



Kyten.Solutions

A Medical Solutions Partner for  
Enhancing Your Patient's Health  
&  
Growing Your Practice

EOB's

# OUR MISSION

Our mission is to integrate our ancillary services by partnering with physician practices to enhance patient healthcare, to increase physicians patient retention and to promote overall growth for your healthcare practice.

# CIGNA

**RIS Electronic Remittance**      Check Date: 06/11/2018      Check Amount: \$1,000.00      Check/EFT #: [REDACTED]

From: CHINA HEALTH AND LIFE INSURANCE COMPANY      To: [REDACTED]      NPI: [REDACTED]

P.O. BOX 18223      [REDACTED]      FL      [REDACTED]

CHIATTANOGA      TN      374227223

Original File Name: R5471014.CT  
Current File Name: 2018-06-13-05-13-45\_240.CT

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ID	Account	Processed As Primary	ICN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

  

Refund Provider	Service Date	Ref Unit	Price	Modifiers	Billed	Allowed	Deduct	Coin	CoPay	Amount	Claim Received	Net Paid
115446209	06-04-18	120	95004		1200.00	563.20	0.00	0.00			06-05-18	563.20
115446209	06-04-18	60	95024		1200.00	125.80	0.00	0.00	CO-45	124.40	06-05-18	322.80
Policy:									CO-45	478.20		
Net Resp: 0.00					Claim Totals:		2400.00	689.00	0.00	0.00		891.00

<b>Electronic Remittance</b>		Check Date: 05/03/2018	Check Amount: \$0.00	Check/EFT #: [REDACTED]									
From: CHNA HEALTH AND LIFE INSURANCE COMPANY		To: [REDACTED]	NPI: [REDACTED]										
P.O. BOX 182223		[REDACTED]											
CHATTANOOGA		TN 374227223	MARGATE	FL [REDACTED]									
Original File Name: R34701016.A6													
Current File Name: 2018-05-08-05-07-01_013_7112041.A6													
[REDACTED] C ID# [REDACTED] Acct. [REDACTED] Processed As Primary [REDACTED] I/CN: [REDACTED]													
Corrected Insured	Service Date	Ref	Units	Price	Modifiers	Billed	Allowed	Deduct	Coins	Grp/RC	Amount	Claim Received	Pre Paid
1478789157	04-23-18		75	\$1565		1875.00	656.25	0.00	0.00	CO-45	1218.75	04-28-18	656.25
Policy: [REDACTED]					[REDACTED]					[REDACTED]			
Pat Resp: 0.00					[REDACTED]					[REDACTED]			
[REDACTED] C ID# [REDACTED] Acct. [REDACTED] Processed As Primary [REDACTED] I/CN: [REDACTED]													
Corrected Insured	Service Date	Ref	Units	Price	Modifiers	Billed	Allowed	Deduct	Coins	Grp/RC	Amount	Claim Received	Pre Paid
1478789157	04-26-18		1	\$6117		50.00	7.11	0.00	0.00	CO-45	42.89	04-28-18	7.11
Rand Provider: [REDACTED]					[REDACTED]					[REDACTED]			
Pat Resp: 0.00					[REDACTED]					[REDACTED]			
[REDACTED] C ID# [REDACTED] Acct. [REDACTED] Processed As Primary [REDACTED] I/CN: [REDACTED]													
Corrected Insured	Service Date	Ref	Units	Price	Modifiers	Billed	Allowed	Deduct	Coins	Grp/RC	Amount	Claim Received	Pre Paid
1478789157	04-26-18		75			1875.00	656.25	0.00	0.00	CO-45	1218.75	04-28-18	656.25
Policy: [REDACTED]					[REDACTED]					[REDACTED]			
Pat Resp: 0.00					[REDACTED]					[REDACTED]			
[REDACTED] C ID# [REDACTED] Acct. [REDACTED] Processed As Primary [REDACTED] I/CN: [REDACTED]													
Corrected Insured	Service Date	Ref	Units	Price	Modifiers	Billed	Allowed	Deduct	Coins	Grp/RC	Amount	Claim Received	Pre Paid
1478789157	04-26-18		75			1875.00	656.25	0.00	0.00	CO-45	1218.75	04-28-18	656.25
Policy: [REDACTED]					[REDACTED]					[REDACTED]			
Pat Resp: 0.00					[REDACTED]					[REDACTED]			
[REDACTED] C ID# [REDACTED] Acct. [REDACTED] Processed As Primary [REDACTED] I/CN: [REDACTED]													
Corrected Insured	Service Date	Ref	Units	Price	Modifiers	Billed	Allowed	Deduct	Coins	Grp/RC	Amount	Claim Received	Pre Paid
1478789157	04-26-18		75			1875.00	656.25	0.00	0.00	CO-45	1218.75	04-28-18	656.25
Policy: [REDACTED]					[REDACTED]					[REDACTED]			
Pat Resp: 0.00					[REDACTED]					[REDACTED]			

[illegible]

Pg.1 of 1

Revenue Management  
N/A

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AS Electronic Remittance      Check Date: 07/12/2018      Check Amount: \$0.00      Check/EFT #: [REDACTED]

From: CHINA HEALTH AND LIFE INSURANCE COMPANY      To: [REDACTED]      NPI: [REDACTED]

P.O. BOX 182223      TN: 374227223      FL: [REDACTED]

CIAATFANOOGA

Original File Name: K00T00E.L6      Current File Name: 201807-12-12-00-49\_K35\_150961917.L6

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ID:	[REDACTED]	Acct:	[REDACTED]	Processed As Primary:	ICN:	[REDACTED]							
Send Provider	Service Date	Pat#	Units	Proc	Modifiers	Billed	Allowed	Deduct	Cobs	Gry/BG	Amount	Claim Received	Pro
1478091107	07-02-18	0	95117			50.00	47.11		6.00			07-05-18	Pro
Policy:													
Pat Resp:	7.11	Claim Totals:	\$0.00	7.11	7.11	6.00	42.89						

Total Claims: 0

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Import Totals

# of Claims	Billed	Deductible	# Co Ins Amt	Service Level Adj Amount	Claims Level Adj Amount	Total Adj Amount	Allowed	Provider Paid	Provider L
			0.00	[REDACTED]	+	=	42.89	0.00	0.00

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Provider Level Adjustments Total:

1 Deductible Amount  
45 Charge records for schedule not maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CU depending upon liability)

Aetna

Electronic Remittance

Check Date: 08/13/2018

Check Amount: 0.00

Check/EFT #: 00000000000000000000

NPI: 0000000000

From: AETNA

151 FARMINGTON AVENUE

HARTFORD CT 06156 FL 330635715

Original File Name: 8347018.QK

Current File Name: 2018-08-08-01-04-04\_835.QK

Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-25-18	35	95004			750.00	411.75	0.00	15.00	CO-45	338.25	07-20-18	396.75
Pat Resp: 15.00      Claim Totals: 1450.00      632.95      0.00      15.00      817.05      619.95													

Corrected Insured = 000

835 Electronic Remittance

Check Date: 08/20/2018

Check Amount: [REDACTED]

Check/EFT #: [REDACTED]

NPI: [REDACTED]

From: AETNA

151 FARMINGTON AVENUE

HARTFORD

CT 06156

FL 330635715

Original File Name: 8347018.RM

Current File Name: 2018-08-16-12-18-09\_835\_0806440.RM

Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-30-18	1	95117			50.00	8.28	0.00	0.00	CO-45	41.72	08-02-18	8.28
Pat Resp: 0.00      Claim Totals: 50.00      8.28      0.00      0.00      41.72      8.28													
[REDACTED] ID: [REDACTED] Acct: [REDACTED] Processed As Primary ICN: [REDACTED]													
Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-26-18	30	95165			750.00	314.10	0.00	0.00	CO-45	435.90	08-02-18	314.10
Pat Resp: 0.00      Claim Totals: 750.00      314.10      0.00      0.00      435.90      314.10													
[REDACTED] ID: [REDACTED] Acct: [REDACTED] Processed As Primary ICN: [REDACTED]													
Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-25-18	30	95165			750.00	314.10	0.00	0.00	CO-45	435.90	08-02-18	314.10
Pat Resp: 0.00      Claim Totals: 750.00      314.10      0.00      0.00      435.90      314.10													
[REDACTED] ID: [REDACTED] Acct: [REDACTED] Processed As Primary ICN: [REDACTED]													
Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-31-18	30	95165			750.00	314.10	0.00	0.00	CO-45	435.90	08-02-18	314.10
Pat Resp: 0.00      Claim Totals: 750.00      314.10      0.00      0.00      435.90      314.10													
[REDACTED] ID: [REDACTED] Acct: [REDACTED] Processed As Primary ICN: [REDACTED]													

08/16/18 13:14

Revenue Management

Pg. 1 of 3

835 Electronic Remittance

Check Date: 08/20/2018

Check Amount: \$1869.00

Check/EFT #:

NPI:

From: AETNA

151 FARMINGTON AVENUE

HARTFORD

CT 06156

MARGATE

FL 330635715

117075544

07-30-18

75

95004

750.00

411.75

0.00

15.00

CO-45

338.25

08-02-18

396.75

Policy:

Pat Resp: 15.00

Claim Totals:

750.00

411.75

0.00

15.00

338.25

396.75

Corrected Insured =

ID:

Acct:

Processed As Primary

ICN:

117075544

08-01-18

30

95165

750.00

314.10

0.00

0.00

CO-45

435.90

08-02-18

314.10

Policy:

Pat Resp: 0.00

Claim Totals:

750.00

314.10

0.00

0.00

435.90

314.10

Corrected Insured =

ID:

Acct:

Processed As Primary

ICN:

117075544

07-25-18

1

95117

50.00

8.28

0.00

0.00

CO-45

41.72

07-25-18

8.28

Policy:

Pat Resp: 0.00

Claim Totals:

50.00

8.28

0.00

0.00

41.72

8.28

08/16/18 13:14

Revenue Management

Pg. 2 of 3

N/A

835 Electronic Remittance

Check Date: 08/27/2018

Check Amount:

Check/EF:

NPI:

From: AETNA

151 FARMINGTON AVENUE

HARTFORD

CT

06156

FL

330635715

Original File Name: 8347018.RM

Current File Name: 2018-08-16-12-18-09\_835\_0806440.RM

Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	08-08-18	1	95117			50.00	8.28	0.00	0.00	CO-45	41.72	08-09-18	8.28
Pat Resp: 0.00      Claim Totals: 50.00      8.28      0.00      0.00      41.72      8.28													
Corrected Insured =      ID:      Acct:      Processed As Primary      ICN:													
Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-30-18	30	95165			750.00	314.10	0.00	0.00	CO-45	435.90	08-02-18	314.10
Pat Resp: 0.00      Claim Totals: 750.00      314.10      0.00      0.00      435.90      314.10													
Corrected Insured =      ID:      Acct:      Processed As Primary      ICN:													
Read Provider	Service Date	Pat	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Prev Paid
117075544	07-31-18	30	95165			750.00	314.10	0.00	0.00	CO-45	435.90	08-02-18	314.10
Pat Resp: 0.00      Claim Totals: 750.00      314.10      0.00      0.00      435.90      314.10													
Corrected Insured =      ID:      Acct:      Processed As Primary      ICN:													

08/22/18 14:11

Revenue Management

Pg. 3 of 5

N/A



UHC

835 Electronic Remittance      Check Date: 03/08/2018  
From: UNITED HEALTHCARE INSURANCE COMPANY  
9900 BRIEN ROAD  
MINNETONKA  
M 553439664  
N

Check Amount: [REDACTED]      Check/EFT #: [REDACTED]      NPI: [REDACTED]  
To: [REDACTED]      FL [REDACTED]

ID: [REDACTED]      Acct: [REDACTED]      Processed As Primary, Forwarded: [REDACTED]      ICN: [REDACTED]

Consumer Carrier: UNITED HEALTHCARE SERVICES, INC.      N367

Read Provider	Service Date	Pos	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Pre Paid
1457403157	02-22-18	75	95004			750.00	246.75	0.00				02-27-18	0.00
Policy:													
1457403157	02-22-18	60	95024			1200.00	282.00	48.14	46.77	CO-45	503.25	02-27-18	187.09
Policy:													
Pat Resp: 341.66		Claim Totals:		1950.00		528.75		294.89		46.77		187.09	
								1421.25					

8 15:12      Revenue Management      [REDACTED]

835 Electronic Remittance      Check Date: 03/15/2018  
From: UNITED HEALTHCARE INSURANCE COMPANY  
9900 BRIEN ROAD  
MINNETONKA  
M 553439664  
N

Check Amount: [REDACTED]      Check/EFT #: [REDACTED]      NPI: [REDACTED]  
To: [REDACTED]      FL [REDACTED]

ID: [REDACTED]      Acct: 372037      Processed As Primary, Forwarded: [REDACTED]      ICN: [REDACTED]

Consumer Carrier: UNITED HEALTHCARE SERVICES, INC.      N367

Read Provider	Service Date	Pos	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Pre Paid
1457403157	03-01-18	75	95004			750.00	246.75	0.00	49.35			03-05-18	197.40
Policy:													
1457403157	03-01-18	60	95024			1200.00	246.75	0.00	49.35	CO-45	503.25	03-05-18	197.40
Policy:													
Pat Resp: 49.35		Claim Totals:		1950.00		493.50		0.00		49.35		197.40	

03/20/18 15:34      Revenue Management      N/A      Pg. 7 of 8

835 Electronic Remittance      Check Date: 03/22/2018  
From: UNITED HEALTHCARE INSURANCE COMPANY  
9900 BRIEN ROAD  
MINNETONKA  
M 553439664  
N

Check Amount: [REDACTED]      Check/EFT #: [REDACTED]      NPI: [REDACTED]  
To: [REDACTED]      FL [REDACTED]

ID: [REDACTED]      Acct: [REDACTED]      Processed As Primary, Forwarded: [REDACTED]      ICN: [REDACTED]

Consumer Carrier: UNITED HEALTHCARE SERVICES, INC.      N367

Corrected Insured = , SHARA, S

Read Provider	Service Date	Pos	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Pre Paid
1457403157	03-07-18	40	95165			1000.00	300.80	0.00	60.16			03-16-18	240.64
Policy:													
1457403157	03-07-18	60	95024			1000.00	300.80	0.00	60.16	CO-45	699.20	03-16-18	240.64
Policy:													
Pat Resp: 60.16		Claim Totals:		1000.00		601.60		0.00		60.16		240.64	

03/21/18 17:09      Revenue Management      N/A      Pg. 5 of 6

835 Electronic Remittance      Check Date: 04/19/2018  
From: UNITED HEALTHCARE INSURANCE COMPANY  
9900 BRIEN ROAD  
MINNETONKA  
M 553439664  
N

Check Amount: [REDACTED]      Check/EFT #: [REDACTED]      NPI: [REDACTED]  
To: [REDACTED]      FL [REDACTED]

ID: [REDACTED]      Acct: [REDACTED]      Processed As Primary, Forwarded: [REDACTED]      ICN: [REDACTED]

Consumer Carrier: UNITED HEALTHCARE SERVICES, INC.      N367

Corrected Insured = , TU, A

Read Provider	Service Date	Pos	Units	Proc	Modifiers	Billed	Allowed	Deduct	Coins	Gp/RC	Amount	Claim Received	Pre Paid
1457403157	04-05-18	1	95115			40.00	11.92	0.00				04-11-18	0.00
Policy:													
1457403157	04-05-18	60	95024			40.00	11.92	0.00		CO-45	28.08	04-11-18	0.00
Policy:													
Pat Resp: 11.92		Claim Totals:		40.00		23.84		0.00		11.92		0.00	

04/19/18 14:39      Revenue Management      N/A      Pg. 3 of 6

Ambetter

Payment Date:	1/4/2018

Ambetter

Payment Date: 7/9/2018

Ambetter

Payment Date: 7/9/2018

Insured Name: [REDACTED]				Mbr No: [REDACTED]		MRN: [REDACTED]		Claim/Ctrl No: [REDACTED]						
Patient Name: [REDACTED]				SvcProv No: [REDACTED]		Carrier: [REDACTED]		PatCtrlNo: [REDACTED]						
Service Provider: [REDACTED]				NPI: [REDACTED]		Group: FL EPO PRODUCT								
Serv	Dates	Proc #	Modifiers	Days C'd/Qty	Charged/Allow	Deduct	CoPay	Coinsur	Discount/Interest	Mod Allow/ Med Paid	Third Party Payer	Denied	EXPL Codes	Paymen Withheld
0100	6/19/2018	95165		30	\$750.00 \$379.90	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	91 92	\$379.00
			Sub-total		\$750.00 \$378.60	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$378.60
Insured Name: [REDACTED]				Mbr No: [REDACTED]		MRN: [REDACTED]		Claim/Ctrl No: [REDACTED]						
Patient Name: [REDACTED]				SvcProv No: [REDACTED]		Carrier: [REDACTED]		PatCtrlNo: [REDACTED]						
Service Provider: [REDACTED]				NPI: [REDACTED]		Group: FL EPO PRODUCT								
Serv	Dates	Proc #	Modifiers	Days C'd/Qty	Charged/Allow	Deduct	CoPay	Coinsur	Discount/Interest	Mod Allow/ Med Paid	Third Party Payer	Denied	EXPL Codes	Paymen Withheld
0100	6/25/2018	95004		80	\$800.00 \$509.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	91 92	\$509.00
			Sub-total		\$800.00 \$508.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$508.00
Insured Name: [REDACTED]				Mbr No: [REDACTED]		MRN: [REDACTED]		Claim/Ctrl No: [REDACTED]						
Patient Name: [REDACTED]				SvcProv No: [REDACTED]		Carrier: [REDACTED]		PatCtrlNo: [REDACTED]						
Service Provider: [REDACTED]				NPI: [REDACTED]		Group: FL EPO PRODUCT								
Serv	Dates	Proc #	Modifiers	Days C'd/Qty	Charged/Allow	Deduct	CoPay	Coinsur	Discount/Interest	Mod Allow/ Med Paid	Third Party Payer	Denied	EXPL Codes	Paymen Withheld
0100	6/25/2018	95165		30	\$750.00 \$378.90	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	91 92	\$378.90
			Sub-total		\$750.00 \$378.60	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$378.60

Try Seeing This From Our Point of View

## WHY CHOOSE KYTEN SOLUTIONS?

- ✓ Enhanced patient care
- ✓ Boost revenue for your practice  
(as much as \$100K per month)
- ✓ NO INVESTMENTS: we provide these services at no cost to you
- ✓ 100% Stark, OSHA and HIPAA Compliant
- ✓ Food & Environmental Allergy Testing
- ✓ Beginning to end treatment
- ✓ 96% Reimbursement Recovery