Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Explanation of Benefits

Client ID No.	Client's Name	Dates
1100-00009	ALYSSA SIMPSON	05/24/2002 To 05/31/2002

This is NOT a bill.

DEBBIE SIMPSON
74209 MAPLE SYSTEMS ROAD
SPRINGFIELD, MA 01101

For inquiries regarding information please call:
(866) 711-2573

Claim No. Provider Name Service Category	Service Dates	Statement Date	Amount Billed	Amount Denied	Amount Disallowed	Amount Paid
Claim: 020523-53-227 **Provider:** Lisa Seuss						
Speech Language Pathology	5/7/2002		65.00	0.00	0.00	65.00
Speech Language Pathology	5/8/2002		52.00	0.00	0.00	52.00
Speech Language Pathology	5/9/2002		65.00	0.00	0.00	65.00
		05/24/2002	$182.00	$.00	$.00	$182.00
Claim: 020523-53-69 **Provider:** Monique Frankenstein						
Physical Therapy	5/3/2002		52.00	0.00	0.00	52.00
Physical Therapy	5/10/2002		52.00	0.00	0.00	52.00
		05/24/2002	$104.00	$.00	$.00	$104.00
Claim: 020528-53-46 **Provider:** Lisa Seuss						
Speech Language Pathology	5/14/2002		52.00	0.00	0.00	52.00
Speech Language Pathology	5/17/2002		52.00	0.00	0.00	52.00
		05/31/2002	$104.00	$.00	$.00	$104.00
Claim: 020528-53-60 **Provider:** Melissa Seuss						
Occupational Therapy	5/15/2002		52.00	0.00	0.00	52.00
Occupational Therapy	5/1/2002		52.00	0.00	0.00	52.00
Occupational Therapy	5/8/2002		52.00	0.00	0.00	52.00
		05/31/2002	$156.00	$.00	$.00	$156.00
Claim: 020528-53-67 **Provider:** Monique Frankenstein						
Physical Therapy	5/13/2002		52.00	0.00	0.00	52.00
Physical Therapy	5/17/2002		52.00	0.00	0.00	52.00
		05/31/2002	$104.00	$.00	$.00	$104.00
	Benefit Totals:		$650.00	$.00	$.00	$650.00