



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). This is not a bill.
NIHIP - HAWTHORN
02-19-14

Customer Service: 1-888-979-4516

LISA ANDERSON
2202 GREEN GLADE WAY
WAUCONDA IL 60084-5027

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: LISA ANDERSON
Group No.: P18328
Identification No.: XOF840127851
Claim No.: 4021500691Q0X
Patient Name: LISA ANDERSON

SUMMARY

Total Billed: \$350.00
Total Benefits Approved: \$69.00
Amount You May Owe Provider: \$86.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
NOVAS DOHR AND COLL OB GYN				
Laboratory Services	01-16-14	10.00	7.00 (1)	3.00
Immunizations	01-16-14	60.00	6.00 (1)	54.00
Immunizations	01-16-14	30.00	15.00 (1)	15.00
Diag. Medical Exam	01-16-14	250.00	167.00 (1)	83.00
Totals		\$350.00	\$195.00	\$155.00

COVERAGE INFORMATION

Totals	\$350.00	\$195.00	\$155.00
Participating Provider Option (PPO Reduction)		-\$195.00	
Deductions			
Applied to 2014 Health Care Plan Deductible		\$86.00	
Total Deductions			\$86.00
Total Benefits Approved			\$69.00
Amount You May Owe Provider			\$86.00
Total covered benefits approved for this claim: \$69.00 to NOVAS DOHR AND COLL OB GYN on 02-19-14.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Out-Of-Pocket Expenses

Patient: LISA ANDERSON
Benefit Period: 01-01-14 Through 12-31-14

To date this patient has met \$184.00 of her/his \$200.00 Health Care Plan Deductible.





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Chicago, Illinois 60601-5099

SUMMARY

Total Billed: \$520.00
Total Benefits Approved: \$90.00
Amount You May Owe Provider: \$108.00

Claim No.: 40245099A710X
Patient Name: JOSHUA ANDERSON

We have reviewed the claim which was previously processed for this patient. The following shows how this claim was adjusted.

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
THERAPEDIATRICS LLC				
Other Tests	01-06-14	350.00	250.00 (1)	100.00
Speech Therapy	01-08-14	170.00	72.00 (1)	98.00
Totals		\$520.00	\$322.00	\$198.00

COVERAGE INFORMATION

Totals	\$520.00	\$322.00	\$198.00
Participating Provider Option (PPO Reduction)		- \$322.00	
Deductions			
Applied to 2014 Health Care Plan Deductible		\$98.00	
Your Coinsurance Amount		\$10.00	
Total Deductions			\$108.00
Total Benefits Approved			\$90.00
Amount You May Owe Provider			\$108.00
Total covered benefits approved for this claim: \$90.00 to THERAPEDIATRICS LLC on 02-27-14.			

Information About Out-Of-Pocket Expenses

Patient: JOSIIUA ANDERSON
Benefit Period: 01-01-14 Through 12-31-14

To date this patient has met \$200.00 of her/his \$200.00 Health Care Plan Deductible.
To date this patient has met \$20.30 of her/his \$900.00 Out-of-pocket Expense.

Information About Out-Of-Pocket Expenses

Benefit Period: 01-01-14 Through 12-31-14

To date \$400.00 of the Family \$400.00 Health Care Plan Deductible has been met.
To date \$920.30 of the Family \$1,800.00 Out-of-pocket Expense has been met.

(turn over)





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Explanation of Benefits (EOB). **This is not a bill.**
NIHIP - HAWTHORN
02-24-14

Customer Service: 1-888-979-4516

LISA ANDERSON
2202 GREEN GLADE WAY
WAUCONDA IL 60084-5027

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: LISA ANDERSON
Group No.: P18328
Identification No.: XOF840127851
Claim No.: 4055502330K0X
Patient Name: LISA ANDERSON

SUMMARY

Total Billed: \$11081.00
Total Benefits Approved: \$5175.98
Amount You May Owe Provider: \$575.06

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
ADVOCATE HEALTH AND HOSPITAL CORP				
Rm Two Beds Or More	02-15-14 to 02-16-14	1552.00		1552.00
Drugs	02-15-14 to 02-16-14	251.00		251.00
Laboratory Services	02-15-14 to 02-16-14	676.00		676.00
Laboratory Services	02-15-14 to 02-16-14	531.00		531.00
Anesthesia Supplies	02-15-14 to 02-16-14	534.00		534.00
Drugs	02-15-14 to 02-16-14	457.00		457.00
Recovery Room	02-15-14 to 02-16-14	1400.00		1400.00
Delivery Room	02-15-14 to 02-16-14	5680.00		5680.00
Totals		\$11081.00		\$11081.00

COVERAGE INFORMATION

Totals	\$11081.00	\$0.00	\$11081.00
Discount (ADP)			-\$5329.96
Deductions			
Your Coinsurance Amount		\$575.06	
Total Deductions			-\$575.06
Total Benefits Approved			\$5175.98
Amount You May Owe Provider			\$575.06
Total covered benefits approved for this claim: \$5,175.98 to ADVOCATE HEALTH AND HOSPITAL CORP on 02-24-14.			





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Explanation of Benefits (EOB). This is not a bill.
NIHIP - HAWTHORN
02-18-14

Customer Service: 1-888-979-4516

**LISA ANDERSON
2202 GREEN GLADE WAY
WAUCONDA IL 60084-5027**

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APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: LISA ANDERSON
Group No.: P18328
Identification No.: XOF840127851
Claim No.: 40175025Z110X
Patient Name: LISA ANDERSON

SUMMARY

Total Billed: \$260.00
Total Benefits Approved: \$0.00
Amount You May Owe Provider: \$86.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
NOVAS DOHR AND COLL OB GYN				
Diag. Medical Exam	01-15-14	250.00	167.00 (1)	83.00
Laboratory Services	01-15-14	10.00	7.00 (1)	3.00
Totals		\$260.00	\$174.00	\$86.00

COVERAGE INFORMATION

Totals	\$260.00	\$174.00	\$86.00
Participating Provider Option (PPO Reduction)		-\$174.00	
Deductions			
Applied to 2014 Health Care Plan Deductible		\$86.00	
Total Deductions			-\$86.00
Total Benefits Approved			\$0.00
Amount You May Owe Provider			\$86.00

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