

EXPLANATION OF BENEFITS



Patient Name: JOE SAMPLE
Patient DOB: 06/20/1980
Account Number:
Certificate Number: 1RES03-14015
Group Number: LON03-030101-02G
Claim Number: 1470992
Service Date of Claims: January 1, 2010
Date EOB Generated: September 17, 2009
Provider Tax ID: 999999999

Provider Information:

Provider Name
Street Address 1
Street Address 2
City, 99999
Country

Line	Service Date	Type of Service	Claim Amount	Ineligible	Deductible	U/C Reduction		% Paid	Amount Paid
						PPO Discount	Co-Insurance		
1	01/01/2010	593	\$1,100.00	\$0.00	\$100.00	\$0.00	\$0.00	100	\$1,000.00
TOTALS			\$1,100.00	\$0.00	\$100.00	\$0.00	\$0.00		\$1,000.00

Type of Service	Description
593	GLOBAL PAYMENT – HOSPITAL, PHYSICIAN/SURGEON AND OTHER CHARGES

Line	Remarks
1	EXPEDITED PROCESSING(802)

Insured:
Joe Sample
9200 Keystone Crossing
Ste. 300
Indianapolis, IN 46240

Claim Processed By:
Seven Corners, Inc.
303 Congressional Boulevard
Carmel, IN 46032
Phone: (800) 335-0477