

Forwarding Service Requested

Member ID: 000000000 **Group ID:** 000000000

09/30/2016

Claim Cycle: 06/24/2016 through 06/25/2016

JANE SAMPLE 1234 MAIN STREET ANYTOWN, PA 12345-6789

To see this online, sign in to your secure member account

at capbluecross.com.

Explanation of Benefts

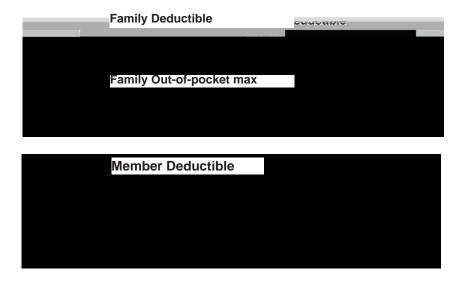
This is not a bill. This is an overview of claims we processed for you. You will receive a bill from your provider for any remaining balance you owe.

[Your HMO is issued by Keystone Health Plan® Central, a subsidiary of Capital BlueCross.]

Amount billed	\$X,XXX.XX	This is the total amount all the providers billed us for the care you received.
Allowed amount	\$X,XXX.XX	This is the total amount allowed for choosing out-of-network providers.
Amount we paid	\$X,XXX.XX	This is the total amount we paid based on services covered under your plan.
Amount you owe	\$X,XXX.XX	This is the total amount you owe your providers for this care. Save money by á

SAMPLE PROVIDER A, MD

June 25, 2016 SAMPLE PROVIDER B, MD



This is not a bill.



Care Details

Member: JANE SAMPLE

Provider: SAMPLE PROVIDER A, MD

Member ID:

Claim ID: E0000000000

	Type of service	Amount billed by provider	amount	Amount	Applied to your	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.							
		XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	

TOTAL FOR	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	
ALL CLAIMS						

Reminder: This is not a bill. Make sure this summary refects 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.

Are you covered by other insurance?

If you are covered by another health plan in addition to Capital BlueCross, be sure to fle your claim with your other plan as well. To update your other plan information, go to **capbluecross.com** and sign in to your secure member account or call us at the number on the back of your member ID card.

Adjusted claims

If you previously received a check from us to use as payment for a service, and that claim has since been adjusted, you may be responsible for returning all or part of that check amount to Capital BlueCross.

Your benefits booklet includes information on how to file an appeal. An appeal must be made within 180 days of receiving an explanation of benefits (EOB) showing a claim's denial. Your appeal rights are explained in your plan documents which can be found on your secure member account at **capbluecross.com**. You may also contact your plan administrator or call

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