

EXPLANATION OF BENEFITS

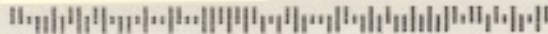
This is NOT a Bill

Retain for your records along with any provider bills.

This Explanation of Benefits (EOB) is to notify you that we have processed your claim. It clarifies your payment responsibility or reimbursement.

Your claim information is also available in the My Health Plan section of www.blueshieldca.com. If you have any questions about this document, please call one of our claims representatives at (888) 256-3650.

JORDAN



CLAIM SUMMARY AT A GLANCE

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Patient Name: JORDAN		Subscriber ID:	Claim Number:
Patient responsibility: (Amount you paid or owe to provider.)	\$697.00	Your claim was received 06/26/15 and processed in 3 day(s).	
Amount we paid:	\$0.00	Deductible Status: This plan has no deductible.	
Network savings: (Amount saved by using a network provider.)	\$0.00		
Amount billed by Provider:	\$697.00		

DETAIL Provider: LAB CORPORATION OF AMERICA

Exclusive Provider - Yes

Service Date	Type of Service and Procedure Number	Amount Billed Provider billed for services	Amount Allowed Used to calculate benefits	Amount We Paid	Patient Responsibility			Notes
					Non Covered	Deductible You pay provider before we begin payments	Copayment/ Coinsurance	
06/22/15	Out PT Care	169.00	0.00	0.00	169.00	0.00	0.00	1
06/22/15	Out PT Care	88.35	0.00	0.00	88.35	0.00	0.00	1
06/22/15	Out PT Care	129.65	0.00	0.00	129.65	0.00	0.00	1
06/22/15	Out PT Care	39.00	0.00	0.00	39.00	0.00	0.00	1
06/22/15	Out PT Care	25.00	0.00	0.00	25.00	0.00	0.00	1
06/22/15	Out PT Care	123.00	0.00	0.00	123.00	0.00	0.00	1
06/22/15	Out PT Care	123.00	0.00	0.00	123.00	0.00	0.00	1
Claim Totals:		697.00		0.00	697.00	0.00	0.00	

Notes

Services provided for the diagnosis listed are specifically excluded from coverage under the subscriber's Blue Shield plan.

Messages

Diagnosis and treatment codes billed on this claim and their meanings can be requested by contacting Customer Service.