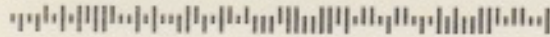


AB 01 007087 51021 C 25 A

ISSUE DATE: 06 05 15
 EOB NUMBER: 201506051700001025
 EXCLUSIVE PHYSICIAN MEMBER - YES
 PROVIDER NUMBER: [REDACTED]
 PROVIDER NPI: [REDACTED]

DAVID L. BELK
 2070 CLINTON AVE # 5E
 ALAMEDA, CA 94501-4399



CORRESPONDENCE:
 P. O. BOX 272540, CHICO, CA 95927-2540
 PHONE: (800) 541-6652

6/17

EXPLANATION OF BENEFITS
THIS IS NOT A BILL - RETAIN FOR PERSONAL TAX AND MEDICAL RECORDS

00087 1/1

PATIENT NAME (I.D. NUMBER GROUP NUMBER)	PATIENT ACCOUNT NUMBER CLAIM NUMBER	DATES OF SERVICE	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	CONTRACTUAL ADJUSTMENT AMOUNT	NOTES	DEDUCTIBLE	CO-PAY AMOUNT	AMOUNT PAID
RECEIPT DATE: [REDACTED]	06/04/15	06/02/15	99213	1	110.00	55.69		1	0.00	15.00	40.69
TOTALS:					110.00		54.31		0.00	15.00	40.69

NOTES:

1 CONTRACTING PHYSICIANS AND HEALTH CARE PROVIDERS AGREE TO ACCEPT THE ALLOWED AMOUNT AS PAYMENT IN FULL. THE SUBSCRIBER IS RESPONSIBLE ONLY FOR DEDUCTIBLES COPAYMENT AMOUNTS AND NONCOVERED ITEMS.
 YOUR CONTRACTUAL ADJUSTMENT IS \$54.31.
 THIS CLAIM WAS PROCESSED USING THE EXCLUSIVE PROVIDER RATE.
 NOW VIEW OR DOWNLOAD YOUR EOBs ONLINE! SEARCH FOR ELIGIBILITY BENEFITS CLAIMS OR AUTHORIZATIONS ONLINE FOR BLUE SHIELD OTHER BLUE PLAN AND FEDERAL EMPLOYEE PROGRAM MEMBERS. USE OUR BLUECARD CLAIMS ROUTING TOOL TO QUICKLY FIND OUT WHERE TO SEND BLUECARD CLAIMS. FIND ALL THIS AND MORE AT BLUESHIELDCA.COM/PROVIDER.



STATEMENT TOTALS:	110.00	55.69	54.31	0.00	15.00	40.69
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