



May 8, 2014

MARTHA BEBINGER
 [REDACTED]
 [REDACTED]

Estimate Request Date: 05/01/2014
Member Name: Martha Bebinger
Identification Number: [REDACTED]
Provider Name: Newton Wellesley Hospital
Provider Location: 2014 Washington St, Newton, MA 02462

Dear Ms. Bebinger:

Here is the estimate you requested for your upcoming treatment or procedure. We have outlined your out-of-pocket cost for each procedure below based on what was submitted to Blue Cross Blue Shield of Massachusetts, and the information we had available at the time. The estimate reflects the specific procedure(s), the provider you chose, and the benefits you have available. If you'd like to see your benefits in more detail, log in to Member Central at www.bluecrossma.com/membercentral and click **Review My Benefits**.

Procedure Code	Procedure Name	Maximum Amount Allowed	Your Estimated Financial Responsibility			
			Copayment	Deductible	Co-insurance	Total
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	\$244.91	\$0.00	\$0.00	\$0.00	\$0.00
Total Estimated Financial Responsibility						0.00

As a member of a self-funded employer health plan, we are providing this estimate as a courtesy for your information. Please refer to the additional information regarding this estimate, including important disclosures and a glossary of terms, at the end of this letter.