

EXPLANATION OF BENEFITS

This is NOT a Bill

Retain for your records along with any provider bills.

EMPLOYEE NAME
 ADDRESS
 CITY, STATE ZIP

This Explanation of Benefits (EOB) is to notify you that we have processed your claim. It clarifies your payment responsibility or reimbursement.

Your claim information is also available in the My Health Plan section of www.mylifepath.com. If you have any questions about this document or your benefits, please call us at (800) 351-2465.

CLAIM SUMMARY AT A GLANCE

Patient Name: EMPLOYEE NAME NAME	Subscriber ID: 123123123	Claim Number: 26XXXXXXXX3600
Patient responsibility: \$131.57 (Amount you paid or owe to the provider.) Amount we paid: \$0.00 Network savings: \$355.32 (Amount saved by using a network provider.) Amount billed by Provider: \$513.25	Your claim was received 11/11/05 and processed in 1 day(s). Deductible Status: As of 11/13/05, EMPLOYEE NAME, has met \$787.79 of the \$2250.00 annual deductible for 2005.	

Detail **Provider:** DISTRICT HOSPITAL

Physician Member: Yes

Service Date	Type of Service and Procedure Number	Amount Billed Provider billed for services	Amount Allowed Used to calculate benefits	Amount We Paid	Patient Responsibility			Notes
					Non Covered	Deductible You pay provider before we begin payments	Copayment/ Coinsurance	
11/02/05	OFFICE MEDICAL 9921325	193.25	75.88	0.00	0.00	75.88	0.00	1
11/02/05	OUTPT LABORATORY 82962QW	320.00	82.05	0.00	0.00	82.05	0.00	1
Claim Totals:		513.25	157.93	0.00	0.00	157.93	0.00	

Notes

1 Contracting physicians and health care providers agree to accept the allowable amount as payment in full. The subscriber is responsible only for deductible, co-payment amounts, and non-covered items.

Messages

You can view details of any claim filed since March 2004 at www.mylifepath.com. Just log on and click the My Health Plan tab.
 Notification issued to: DISTRICT HOSPITAL

Thank you for choosing Blue Shield.

To see the extra services and support available to you, go to www.mylifepath.com.