

Extended Health Claim Details

Declined

Explanation of Benefits

Member Data

Claim No. IDfAce	Certificate Number 1073842	Group No. 61792
Patient Anna Maria Bondi	Relationship Dependent	Certificate Holder Philip Bondi

Benefits may be salary-related, please ensure that this information is current.

Claim Summary

Description	Date	Submitted	Deductible	Coinsurance	Covered	HSA
Custom Foot Orthotics	Mar 25, 2025	\$545.00	\$0.00	80%	\$0.00	N/A
Total Submitted						\$545.00
Total Paid						\$0.00
Total Not Covered						\$545.00

The above information was used to process your claim. Please verify the accuracy of this data and report any discrepancies to us at Simply Benefits.

Adjudication Notes

2100 - It appears that some information may be missing. Please resubmit with the following supporting documentation.

- Prescription that includes the medical diagnosis requiring the orthotic/orthopedic shoes dated within 12 months.