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June 12, 2018

020079



GHANDOUR LAW  
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05 01 020079 SH458VASS22 0808 12P3 05 [1] 020079



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Email: myclaim@farmersinsurance.com  
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Oklahoma City, OK 73126-8993  
Fax: (877) 217-1389

June 12, 2018

PROVIDENCE HEALTH & SERVICES OREGON  
PO BOX 3396  
PORTLAND OR 97208-3396

RE: Insured: Ali Mustafa  
Claim Unit Number: 5005483528-1-10  
Policy Number: 0194553947  
Loss Date: 02/26/2018  
Injured Party: Michel Jordan  
Subject: Your Medical Claim

We appreciate the opportunity to be of service and wish to advise you that we have completed an evaluation of the charges recently received. Enclosed is our payment and an Explanation of Review which details the action taken on each item billed.

Please contact me at the number below if you have any questions about this claim.

Check payment #1620663130 corresponds to this Explanation of Review.

Farmers Insurance Company of Oregon

*Madonna De Moraes*

Madonna De Moraes  
Med/PIP Claims Representative  
(952) 882-5475

05 02 020079 SH458VAS22 CB0612P3 05 1 020079



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EXPLANATION OF REVIEW

Table with 4 columns: Field Name, Value, Field Name, Value. Includes Policy Holder (Ali Mustafa), Injured Person (Michel Jordan), Date of Injury (02/26/2018), Claim Unit Number (5005483528-1-10), Claims Handler (Madonna De Moraes), Company (Farmers Insurance Company of Oregon), Bill Review Id (874393730), and Post Date (06/12/2018).

This form describes medical charges that have been evaluated for payment. For questions by Medical Providers regarding coding and fee schedule issues, please contact the Medical Provider Support Center at (800) 215-5171. Any other claim related questions, please contact your claim handler at (952) 882-5475, or you may write to the above address.

If you are a Medical Provider, you can visit https://www.hpcs.com/medicalprovider for information on how to check the status of claims and payment details like check number, date payment issued and amount paid. You can also view a copy of the Explanation of Benefits.

Table with 4 columns: Field Name, Value, Field Name, Value. Includes Provider (Providence St Vincent MEd Cntr), Patient Account # (53000309976901), Tax ID (930386929), Type (HF), Specialty (Hospital/Facility), and Procedure.

ICD Diagnosis Code:

(A) S16.1XXD, (B) S39.012D, (C) S06.0X0D, (D) M25.562, (E) V89.2XXD

Admitting Diagnosis:

Submitted Charges

Table with 10 columns: Line, Date of Service, Rev Code, Proc. Code/ NDC, Mod. Pkg., Units, Amount Charged, Eligible Amount, Amount Allowed, Explainer Code. Contains 9 rows of charge data.

05 03 020079 SH438VASS22 CB0612P3 05 11 020079



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05 04 020079 SH458VAVS22 CB90612P3 05 1 020079

### EXPLANATION OF REVIEW

<b>Policy Holder:</b>	Ali Mustafa	<b>Company:</b>	Farmers Insurance Company of Oregon
<b>Injured Person:</b>	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
<b>Date of Injury:</b>	02/26/2018		
<b>Claim Unit Number:</b>	5005483528-1-10	<b>Bill Review Id:</b>	874393730
<b>Claims Handler:</b>	Madonna De Moraes	<b>Post Date:</b>	06/12/2018

**Totals** \$1679.00    \$715.47    \$715.47

<b>Deductible Applied</b>	\$0.00
<b>Co-Payment Applied</b>	\$0.00
<b>Interest</b>	\$0.00
<b>Amount Paid</b>	\$715.47

#### Explainer Code Guide

98	The procedure code(s) referenced by the provider was used more than what is normally expected within the scope of a provider per claim.
273	The Oregon allowed amount for this procedure is based upon the Workers Compensation Fee Schedule (OAR 436-009). The allowed amount has been calculated in accordance with ORS 742.525.

#### Revenue Code (Rev. Code) Guide

0424	Physical Therapy - Evaluation or Reevaluation
0420	Physical Therapy - General

#### Procedure Code (Proc. Code) Guide / National Drug Code (NDC) Guide

97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesiologic sense, posture, and/or proprioception for sitting and/or standing activities
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes



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## EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393730
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

### ICD Diagnosis Code Guide / ICD Procedure Code Guide

S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
M25.562	Pain in left knee
S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
V89.2XXD	Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter
S06.0X0D	Concussion without loss of consciousness, subsequent encounter

### Modifier (Mod.) Code Guide / Package Type (Pkg.) Guide

GP	Services delivered under an outpatient physical therapy plan of care
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\* Unless otherwise noted above, any reductions are based on Oregon's Workers' Compensation Fee Schedule, as authorized by the Oregon PIP statute, ORS 742.525. Patients who are covered by PIP in Oregon may not be billed for any balances exceeding the fee schedule.

\* Any reduction shown above is considered a denial under the Oregon PIP statute. Please be advised that an injured person is entitled to request arbitration of any disagreement regarding the payment of benefits. The specific rights and obligations are spelled out in the auto policy.

We accept electronic bills (eBills) and attachments from healthcare providers and their billing assignees, and invite you to take advantage of this service by contacting our eBill Agent, Jopari Solutions. You may sign up using the online enrollment form at [www.jopari.com](http://www.jopari.com); or contact the Jopari Provider Registration Call Center at toll free (866) 269-0554. We encourage you to participate as electronic billing allows for a fast, efficient and cost effective method of processing bills.

The Federal government requires insurance companies to obtain and report information to the Center for Medicare & Medicaid Services (CMS). This information helps Medicare properly coordinate its payments with any other insurance or benefits you may have. If you have not yet provided us your Medicare status and social security number, please do so as soon as possible. If you have questions about our request, we encourage you to visit CMS' website at: <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html> or contact Medicare directly at (800) 633-4227.



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June 12, 2018

PROVIDENCE HEALTH & SERVICES OREGON  
 PO BOX 3396  
 PORTLAND OR 97208-3396

RE:	Insured:	Ali Mustafa
	Claim Unit Number:	5005483528-1-10
	Policy Number:	0194553947
	Loss Date:	02/26/2018
	Injured Party:	Michel Jordan
	Subject:	Your Medical Claim

We appreciate the opportunity to be of service and wish to advise you that we have completed an evaluation of the charges recently received. Enclosed is our payment and an Explanation of Review which details the action taken on each item billed.

Please contact me at the number below if you have any questions about this claim.

Check payment #1620662988 corresponds to this Explanation of Review.

Farmers Insurance Company of Oregon

*Madonna De Moraes*

Madonna De Moraes  
 Med/PIP Claims Representative  
 (952) 882-5475

05 02 020076 TFABM3AS22 CB0612P3 05 [1] 020076



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05 05 020076 TFABMAS22 CB0612P3 05 [ ] 020076

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393630
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

with any other insurance or benefits you may have. If you have not yet provided us your Medicare status and social security number, please do so as soon as possible. If you have questions about our request, we encourage you to visit CMS' website at: <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html> or contact Medicare directly at (800) 633-4227.





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June 12, 2018

PROVIDENCE HEALTH & SERVICES OREGON  
PO BOX 3396  
PORTLAND OR 97208-3396

RE: Insured: Ali Mustafa  
Claim Unit Number: 5005483528-1-10  
Policy Number: 0194553947  
Loss Date: 02/26/2018  
Injured Party: Michel Jordan  
Subject: Your Medical Claim

We appreciate the opportunity to be of service and wish to advise you that we have completed an evaluation of the charges recently received. Enclosed is our payment and an Explanation of Review which details the action taken on each item billed.

Please contact me at the number below if you have any questions about this claim.

Check payment #1620663062 corresponds to this Explanation of Review.

Farmers Insurance Company of Oregon

*Madonna De Moraes*

Madonna De Moraes  
Med/PIP Claims Representative  
(952) 882-5475

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06 03 020077 HY4DR3AH22 CB0612P3 06 [ ] 020077

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393570
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

This form describes medical charges that have been evaluated for payment. For questions by Medical Providers regarding coding and fee schedule issues, please contact the Medical Provider Support Center at (800) 215-5171. Any other claim related questions, please contact your claim handler at (952) 882-5475, or you may write to the above address.

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Provider:	Providence St Vincent MED Cntr PO BOX 3396 PORTLAND,OR,97208	Patient Account #:	53000315727701
		Tax ID:	930386929
		Type:	HF
		Specialty:	Hospital/Facility
		Procedure:	

ICD Diagnosis Code:  
 (A) S06.0X0D, (B) V89.2XXD

Admitting Diagnosis:

#### Submitted Charges

Line	Date of Service	Rev Code	Proc. Code/ NDC	Mod. Pkg.	Units	Amount Charged	Eligible Amount	Amount Allowed	Explainer Code
1	04/16/18	0430	97110	GO	1	\$107.00	\$51.90	\$51.90	273
2	04/25/18	0430	97110	GO	2	\$214.00	\$103.80	\$103.80	273
3	05/02/18	0430	97110	GO	2	\$214.00	\$103.80	\$103.80	273
4	04/25/18	0430	97530	59,GO	1	\$108.00	\$68.61	\$68.61	179,273
5	05/02/18	0430	97530	59,GO	1	\$108.00	\$68.61	\$68.61	179,273
6	04/16/18	0434	97166	GO	1	\$281.00	\$153.33	\$153.33	273
7	04/26/18	0440	92507	GN	1	\$435.00	\$150.14	\$150.14	273
8	05/03/18	0440	92507	GN	1	\$435.00	\$150.14	\$150.14	273



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06 04 020077 HY4DR3AH22 CB0612P3 06 11 020077

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393570
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

Totals \$1902.00    \$850.33    \$850.33

Deductible Applied	\$0.00
Co-Payment Applied	\$0.00
Interest	\$0.00
Amount Paid	\$850.33

#### Explainer Code Guide

179	The provider is using modifier -59 to indicate under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 will identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.
273	The Oregon allowed amount for this procedure is based upon the Workers Compensation Fee Schedule (OAR 436-009). The allowed amount has been calculated in accordance with ORS 742.525.

#### Revenue Code (Rev. Code) Guide

0440	Speech-Language Pathology - General
0434	Occupational Therapy - Evaluation or Reevaluation
0430	Occupational Therapy - General

#### Procedure Code (Proc. Code) Guide / National Drug Code (NDC) Guide

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data



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June 12, 2018

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393570
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.

#### ICD Diagnosis Code Guide / ICD Procedure Code Guide

V89.2XXD	Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter
S06.0X0D	Concussion without loss of consciousness, subsequent encounter

#### Modifier (Mod.) Code Guide / Package Type (Pkg.) Guide

59	Distinct Procedural Service
GO	Services delivered under an outpatient occupational therapy plan of care
GN	Services delivered under an outpatient speech language pathology plan of care

\* Unless otherwise noted above, any reductions are based on Oregon's Workers' Compensation Fee Schedule, as authorized by the Oregon PIP statute, ORS 742.525. Patients who are covered by PIP in Oregon may not be billed for any balances exceeding the fee schedule.

\* Any reduction shown above is considered a denial under the Oregon PIP statute. Please be advised that an injured person is entitled to request arbitration of any disagreement regarding the payment of benefits. The specific rights and obligations are spelled out in the auto policy.

We accept electronic bills (eBills) and attachments from healthcare providers and their billing assignees, and invite you to take advantage of this service by contacting our eBill Agent, Jopari Solutions. You may sign up using the online enrollment form at [www.jopari.com](http://www.jopari.com); or contact the Jopari Provider Registration Call Center at toll free (866) 269-0554. We encourage you to participate as electronic billing allows for a fast, efficient and cost effective method of processing bills.

The Federal government requires insurance companies to obtain and report information to the Center for Medicare & Medicaid Services (CMS). This information helps Medicare properly coordinate its payments with any other insurance or benefits you may have. If you have not yet provided us your Medicare status and social security number, please do so as soon as possible. If you have questions about our request, we encourage you to visit CMS' website at: <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html> or contact Medicare directly at (800) 633-4227.



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06 06 020077 HY4DR3AH22 CB0612P3 06 [1] 020077

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393570
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018



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June 12, 2018

PROVIDENCE HEALTH & SERVICES OREGON  
PO BOX 3396  
PORTLAND OR 97208-3396

RE:	Insured:	Ali Mustafa
	Claim Unit Number:	5005483528-1-10
	Policy Number:	0194553947
	Loss Date:	02/26/2018
	Injured Party:	Michel Jordan
	Subject:	Your Medical Claim

We appreciate the opportunity to be of service and wish to advise you that we have completed an evaluation of the charges recently received. Enclosed is our payment and an Explanation of Review which details the action taken on each item billed.

Please contact me at the number below if you have any questions about this claim.

Check payment #1620663097 corresponds to this Explanation of Review.

Farmers Insurance Company of Oregon

*Madonna De Moraes*

Madonna De Moraes  
Med/PIP Claims Representative  
(952) 882-5475

05 02 020078 LC48B6D522 CB0612P3 05 [ ] 020078





June 12, 2018

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05 03 020078 LC48BD522 CB0612P3 05 1 020078

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393680
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

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Provider:	Providence St Vincent MEd Cntr PO BOX 3396 PORTLAND,OR,97208	Patient Account #:	53000314845101
		Tax ID:	930386929
		Type:	HF
		Specialty:	Hospital/Facility
		Procedure:	

ICD Diagnosis Code:  
 (A) S16.1XXD, (B) S39.012D, (C) M25.562, (D) V89.2XXD

Admitting Diagnosis:

#### Submitted Charges

Line	Date of Service	Rev Code	Proc. Code/ NDC	Mod. Pkg.	Units	Amount Charged	Eligible Amount	Amount Allowed	Explainer Code
1	04/27/18	0420	97110	GP	1	\$107.00	\$51.90	\$51.90	273
2	05/04/18	0420	97110	GP	1	\$107.00	\$51.90	\$51.90	273
3	04/18/18	0420	97112	GP	3	\$324.00	\$177.18	\$177.18	273
4	04/25/18	0420	97112	GP	3	\$324.00	\$177.18	\$177.18	273
5	05/08/18	0420	97112	GP	3	\$324.00	\$177.18	\$177.18	273
6	05/04/18	0420	97140	GP	1	\$108.00	\$47.13	\$47.13	273
7	05/04/18	0420	97530	59,GP	1	\$108.00	\$68.61	\$68.61	179,273
8	04/27/18	0420	97530	GP	2	\$216.00	\$137.22	\$137.22	273



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05 04 020078 LC48B60522 C90612P3 05 1 020078

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393680
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

<b>Totals</b>	\$1618.00	\$888.30	\$888.30
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<b>Deductible Applied</b>	\$0.00
<b>Co-Payment Applied</b>	\$0.00
<b>Interest</b>	\$0.00
<b>Amount Paid</b>	\$888.30

#### Explainer Code Guide

179	The provider is using modifier -59 to indicate under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 will identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.
273	The Oregon allowed amount for this procedure is based upon the Workers Compensation Fee Schedule (OAR 436-009). The allowed amount has been calculated in accordance with ORS 742.525.

#### Revenue Code (Rev. Code) Guide

0420	Physical Therapy - General
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#### Procedure Code (Proc. Code) Guide / National Drug Code (NDC) Guide

97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

#### ICD Diagnosis Code Guide / ICD Procedure Code Guide

S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
M25.562	Pain in left knee



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June 12, 2018

### EXPLANATION OF REVIEW

Policy Holder:	Ali Mustafa	Company:	Farmers Insurance Company of Oregon
Injured Person:	Michel Jordan 16455 SW MILAN ST PORTLAND, OR 97223		
Date of Injury:	02/26/2018		
Claim Unit Number:	5005483528-1-10	Bill Review Id:	874393680
Claims Handler:	Madonna De Moraes	Post Date:	06/12/2018

S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
V89.2XXD	Person injured in unspecified motor-vehicle accident, traffic, subsequent encounter

#### Modifier (Mod.) Code Guide / Package Type (Pkg.) Guide

59	Distinct Procedural Service
GP	Services delivered under an outpatient physical therapy plan of care

\* Unless otherwise noted above, any reductions are based on Oregon's Workers' Compensation Fee Schedule, as authorized by the Oregon PIP statute, ORS 742.525. Patients who are covered by PIP in Oregon may not be billed for any balances exceeding the fee schedule.

\* Any reduction shown above is considered a denial under the Oregon PIP statute. Please be advised that an injured person is entitled to request arbitration of any disagreement regarding the payment of benefits. The specific rights and obligations are spelled out in the auto policy.

We accept electronic bills (eBills) and attachments from healthcare providers and their billing assignees, and invite you to take advantage of this service by contacting our eBill Agent, Jopari Solutions. You may sign up using the online enrollment form at [www.jopari.com](http://www.jopari.com); or contact the Jopari Provider Registration Call Center at toll free (866) 269-0554. We encourage you to participate as electronic billing allows for a fast, efficient and cost effective method of processing bills.

The Federal government requires insurance companies to obtain and report information to the Center for Medicare & Medicaid Services (CMS). This information helps Medicare properly coordinate its payments with any other insurance or benefits you may have. If you have not yet provided us your Medicare status and social security number, please do so as soon as possible. If you have questions about our request, we encourage you to visit CMS' website at: <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html> or contact Medicare directly at (800) 633-4227.