DATE: 11/13/05

EXPLANATION OF BENEFITS

EMPLOYEE: Employee name
SSN: XXX – 99 – 5555
GROUP: Employer name
GROUP ID: 105XXX
DEPT.:

CLAIM: 105-REB-05-397570
INCURRED: 11/02/06
PATIENT: Patient name

TREATMENT DATES	SERV CODE	CHARGE AMOUNT	NOT COVERED	REASON CODE	PPO DISCOUNT	COVERED AMOUNT	DEDUCTIBLE AMOUNT	COINS COPAY AMOUNT	PCT	PAYMENT AMOUNT
A) 11/02-11/02/05	HPO	513.25	.00	01	355.32	157.93	124.98	6.59	80	26.36
		513.25	.00		355.32	157.93	124.98	6.59		26.36

MEMBER'S DEDUCTIBLE APPLIED TO DATE: $ 500.00

OTHER INSURANCE CREDITS	.00
TOTAL PAYMENT AMOUNT	26.36
PATIENT RESPONSIBILITY	131.57

PAYMENT DISTRIBUTION

CODE	PAYEE	AMOUNT	CHECK NUMBER
A)	District Hospital	$26.36	498
EMP)	Employee name	$0.00	

SERVICE CODE	REASON CODE
HPO HOSPITAL OUT PATIENT	01 PPO DISCOUNT

MESSAGES

PATIENT ACCOUNT #123123123, 1231231234.

THIS IS YOUR ONLY COPY. PLEASE RETAIN FOR YOUR RECORDS.

FOR INFORMATION CALL:
CUSTOMER SERVICE DEPARTMENT AT: 559-733-1240
VISIT US ON THE INTERNET AT: WWW.BENELECT.COM

Employee Name
55555 Able Road.
Visalia, CA 93291

BEN·E·LECT
EMPLOYEE BENEFIT PLANS
CA Ins. Lic. #0708953
P.O. Box 7809 Visalia, California 93290 Phone: 559-733-1240 FAX: 559-733-2325
Website: http://www.benelect.com