



CIGNA HEALTH AND LIFE INSURANCE COMPANY

Customer service

Call the number on the back of your ID card or

1-866-494-2111

MyCigna.com

If you have any questions about this document, please call Customer Service at the number above. Please have your claim number ready.

Service date

June 28, 2022

Claim # / ID

222134097702/ 107120746

Provider network status

OUT OF NETWORK

Account name / Account

N-ABLE TECHNOLOGIES, INC. / 00633644

THIS IS NOT A BILL.

Your health care professional may bill you directly for any amount that you owe.

Explanation of benefits

for a claim received for SOPHIA JONGSMA, Claim # 222134097702

Patient's relationship to subscriber: Dependent

Subscriber: TATYANA BUSEL JONGSMA

Summary of a claim for services on June 28, 2022

for services provided by MEDWAY AIR AMBULANCE.

Amount Billed	\$141,460.00	This was the amount that was billed for your visit on 06/28/2022.
Discount	\$83,605.62	You saved \$83,605.62. Cigna negotiates discounts with health care professionals and facilities to help you save money.
What my Cigna plan paid	\$57,854.38	Cigna paid \$2,169.82 to MEDWAY AIR AMBULANCE. This is a correction of a previously processed claim.
What I Owe	\$0.00	This is the amount you owe after your discount, what your Cigna plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid when you received care may reduce the amount you owe.

You saved

100%

You saved \$141,460.00 (or 100%) off the total amount billed. This is a total of your discount and what your Cigna plan paid.

To maximize your savings, visit MyCigna.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



COLR052F 8441 5039 110 07 20230531 Pg 2 OF 3 8441.P-EOB-WN2D03P-WN2DHT1.20230531082223
00011333 47319098.2 0-0
THIS IS NOT A BILL

Claim Detail

Cigna received this claim on August 16, 2022 and processed it on May 30, 2023.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What my Cigna plan paid	% paid	Coinsurance*	What I owe	See notes
MEDWAY AIR AMBULANCE, Patient # 114319 PO BOX 490907 LAWRENCEVILLE GA 30049-0016												
06/28/22	AMBULANCE	10,000.00	0.00	0.00	585.12	0.00	0.00	585.12	100	0.00	0.00	IL1 204 MRI
			0.00	0.00								
			9,414.88	0.00								
06/28/22	AMBULANCE	15,000.00	0.00	0.00	15,000.00	0.00	0.00	15,000.00	100	0.00	0.00	IL1 083 204 VFK
			0.00	0.00								
			0.00	0.00								
			0.00	0.00								
06/28/22	AMBULANCE	7,500.00	0.00	0.00	1,584.70	0.00	0.00	1,584.70	100	0.00	0.00	IL1 204 MRI
			0.00	0.00								
			5,915.30	0.00								
06/28/22	AMBULANCE	108,960.00	0.00	0.00	40,684.56	0.00	0.00	40,684.56	100	0.00	0.00	IL1 083 204 VFK
			0.00	0.00								
			0.00	0.00								
			68,275.44	0.00								
Total		\$141,460.00	\$83,605.62	\$0.00	\$57,854.38	\$0.00	\$0.00	\$57,854.38		\$0.00	\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description typically governs this, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.