



P.O. BOX 70000
VAN NUYS, CA 91470-0001

EXPLANATION OF BENEFITS

ISSUE DATE July 13, 2015	PAGE 00001 OF 00004	E007658
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7/14
BELK DAVID L
2070 CLINTON AVE
ALAMEDA, CA 94501

Sequence Number: 1386654366 201500069
Provider ID: 1386654366
NETWORK PROVIDER: Y
FOUNDATION PHYSICIAN: N

Patient Name: [REDACTED]		ID#: [REDACTED]	Acct Nbr: [REDACTED]		Group#: [REDACTED]		Claim ID: [REDACTED]		Claim Received Date: 07/09/15 PARTICIPATING PROVIDER		
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT			
07/01/15	99396	001	170.00	121.59	48.41/01			121.59			
TOTAL THIS CLAIM			170.00	121.59	48.41	0.00	0.00	121.59			
Administered on behalf of Anthem Blue Cross Life and Health Insurance Company						FOR INFORMATION CALL: 1-800-444-2726					

Patient Name: [REDACTED]		ID#: [REDACTED]	Acct Nbr: [REDACTED]		Group#: [REDACTED]		Claim ID: [REDACTED]		Claim Received Date: 07/09/15 PARTICIPATING PROVIDER		
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT			
07/01/15	99213	001	110.00	74.79	35.21/01		45.00/02	29.79			
TOTAL THIS CLAIM			110.00	74.79	35.21	0.00	45.00	29.79			
Administered on behalf of Anthem Blue Cross Life and Health Insurance Company						FOR INFORMATION CALL: 800-677-6669					

Patient Name: [REDACTED]		ID#: [REDACTED]	Acct Nbr: [REDACTED]		Group#: [REDACTED]		Claim ID: [REDACTED]		Claim Received Date: 07/11/15 PARTICIPATING PROVIDER		
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT			
05/28/15	99213	001	110.00	82.03	27.97/03 1.31/04 64.91/05			16.41			
TOTAL THIS CLAIM			110.00	82.03	93.99	0.00	0.00	16.41			
Administered on behalf of Anthem Blue Cross Life and Health Insurance Company						FOR INFORMATION CALL: 1-800-333-3883					

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