



5525 Parkcenter Circle
Dublin, OH 43017

Forwarding Service Requested



Employee Name
Address
City, State Zip

Explanation of Benefits

NATIONWIDE HEALTH PLANS
P O BOX 8001
DUBLIN, OH 43016
1-800-331-4222-
www.nationwidehealthplans.com

Date: 11/22/05
Co #: 97

FRAUD HOTLINE
(614) 854-3234
1-800-626-2904
EFRAUD@NATIONWIDE.COM

This Is Not A Bill
Please Retain For Your Records

**For information on how to read this document please
 visit our website at: www.nationwidehealthplans.com**

P6173028002
 ENV 9
 478 OF 2424 F
 200511230204

Line #	Service Dates	Service Description	Charged Amount	Non Covered	Allowed Amount	Other Insurance Payment	Deductible Amount	Coin-surance Amount	Copay Amount	Plan Paid	Amount You Owe
Member: N00123123123 Last, First			Claim Number: 1100076558XXX								
Provider: 100085			Group: CXXX455 EMPLOYER NAME								
Paid To:			Paid Date:						Check #:		
001	11/02/05	312	193.25	0.00	75.88		75.88	0.00	0.00	0.00	75.88
002	11/02/05	460	320.00		82.05		82.05				82.05
Claim Total:			513.25	0.00	157.93		157.93	0.00	0.00	0.00	157.93

Statement Total:	Charged Amount	Non Covered	Allowed Amount	Other Insurance Payment	Deductible Amount	Coin-surance Amount	Copay Amount	Plan Paid	Amount You Owe
	513.25	0.00	157.93		157.93	0.00	0.00	0.00	157.93

Line #	Claim #	Explanation of Payment Codes and Comments
001	1100076558XXX	JV Copy of EOB sent to Ben-E-Lect
002	1100076558XXX	JV Copy of EOB sent to Ben-E-Lect
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