

# Your Health Statement

THIS IS NOT A BILL

Statement Period: 09/09/2020 - 09/30/2020



DIAGNOSIS CODE:

DESCRIPTION:

## MEMBER RESPONSIBILITY

| From - To Date of Service | Procedure Code | Description of Service   | Amount Billed   | Amount Allowed  | Amount Paid     | Deductible Amount | Copayment Amount | Coinsurance Amount | You Owe        | Remarks |
|---------------------------|----------------|--------------------------|-----------------|-----------------|-----------------|-------------------|------------------|--------------------|----------------|---------|
| 09/14/2020 - 09/14/2020   | 99214          | OFFICE OR OTHR OUTPATIEN | \$348.00        | \$83.13         | \$58.19         | \$0.00            | \$0.00           | \$24.94            | \$24.94        | 1,2     |
| 09/14/2020 - 09/14/2020   | 36415          | ROUTINE VENIPUNCTURE     | \$20.00         | \$1.80          | \$1.80          | \$0.00            | \$0.00           | \$0.00             | \$0.00         | 2       |
| 09/14/2020 - 09/14/2020   | 90682          | RIV4 VACC RECOMBINANT DN | \$100.00        | \$58.00         | \$58.00         | \$0.00            | \$0.00           | \$0.00             | \$0.00         | 2       |
| 09/14/2020 - 09/14/2020   | 90471          | IMMUNIZATION ADMIN       | \$35.00         | \$17.99         | \$17.99         | \$0.00            | \$0.00           | \$0.00             | \$0.00         | 2       |
| <b>TOTALS</b>             |                |                          | <b>\$503.00</b> | <b>\$160.92</b> | <b>\$135.98</b> | <b>\$0.00</b>     | <b>\$0.00</b>    | <b>\$24.94</b>     | <b>\$24.94</b> |         |

| Remarks      | Explanation - Amounts shown below were not paid based on the terms of your policy. | Amount          |
|--------------|--|-----------------|
| 1            | Coinsurance Required for In-Network Provider                                       | \$24.94         |
| 2            | In network provider utilized. Therefore no patient responsibility.                 | \$342.08        |
| <b>TOTAL</b> |  | <b>\$367.02</b> |