

[Back to Claims Summary](#)

CLAIMS CENTER - Claim Detail

[Explanation of Benefits](#) |
 [Print](#) |
 [PDF](#) |
 [Claims Center FAQs](#)

Health Care School

In Network vs. Out of Network

[Learn More](#)

Form Finder

Quickly search or browse our list of common forms.

[Find](#)

Member Information

Member name: Jose Martinez
Group number: 123456
ID number: 000123456789

Claims Information

Claim number: 12345678A910B
Claim status: Paid
Last update: 12/15/2010
Claim type: Medical
Claim group: Foot Surgery 
 Wellness Visits 
[+ Add to Claim Group](#)

Provider Information

Provider name: St. Anthony's Medical Center
Date of service: 11/29/2010
Date submitted: 11/30/2010

Claim Payment Summary

If your claim was billed and any financial information related to the claim, the rates you agreed upon with your doctor or hospital may vary from the amount billed. These rates and other line items may result in differences within the total amounts, even if the entries are correct.

Billed Amount	\$5,800.00
Network Discount	\$3,000.00
Not Covered (3rd party responsibility)	+\$100.00
BCBS Discount & 3rd Party Payments	-\$3,100.00
Coinsurance Paid by Plan	-\$1,600.00
Applied Deductible	\$500.00
Your Coinsurance	+\$400.00
Not Covered (Patient responsibility)	+\$200.00
Your Responsibility	\$1,100.00
Applied from Health Savings Account	-\$500.00
Amount You May Owe:	\$600.00

[Close Calculation](#)

Service Line Details

Below are the details for services performed that are related to this claim and any other details on record.

Service Date	Service Description	Billed by Provider	Network Discount	Covered Amount	Paid by Plan	Your Responsibility
07/25/2012	Laboratory Services	\$16.00	\$12.88	\$3.12	\$3.12	\$0.00
07/25/2012	Laboratory Services	\$29.00	\$17.57	\$11.43	\$11.43	\$0.00
07/25/2012	Laboratory Services	\$307.66	\$281.36	\$26.30	\$26.30	\$0.00
07/25/2012	Special Medical Visit	\$122.10	\$32.60	\$89.50	\$89.50	\$0.00
TOTALS		\$474.76	\$344.41	\$130.35	\$130.35	\$0.00

Line Adjustments

If the claim has been adjusted, the table below will list records of the adjustments.

08/06/2012	Billed Amount has changed from \$458.76 to \$474.76. Network Discount has changed from \$331.53 to \$344.41. BCBS Discount & 3rd Party Payments has changed from \$331.53 to \$344.41. Coinsurance Paid by Plan has changed from \$127.23 to \$130.35.
------------	---

Previous Service Line

Service Date	Service Description	Billed by Provider	Network Discount	Covered Amount	Paid by Plan	Your Responsibility
07/25/2012	Laboratory Services	\$29.00	\$17.57	\$11.43	\$11.43	\$0.00
07/25/2012	Laboratory Services	\$307.66	\$281.36	\$26.30	\$26.30	\$0.00
07/25/2012	Special Medical Visit	\$122.10	\$32.60	\$89.50	\$89.50	\$0.00
TOTALS		\$458.76	\$331.53	\$127.23	\$127.23	\$0.00

[Hide Line Adjustments](#)