



**Blue Cross**  
Of California

An independent licensee of the  
Blue Cross Association

P.O. BOX 70000  
VAN NUYS, CA  
91470-0001

**EXPLANATION OF BENEFITS**

<b>ISSUE DATE</b>	<b>PAGE E036XXX</b>
<b>November 12, 2005</b>	<b>00001 OF 00002</b>

**Employee Name**  
**Address**  
**City, State Zip**

Subscriber's Name: Employee Name  
Identification Number: 12312312345  
Group Number: M806XX  
Group Name: SMALL GROUP PPO

Product: High Deductible EPO

**Patient's Name: Employee or dependent name**  
**Claim Number: 05315299XXXX**  
**Claim Processed Date: 11/13/05**  
**Claim Received Date: 11/11/05**

**Sequence Number: 0500X7-XXX**  
**Provider Services: DISTRICT HOSPITAL**  
**Place of Service: Outpatient**  
**Patient Acct. Number: 123123123**  
**This claim was processed in 2 days**

**Paid Amount: \$0.00**

**It is your responsibility to pay: \$157.93**      **It is not your responsibility to pay: \$355.32**

**Thank you for using a Network Participating Provider.**

SERVICE DATE (s)	TYPE OF SERVICE	TOTAL BILLED	AMOUNT NOT ALLOWED	PATIENT SAVINGS	APPLIED TO DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
11/02/05	Outpatient Services	193.25		117.37 / 01	75.88 / 02		0.00
11/02/05	Outpatient Services	320.00		237.95 / 01	82.05 / 02		0.00
<b>TOTAL THIS CLAIM</b>		<b>513.25</b>	<b>0.00</b>	<b>355.32</b>	<b>157.93</b>	<b>0.00</b>	<b>0.00</b>

**Member's Medical Deductible Applied to Date: \$787.79**

**DETAIL MESSAGE:**

- 01 - This is the amount in excess of the allowed expense for a participating provider. The member, therefore, is not responsible for this amount.**
- 02 - This amount has been applied to the member's medical deductible.**

**FOR INFORMATION CALL:**

**CUSTOMER SERVICE DEPARTMENT AT: (800) 627 - 8797**  
**VISIT US ON THE INTERNET AT WWW.BLUECROSSCA.COM**

**MAIL ALL INQUIRIES**  
**OR CLAIMS TO:**

**BLUE CROSS OF CALIFORNIA**  
**P O BOX 60007**  
**LOS ANGELES, CA 90060 - 0007**

**WE SUGGEST THAT YOU RETAIN THIS COPY FOR YOUR INCOME TAX RECORDS**

**THIS IS NOT A BILL**

**SEE LAST PAGE FOR IMPORTANT INFORMATION**

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