





Jane Doe
 1212 Palm Drive
 Tampa, FL 33469

 **Member ID: TF234124**
 **Group ID: 023432**
Print Date: 11/13/2018

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

Explanation of Benefits

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.

Amount billed	\$6,568.20	This is the total amount all the providers billed us for the care you received.
Your member rate	\$8,528.81	This is the amount the providers have agreed to accept for the care you received.
Amount we paid	\$8,388.81	This is the total amount we paid based on services covered under your plan.
Amount you owe	\$140.00	This is the total amount you owe your providers for this care. This amount may include your copay, coinsurance , any deductible you still need to meet, and any services that your benefits don't cover. <i>You may have paid your providers all or part of this amount during your visit</i>

Who received care: **Melissa**

Date of care: Provider:	Date of care: Provider:	Date of care: Provider:	Date of care: Provider:
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Plan Year 01/01/2018 through 12/31/2018

