

Your Health Insurance, Inc.
 PO Box 3310
 Davenport, IA 52808-3310

Return Service Requested

John R Doe
 141 Union Street, #2
 Brooklyn, NY 11231-2805

EXPLANATION OF BENEFITS (EOB)

*** THIS IS NOT A BILL ***

Questions?
Call Customer Service at:
(536) 555-1000 or (866) 929-1000
Between the hours of
8:00 am and 5:00 pm CST

Date: 05/28/09
EOB #: 0509289999
Participant: CNW999999
Group Name: NYC DOE
Group ID: 9999

The following information is an explanation of the benefit determinations for claims which have completed processing.

Claim: 200807289998 Patient: JOHN R DOE Birthdate: 01/08/1961 Provider: MARY Q. PROVIDER

Dates of Service	Procedure	Charge	Ineligible	Code Ref	Deductible	Co-Pay	% Paid	Paid	Paid To
03/19/2008-03/19/2008	OFFICE VISIT FOR E&M, ESTABLISHED PATIENT 15 MINUTES	95.00	33.54	02		15.00	100	46.46	PROVIDER
03/19/2008-03/19/2008	ELECTROCARDIOGRAM, ROUTINE ECG W AT LEAST 12 LEADS; W INTERPR	70.00	37.87	02			80	25.70	PROVIDER
Claim Totals		165.00	71.41		0.00	15.00		72.16	

Code Ref	Explanation/Message
02	Aid – Patient liable for Co-Pay/Deductible/Co-Insurance

THIS IS NOT A BILL. An EOB provides information about how claims (bills for medical services) are processed. Keep this EOB for your records and, if applicable, use it to compare with actual provider bills.

It is important that you understand the action that we have taken on your benefit claim. If you have any questions about the claims contained on this EOB, please call customer service between the hours of 8:00 a.m. and 5:00 p.m. Central Time.

THIS DOCUMENT IS FOR YOUR INFORMATION ONLY