DUPLICATE

Explanation of Benefits

Statement Date: 11/05/2015

THIS IS NOT A BILL

This statement reports on claim(s) we recently processed for you and/or your dependent(s).

Patient Name: [redacted]

Provider: BETH ISRAEL DEACONESS URGENT CA

Claim Number: [redacted]

ID Number: [redacted]

Group Number: [redacted]

Service	Dates of Service	Charge	Allowed	Other Insurance	You Responsibility: Deductible	You Responsibility: Co Pay	You Responsibility: Coinsurance	Not Covered	Paid Amount	Message
Surgery	09/13/15 - 09/13/15	17.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Medical Care	09/13/15 - 09/13/15	270.00	179.97	0.00	0.00	30.00	0.00	0.00	149.97	
Other Medical Service	09/13/15 - 09/13/15	298.00	58.82	0.00	0.00	0.00	0.00	0.00	0.00	M4
Other Medical Service	09/13/15 - 09/13/15	206.00	75.03	0.00	0.00	0.00	0.00	0.00	0.00	M4
Diagnostic X-ray	09/13/15 - 09/13/15	20.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M1
Diagnostic Labs	09/13/15 - 09/13/15	70.00	7.97	0.00	0.00	0.00	0.00	0.00	7.97	
Diagnostic Labs	09/13/15 - 09/13/15	68.00	8.99	0.00	0.00	0.00	0.00	0.00	8.99	
Diagnostic Labs	09/13/15 - 09/13/15	47.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	46.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	46.00	5.98	0.00	0.00	0.00	0.00	0.00	3.28	M2
Diagnostic Labs	09/13/15 - 09/13/15	45.00	5.92	0.00	0.00	0.00	0.00	0.00	3.25	M2
Diagnostic Labs	09/13/15 - 09/13/15	44.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	44.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	43.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	42.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	35.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	35.00	4.56	0.00	0.00	0.00	0.00	0.00	2.51	M2
Diagnostic Labs	09/13/15 - 09/13/15	28.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	M3
Diagnostic Labs	09/13/15 - 09/13/15	25.00	7.32	0.00	0.00	0.00	0.00	0.00	7.32	
Technical Component	09/13/15 - 09/13/15	1,738.00	438.57	0.00	0.00	0.00	0.00	0.00	438.57	M5

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Patient Name: [redacted]
Provider: SHAH SEJAL
Claim Number: [redacted]

ID Number: [redacted]
Group Number: [redacted]

Service	Dates of Service	Charge	Allowed	Other Insurance	Deductible	You Responsibility: Co Pay	You Responsibility: Coinsurance	You Responsibility: Not Covered	Paid Amount	Message
Professional Component	09/13/15 - 09/13/15	290.00	136.40	0.00	0.00	0.00	0.00	0.00	136.40	
	Subtotal:	290.00	136.40	0.00	0.00	0.00	0.00	0.00	136.40	

Please keep for your records

CLAIM SUMMARY

This notice explains how we processed your claim; it is not a bill. Please look this over carefully. Please keep this for your tax and medical records.

Please remember to show your ID card with your identification number on it whenever you receive medical care

ID Number:
Subscriber Name:

Claim Number:
Date:

Patient Name:
Provider: MARTHAS VINEYARD HOSPITAL

SERVICES	DATES OF SERVICE	AMOUNT CHARGED	AMOUNT ALLOWED	DEDUCTIBLE	CO-INSURANCE	YOUR COPAY	BENEFITS	YOUR BALANCE
Ancillaries	08/08/15-08/08/15	1080.00	770.69	0.00	0.00	100.00	670.69	100.00
Ancillaries	08/08/15-08/08/15	5175.00	3692.88	0.00	0.00	0.00	3692.88	0.00
Ancillaries	08/08/15-08/08/15	187.00	133.44	0.00	0.00	0.00	133.44	0.00
Ancillaries	08/08/15-08/08/15	156.00	111.32	0.00	0.00	0.00	111.32	0.00
Ancillaries	08/08/15-08/08/15	132.00	94.20	0.00	0.00	0.00	94.20	0.00
Ancillaries	08/08/15-08/08/15	132.00	94.20	0.00	0.00	0.00	94.20	0.00
Ancillaries	08/08/15-08/08/15	117.00	83.49	0.00	0.00	0.00	83.49	0.00
Ancillaries	08/08/15-08/08/15	49.00	34.97	0.00	0.00	0.00	34.97	0.00
Ancillaries	08/08/15-08/08/15	14.85	10.60	0.00	0.00	0.00	10.60	0.00
	TOTAL:	$7042.85	$5025.79	$0.00	$0.00	$100.00	$4925.79	$100.00

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Patient Name:

Provider: ABUJUDEH HANI H

Claim Number:

ID Number:

Group Number:

Service	Dates of Service	Charge	Allowed	Other Insurance	You Responsibility: Deductible	Co Pay	Coinsurance	Not Covered	Paid Amount	Message
Professional Component	08/08/15 - 08/08/15	321.00	195.88	0.00	0.00	0.00	0.00	0.00	195.88	
	Subtotal:	321.00	195.88	0.00	0.00	0.00	0.00	0.00	195.88	

Please keep for your records

An Independent Licensee of the Blue Cross and Blue Shield Association