



Care Details

Member: JANE SAMPLE
 Provider: SAMPLE PROVIDER A, MD
 Member ID: 000000000
 Claim ID: E000000000

Date of care	Type of service	Amount billed by provider	Your member rate	Amount we paid	Applied to your deductible	Your copay/coinsurance	Amount you owe
6/24/16	Pharmacy	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
6/24/16	IV	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
MSC: Message code and explanation will go here.							
6/24/16	Laboratory	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
MSC: Message code and explanation will go here.							
6/24/16	Imaging	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
DEN: Denial code and explanation will go here.							
6/24/16	ER	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
DEN: Denial code and explanation will go here.							
Subtotal		XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX

TOTAL FOR ALL CLAIMS	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX
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Reminder: This is not a bill. Make sure this summary reflects the care you received and the amount billed by your providers. If you suspect fraud or abuse, please call our toll-free hotline at **1.888.612.1277** 24 hours a day, 7 days a week. Callers may remain anonymous.



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