

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

201107183308

Forwarding Service Requested



1 OF 2
ENV 16533

16533 0.5234 AT 0.362

3-DIGIT 980



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

72

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010701110700200039
Check Date: 07/15/11
Check #: 0000048991

Explanation of Benefits -- This is NOT a Bill

ValueOptions recognizes the sensitivity of protected health information (PHI) regarding health care services you receive and the payment for those health care services. We are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect PHI that we receive or create. To fully comply with HIPAA, effective July 1, 2003 ValueOptions will send all communications (checks, authorization letters and Explanation of Benefits) to the individual receiving the health care services. If you have questions about this notice, please call Member Services at the phone number indicated on your benefit card or in your member benefit information.

Date of Service	Proc Code	Procedure Description											
		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	Remark Code
0615-061511	90806	OFFICE VISIT, 45-50 MIN											
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

*** ERISA Appeal Rights: You, or your authorized representative, have the right to appeal if you disagree with any portion of the claim decision indicated on the other side of this notice. Along with the claim determination, the front side of this form also lists the address, telephone number and fax number for contacting us. You may send your written appeal to the address shown on this notice. By calling the Customer Service number listed on the other side of this notice, you can also: (1) Request additional information that supports our decision on this claim and (2) Find out more about the appeal rights for your benefit plan. If you request an appeal, you or your representative may submit any additional information you would like ValueOptions to consider in our decision. ValueOptions will notify you, or your representative, of the information we need to decide the appeal. Please note that a request for appeal is not considered complete until all necessary information has been received. ValueOptions must receive your appeal request within 180 days from the date of this Explanation of Benefits notice, unless your benefit plan or State regulation allows a longer period to file an appeal. Appeal decisions are made within thirty (30) calendar days. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office or your state insurance regulatory agency. You may also have the right to challenge this adverse benefit determination on review by bringing a civil action under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). This act governs health benefits that are obtained through some non-government employers. Your appeal rights may be different if you are covered by programs such as Medicaid, Medicare, Medicare+Choice; plans for federal, state or local employees; or Church-sponsored plans. For appeal information on these types of plans, please contact our Customer Service Department.

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*** Boeing - ValueOptions; P.O. Box 6065, Cypress, CA 90630-5147. Provider/Member Inquiries Number: (800) 892-1411.
Provider/Member Fraud Hotline: (877) 886-3243

201107181308

P004802800V

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY



Forwarding Service Requested

2 OF 2

3-DIGIT 980

16533 0.5234 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

72

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010701110700200042
Check Date: 07/15/11
Check #: 0000048991

ENV 16533

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		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	
0622-062211	90806	OFFICE VISIT, 45-50 MIN											1.2
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

- 1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA
- 2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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*** You can find a copy of Val

*** Boeing - ValueOptions: P.
Provider/Member Fraud Hc

PAT TO KENT BEZZIO
FOR: CO-PAYMENT FOR 2 SESSIONS
CHK #2096 6/22/11

RECEIPT		No. 028510
DATE	6/22/11	
FROM	Bezzio Counseling	\$ 3000
	Thirty + 000	DOLLARS
<input type="checkbox"/> FOR RENT		
<input checked="" type="checkbox"/> FOR	Counseling	
A/C		
PAID	3000	
DUE	000	
<input type="checkbox"/> CASH		
<input type="checkbox"/> CHECK		
<input type="checkbox"/> MONEY ORDER		
<input type="checkbox"/> CREDIT CARD		
FROM		TO

For 6/15/11 - 6/22/11

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

201108013308



Forwarding Service Requested

3-DIGIT 980

14681 0.6871 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

67

*Not Here
No Appointment*

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010725110700500014
Check Date: 07/29/11
Check #: 0000052637

Explanation of Benefits -- This is NOT a Bill

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0707-070711	90806	OFFICE VISIT, 45-50 MIN											
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

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Provider/Member Fraud Hotline: (877) 886-3243

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY



Forwarding Service Requested

3-DIGIT 980

14681 0.6871 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

67

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010725110700500031
Check Date: 07/29/11
Check #: 0000052637

Explanation of Benefits -- This is NOT a Bill

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		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	
0715-071511	90806	OFFICE VISIT, 45-50 MIN											1.2
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

Forwarding Service Requested



2 OF 3
ENV 14681

3-DIGIT 980

14681 0.6871 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

67

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010725110700500018
Check Date: 07/29/11
Check #: 0000052637

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		No. of Service												
0720-072011	90806		OFFICE VISIT, 45-50 MIN											
		1		125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals				125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

- 1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA
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*** You can find a copy of Va

*** Boeing - ValueOptions; P
Provider/Member Fraud H

CHK 2126 dtd 7/20/2011 PAID TO: RENT BEZZIO

RECEIPT No. 028520

DATE 7/20/11

FROM Bezzio, Randall K. \$30.00

Thirty + 00/100 DOLLARS

☒ FOR RENT ☐ FOR

ACCT PAID 30.00 DUE 0.00

☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CREDIT CARD

FROM TO Michael L

BY [Signature]

A-2501 T-46820

FOR: CO. PAYMENT (FOR 2 SESSIONS)

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

Forwarding Service Requested



2 OF 2

ENV 14110

14110 0.5234 AT 0.362

3-DIGIT 980



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

58

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010816110700300058
Check Date: 08/26/11
Check #: 0000059762

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		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	
0727-072711	90806	OFFICE VISIT, 45-50 MIN											
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

- PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US
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- *****
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ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

201108293305



1 OF 2

ENV 14110

Forwarding Service Requested

3-DIGIT 980

14110 0.5234 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

58

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010816110700300054
Check Date: 08/26/11
Check #: 0000059762

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Date of Service	Proc Code	Procedure Description												
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0803-080311	90806	OFFICE VISIT, 45-50 MIN												
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2	
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00		

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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*** You can find a copy c

*** Boeing - ValueOption
Provider/Member Fra

PAID (CHK # 2132) TO: RENT BEZZIO 8/3/11

RECEIPT No. 028526

DATE: 8/3/11

FROM: Bezzio Counselor

thirty + 4/100 DOLLARS

☐ FOR RENT ☒ x Counseling

ACCT: ☒ CASH

PAID: 300.00

DUE: 00

FROM: TO:

BY: COLA

A-2501
T-46820

FOR: 20 PAYMENT (FOR 2 SESSIONS) 7/27/11 8/3/11

411.

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY



2 OF 2

ENV 19742

Forwarding Service Requested

3-DIGIT 980

19742 0.5234 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

69

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010913110700500040
Check Date: 09/16/11
Check #: 0000064502

Explanation of Benefits -- This is NOT a Bill

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Date of Service	Proc Code	Procedure Description											
		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	Remark Code
0902-090211	90808	OFFICE VISIT, 75-80 MIN											
		1	150.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals				150.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

*** ERISA Appeal Rights: You, or your authorized representative, have the right to appeal if you disagree with any portion of the claim decision indicated on the other side of this notice. Along with the claim determination, the front side of this form also lists the address, telephone number and fax number for contacting us. You may send your written appeal to the address shown on this notice. By calling the Customer Service number listed on the other side of this notice, you can also: (1) Request additional information that supports our decision on this claim and (2) Find out more about the appeal rights for your benefit plan. If you request an appeal, you or your representative may submit any additional information you would like ValueOptions to consider in our decision. ValueOptions will notify you, or your representative, of the information we need to decide the appeal. Please note that a request for appeal is not considered complete until all necessary information has been received. ValueOptions must receive your appeal request within 180 days from the date of this Explanation of Benefits notice, unless your benefit plan or State regulation allows a longer period to file an appeal. Appeal decisions are made within thirty (30) calendar days. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office or your state insurance regulatory agency. You may also have the right to challenge this adverse benefit determination on review by bringing a civil action under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). This act governs health benefits that are obtained through some non-government employers. Your appeal rights may be different if you are covered by programs such as Medicaid, Medicare, Medicare Advantage plans, state or local employees; or Church service Department.

*** You can find a copy c

*** Boeing - ValueOptior
Provider/Member Fra

RECEIPT		No. 028540	
DATE <u>9/2/11</u>			
FROM <u>Bezzio Counseling</u>		<u>\$1500</u>	
<u>fifteen + 00/100</u>		DOLLARS	
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>Counseling</u>			
ACCT.		CHECK	FROM _____ TO _____
PAID <u>1500</u>		MONEY ORDER	
DUE		CREDIT CARD	BY <u>[Signature]</u>

411.

A-2501
T-46820

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

201109163309



1 OF 2

Forwarding Service Requested

3-DIGIT 980

19742 0.5234 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

69

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 010913110700500039
Check Date: 09/16/11
Check #: 0000064502

Explanation of Benefits -- This is NOT a Bill

ValueOptions recognizes the sensitivity of protected health information (PHI) regarding health care services you receive and the payment for those health care services. We are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect PHI that we receive or create. To fully comply with HIPAA, effective July 1, 2003 ValueOptions will send all communications (checks, authorization letters and Explanation of Benefits) to the individual receiving the health care services. If you have questions about this notice, please call Member Services at the phone number indicated on your benefit card or in your member benefit information.

Date of Service	Proc Code	Procedure Description	No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	Remark Code
0909-090911	90806	OFFICE VISIT, 45-50 MIN	1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals				125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR: 304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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*** You can find a copy of ValueOptions' Privacy Policy at: www.valueoptions.com/privacy

*** Boeing - ValueOptions; I
Provider/Member Fraud I

RECEIPT		No. 028543	
DATE <u>9/9/11</u>			
FROM <u>Bezzio Counselly</u>		TO <u>\$ 1500</u>	
<u>Fifteen</u>		DOLLARS	
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>Counselly</u>			
ACCT.		CASH	
PAID	<u>1500</u>	CHECK	
DUE		MONEY ORDER	
		CREDIT CARD	
BY <u>[Signature]</u>		A-2501 T-46820	

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

Forwarding Service Requested

3-DIGIT 980

17049 0.8502 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

79

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 011017110700400038
Check Date: 10/21/11
Check #: 0000073109

2 OF 4

ENV 17049

Explanation of Benefits -- This is NOT a Bill

ValueOptions recognizes the sensitivity of protected health information (PHI) regarding health care services you receive and the payment for those health care services. We are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to protect PHI that we receive or create. To fully comply with HIPAA, effective July 1, 2003 ValueOptions will send all communications (checks, authorization letters and Explanation of Benefits) to the individual receiving the health care services. If you have questions about this notice, please call Member Services at the phone number indicated on your benefit card or in your member benefit information.

Date of Service	Proc Code	Procedure Description											Remark Code
		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	
0915-091511	90806	OFFICE VISIT, 45-50 MIN											1.2
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

- PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US
- 1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA
- 2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
- *** ERIISA Appeal Rights: You, or your authorized representative, have the right to appeal if you disagree with any portion of the claim decision indicated on the other side of this notice. Along with the claim determination, the front side of this form also lists the address, telephone number and fax number for contacting us. You may send your written appeal to the address shown on this notice. By calling the Customer Service number listed on the other side of this notice, you can also: (1) Request additional information that supports our decision on this claim and (2) Find out more about the appeal rights for your benefit plan. If you request an appeal, you or your representative may submit any additional information you would like ValueOptions to consider in our decision. ValueOptions will notify you, or your representative, of the information we need to decide the appeal. Please note that a request for appeal is not considered complete until all necessary information has been received. ValueOptions must receive your appeal request within 180 days from the date of this Explanation of Benefits notice, unless your benefit plan or State regulation allows a longer period to file an appeal. Appeal decisions are made within thirty (30) calendar days. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office or your state insurance regulatory agency. You may also have the right to challenge this adverse benefit determination on review by bringing a civil action under the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). This act governs health benefits that are obtained through some non-government employers. Your appeal rights may be different if you are covered by programs such as Medicaid, Medicare, Medicare+Choice; plans for federal, state or local employees; or Ch...
- *** You can find a c...
- *** Boeing - ValueO
Provider/Membe:
- *****
92-1411.

RECEIPT		No. 028546	
DATE	9/15/11	FROM	Bezzio Counseling
			\$ 150
			fifteen
			DOLLARS
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR COUNSELING			
ACCT.		CASH	
PAID	150	CHECK	
DUE		MONEY ORDER	
		CREDIT CARD	
FROM		TO	
BY		A-2501 T-46820	

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY



4 OF 4
ENV 17049

Forwarding Service Requested

3-DIGIT 980
17049 0.8502 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 011017110700400040
Check Date: 10/21/11
Check #: 0000073109

Explanation of Benefits -- This is NOT a Bill

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Date of Service	Proc Code	Procedure Description											
		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	Remark Code
0916-091611	90806	OFFICE VISIT, 45-50 MIN											
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR: 304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

- 1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA
- 2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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*** You can find a copy of

*** Boeing - ValueOption
Provider/Member Fra

RECEIPT No. 028548

DATE 9/16/11

FROM Bezzio Counseling \$1500

Fifteen DOLLARS

☐ FOR RENT ☒ FOR Counseling

ACCT. ☐ CASH

PAID 1500 ☐ CHECK FROM

DUE ☐ MONEY ORDER ☐ CREDIT CARD BY

A-2501 T-46820

411.

ValueOptions Inc
PO Box 1347
Latham, NY 12110

THE BOEING COMPANY

Forwarding Service Requested

3-DIGIT 980

17049 0.8502 AT 0.362



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

79

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 011017110700400039
Check Date: 10/21/11
Check #: 0000073109

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		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	Remark Code
0917-091711	90806	OFFICE VISIT, 45-50 MIN											
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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*** You can find a copy of V:

*** Boeing - ValueOptions: 1
Provider/Member Fraud I

RECEIPT		No. 028550	
DATE <u>9/17/11</u>			
FROM <u>Bezzio Counselor</u>		S <u>15.00</u>	
<u>S. Steen</u>		DOLLARS	
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>Counselor</u>			
ACCT.	<input type="radio"/> CASH	FROM	TO
PAID <u>15.00</u>	<input type="radio"/> CHECK		
DUE	<input type="radio"/> MONEY ORDER		
	<input type="radio"/> CREDIT CARD	BY <u>[Signature]</u>	

A-2501
T-46820

ValueOptions Inc
PO Box 1347
Latham, NY 12110

VJ / ~~BB~~ BB
20110213307

THE BOEING COMPANY



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17049 0.8502 AT 0.362

3-DIGIT 980



MICHAEL S. LAHAM
P. O. BOX 66
RENTON, WA 98057-0066

79

Subscriber Name: MICHAEL S. LAHAM
Patient ID: BHP831604964
Patient Name: MICHAEL S. LAHAM
Provider Name: RANDALL K. BEZZIO, LMHC
Parent Code: BOM
Group Number: BOM306
Claim #: 011017110700400036
Check Date: 10/21/11
Check #: 0000073109

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		No. of Service	Charged Amount	Allowed Amount	Co-Pay Amount	Co-Ins Amount	Post Max Copay	Post Max Co-Ins	Deduct. Amount	Precert Penalty	Other Amount	Paid Amount	Remark Code
0929-092911	90806	OFFICE VISIT, 45-50 MIN											
		1	125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	1.2
Claim Totals			125.00	65.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	

Code Message Description

PROV ADDR:304 MAIN AVE S STE 302 RENTON WA 98057-2758 US

1 DELAYED DUE TO INSUFFICIENT/INCORRECT MEMBER DATA

2 BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE

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*** You can find a copy of

*** Boeing - ValueOptions;
Provider/Member Fraud

RECEIPT		No. 028602	
DATE <u>9/29/11</u>			
FROM <u>Bezzio Counseling</u>		<u>\$ 150</u>	
<u>Sixteen</u>		DOLLARS	
<input type="radio"/> FOR RENT <input checked="" type="radio"/> FOR <u>Counseling</u>			
ACCT.	<input type="radio"/> CASH	FROM <u>ghu</u> TO	
PAID <u>150</u>	<input type="radio"/> CHECK	BY <u>ghu</u>	
DUE <u>00</u>	<input type="radio"/> MONEY ORDER	A-2501	
	<input type="radio"/> CREDIT CARD	T-46820	

1.