAPY | | | | ICD9 Code: 717.83 | Incurred: 6/17/2009 | | | |
| Claim ID: 209-021737-00 | | | | Procedure Codes: 97010 97110 97112 97140 G0283 | | | | |
| | 06/21/2010 | 424.00 | 424.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 209-022784-00 | | | | Procedure Codes: 97010 97110 97112 97140 | | | | |
| | 06/21/2010 | 212.00 | 212.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 209-023501-00 | | | | Procedure Codes: 97001 97002 97010 97014 97110 97112 97140 G0283 | | | | |
| | 06/21/2010 | 1,615.00 | 1,615.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 209-024992-00 | | | | Procedure Codes: 97010 97110 97112 97140 G0283 | | | | |
| | 06/21/2010 | 424.00 | 424.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 209-031921-00 | | | | Procedure Codes: 97002 97110 97112 97140 | | | | |
| | 06/21/2010 | 358.00 | 358.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 209-032112-00 | | | | Procedure Codes: 97110 97112 97140 | | | | |
| | 06/21/2010 | 960.00 | 960.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Provider Total: | | 3,993.00 | 3,993.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| RECON ORTHO ASSOC II PC | | | | ICD9 Code: 844.2 | Incurred: 6/17/2009 | | | |
| Claim ID: 209-023494-00 | | | | Procedure Codes: 73564 99203 | | | | |
| | 06/21/2010 | 315.00 | 315.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claim ID: 209-023496-00 | | | | Procedure Codes: 20610 29881 29888 73560 73564 99244 | | | | |
| | 06/21/2010 | 9,315.00 | 9,315.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Provider Total: | | 9,630.00 | 9,630.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Claimant Total: | | 13,623.00 | 13,623.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Policy Total: 246,710.77 31,561.38 16,798.67 8,004.39 61,923.62 13,621.97 114,800.74