



Health Net

PPO SBG
P.O. BOX 10223
VAN NUYS, CA 91410-0223
1-800-361-3366

EXPLANATION OF BENEFITS

* THIS IS NOT A BILL *

RA Number : 20060XXXX
Claim Id : 20060XXXX
Process Date : 11/13/2005
Subscriber ID : 123123123
Group Number : K35XXA
Subscriber Name :
EMPLOYEE NAME
Patient Name :
EMPLOYEE OR DEPENDENT
Provider Name :
DISTRICT HOSPITAL
Provider ID : 64-02XXXX X

EMPLOYEE NAME
ADDRESS
CITY, STATE ZIP

Table with 6 columns: SERVICE DATES FROM/THROUGH, TYPE OF SERVICE, BILLED AMOUNT, NONALLOWED AMOUNT/CODE*, ALLOWED AMOUNT, COPAY AMOUNT. Row 1: 11/02/05, PATHOLOGY, \$513.25, \$355.32 23, \$157.93, \$0.00. Row 2: \$513.25, \$355.32, \$157.93, \$0.00.

- Payment Summary -

Billed : \$513.25
Nonallowed : \$ 0.00
Allowed : \$157.93
Member's Responsibility
Deductible : \$157.93

The member's responsibility is for \$157.93 payable to DISTRICT HOSPITAL. Services were rendered by a Health Net preferred provider. We are glad to be of service to you.

Description of Nonallowed Codes/Remarks

23 - The billed amount exceeds Health Net's contractual agreement; non-allowable amount is not the responsibility of the member.

Remarks : ATTENDING PHYSICIAN : PHYSICIAN NAME

2005 - Member Deductible to Date \$787.79
2005 - Family Deductible to Date \$787.79
2005 -Member Coinsurance to Date \$787.79 Lifetime Paid: \$0.00



*SEE EXPLANATION OF CODES ON REVERSE SIDE