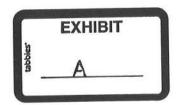
EMPLOYER	BEGINNING DOS	ENDING DOS	PROVIDER NAME	MEMBER NAME	ADD1	ADD2	GROSS	PROCESSED	PARTICIPANT TIMELY PROVED AMT PAID	PARTICIPANT UNTIMELY PROVED AMT PAID	LATE PROOF	REASON ADJUSTED	Agree	IF NARRATIVE	HOGGE COMMENTS	REPONSE_TO_HOGGE	APPROVED AMOUNT
BLACK CANYON INN			WILLIAM R PIKE, DDS	THERESA MURRAY	P O BOX 1472	ESTES PARK, CO 80517	66.00	AMT 33.00	66.00			plan design	n	Hogge believes plan terminated on June 30, 2003. Documents that if has indicates plan terminator of the street of	From the DOL report of interview it is written that the final payment was mailed in June with Jim Sloan, owner of olt Black Carryon Inn. The termination date would have bee June 30, 2003. It looks like Jim Sloan terminated the pla	n n	
BLACK CANYON INN	7/31/2003	7/31/2003	WILLIAM R PIKE, DDS	THERESA MURRAY-AMBER MURRAY	P O BOX 1472	ESTES PARK, CO 80517	66.00	33.00	66.00			plan design	n	Ms. Murray. RMI amount \$33,00. Hogge amount zero.	From the DOL report of interview it is written that the fina payment was mailed in June with Jim Sloan, owner of of Black Caryon Inn. The termination date would have bee	n M	
BLACK CANYON INN	7/31/2003	7/31/2003	WILLIAM R PIKE, DDS	THERESA MURRAY-ASHLEY MURRA	Y P O BOX 1472	ESTES PARK, CO 80517	66.04	33.00	68.00		÷	plan design	n	Ms. Murray, RMI amount	ge ort e	eri adı	



EMPLOYER	BEGINNING DOS	ENDING DOS	PROVIDER NAME	MEMBER NAME	ADD1	ADD2	GROS	PROCESSE	PARTICIPANT TIMELY PROVED AMT PAID	PARTICIPANT UNTIMELY PROVED AMT PAID	LATE PROOF	REASON ADJUSTED	Agree	IF NARRATIVE	HOGGE COMMENTS	REPONSE_TO_HOGGE	APPROVED AMOU
LACK CANYON INN			WILLIAM R PIKE, DDS	THERESA MURRAY-SEAN MURRAY	P O BOX 1472	ESTES PARK, CO 8051	66.	33.0	66.00			plan design	n	Ms. Murray. RMI amount \$52.80. Hogge amount zero.	provided during time period. Claim date is 7/8/3; claim is after termination date.		
SARFIELD & HECHT	10/6/2003	10/15/2003	ROBERT CHRISTENSSEN, ODS	GREGORY GORDON	P O BOX 634	ASPEN, CO 61612	1,145	.00 672.5	0 672.50			plan design	n	Hogge believes claims should process for less bacause of a waiting period for crowns not met. No annual waiting period for 2003 could be mel due to company shut down not the fault of participant. Hogge amount is \$104.00. Our amount is \$672.50.		disputed	
GARFIELD & HECHT	7/5/2003	10/5/2003	3 JACK HILTY, DDS	KATHLEEN SYDORYK-LUKE SYDORYK	601 KINGS ROW AVE	CARBONDALE, CO 81	23 4,700	2,000.0	1,900.0	b			n	no fault of participant Participant submitted proof of pymt of \$1900.00 on orthodinics charg; Hogge	gh objection would remain the same; on the spreadsheet previously provided by the IF it shows finel processed amount of \$5, I went back to the claim at the IF (ccanned copy) and the receipt only shows ectual payment of \$900 (4 oc bransactions of \$200 each); the \$1100	disputed	
LA	6/18/2003	6/18/200	3 JOSHUA A BOCKIAN, DDS	ROBERT MARQUIS	200 N E 12TH AVE., #1C	HALLANDALE, FL 3300	9 6,89:	3.00 2,000	2,000.0	0		plan design	n	Hogge believes should proce under Plan B (no current rost though) and reprocessed to \$1,000.00. We believe lifetim maximum should be paid as the Plan ceased operations due to no fault of participant Hogge amount \$1,000. Our Amount \$2,000	55 er 10	disputed	
NFO PAC	7/8/2002	10/1/200	3 TWIN CITIES ORTHODONICS	COLLEEN GALLI-KRISTEN GALLI	2500 WEST COURT 42, STE 132	BURNSVILLE, MN 553	3,96	2.20 2,000.	2,000.0	0		plan design, orthodonics lifetime max i \$2000	is n	only pay plan year maximum \$1000 if anything were due, if the lifetime maximum. Hogge states nothing due. Hogge believes correspondence MS	Claim: Kristen Gelli Christen Baying out \$2000, subject to \$1000 annual maximum; this claim was previously denied due to ortho dwating period; date of plecement was 78002, which did not meet the 12 month weiting period; if the IF determine to pay this claim; it would be subject to the annual maximum Oblect: overvious deniels critic variance period, ortho elibilet	disputed	

EMPLOYER	BEGINNING DOS	ENDING DOS	PROVIDER NAME	MEMBER NAME	ADD1	ADD2	GROSS	FINAL PROCESSED	PARTICIPANT TIMELY PROVED AMT PAID	PARTICIPANT UNTIMELY PROVED AMT PAID	LATE PROOF	REASON ADJUSTED	Agree	IF NARRATIVE	HOGGE COMMENTS	REPONSE_TO_HOGGE	APPROVED AMOU
RRG CBB COLDWELL BANKER	10/1/2003	10/14/2003	KENNETH ZUCKER, DDS	GERALDINE LEMAY	130 E DEMONT AVE., #354	LITTLE CANADA, MN 55117	955.44	AMT 577.72	577.72			plan design	n	2003. Participant could not meet the waiting period because the plan terminated or	procedures covered under the dental plans are "as incurred" meaning that payment is made when the services are performed and then reimbursed to the plan participant, the participant has period; as not causa can only be done once on a toolt; if the dentist or specialist has to go betek into the tooth for what ever reason, then the dentist would use the root canal rebreatment ocie, objection stands.		
BT LUKES NURSING	9/23/2003	9/23/2003	JASON DAHL, DDS	JOAN BREW	121 6TH AVE., W	DICKINSON, ND 58601	223.00	177.00	177.00			plan design	n	Hogge believes this claim should pay zero because benefits had been exceeded. Based upon information supplied by Hogge, benefits were not exhausted on this date of service. Hogge amoun zero. RMI amount \$177,00	the group had a dual option \$750 and \$1000; I gave the participant the greater plan; total claims processed to be paid on previous IF provided spreadcheet are as follows: DOS 101/1705 and amount \$250; the \$711 and DOS 101/1003 net amount of \$711 and DOS 101/1003 net parent amount \$250; the \$711 plus the \$250 = \$980; this would only leave \$200 in payment amount remaining.	disputed	
ST LUKES NURSING	10/10/2003	10/10/2003	JASON DAHL, DDS	JOAN BREW	121 6TH AVE., W	DICKINSON, ND 58601	538.00	269.00	538.00			plan design	n	He states the RMI process amounts of DOS on \$711 and \$269 equal \$980, leaving a \$2 balance.			
STEWARDSHIP FINANCIAL	10/30/2003	10/30/2003	UTAH VALLEY ORTHO	CAROL NIBLEY-MARIANA NIBLEY	549 E 2825 NORTH	PROVO, UT 84604	3,780.00	895.30	895.30			plan design; annual plan maximum is \$1000; prior claims pymt \$104.70; remaining benefit \$895.30	n	Hogge states his company (and plan) went out of busines on 10-23-2003. Plan teminabio date was established by RMI t be 10-31-2003. Hogge would pay zero. RMI amount \$895.3	0	disputed	
TRIANGLE CO-OP	11/18/2002	8/7/2003	CHARLES CORWIN, DDS	SARAH SLESS	P O BOX 172	LOUIS, TX 77455	8,330.00	2,000.00	2,000.00			plan design; plan annual benefit max \$2000	n	year maximum of \$1000 per Plan Document. RMI would pa the lifetime maximum since th Plan ceased doing business a no fault of the Participant. RM	page 3 of the summary plan document #10 definition for "Maximum Reinbursement. The maximum emount the y Plan shall pay for Eigible Participant, (including his/hair Spouse and Eigible Dependents), during a Plan Year. SPD page 4, "Plan Year. January 1-December 31". Page 5 "Decision: The Plan will reinburse the Plan I Participant es follows: The Maximum Reimburseable Amount the Plen will pay an Eigible Participant, his/her spouse and dependents during a Plan Year is \$1000. This is per Person. "Confinue objection	disputed	
UGA	3/18/2003	3/18/2003	DOUGLAS C KALLIS, DMD	LORI ANNE COSPER-BLAIR TOOMBS	134 OAKDALE ROAD	GRIFFIN, GA 30224	3,701.40	1,000.00	1,000.00			plan design	n	go back into the tooth for wha			