HealthSCOPE Benefits
27 Corporate Hill Drive
Little Rock, AR 72205

001329-0000001-002657 HSB2 2052005

HealthSCOPE BENEFITS

Customer Care hours
8 AM—5 PM CST 1-800-XXX-XXXX
IVR & Wesite available 24 hours
www.healthscopebenefits.com

Date Processed: 04/05/2010
Check #: 123456
Group ID#: 67890

Remittance Advice—This is not a bill

Member: John Doe
Trns#: 12345678
Provider/Practitioner: ABC Clinic
Patient: John Doe
Subgroup Name: ABC Clinic
Birthdate: 1221XXXX
Patient Account#: 123456789
Relation: SELF

Dates of Service	Procedure	Units	Comment Codes	Billed Amount	Discount	Excluded	Adjusted	Copay	Deductible	Coinsurance	Benefit
03-28-10	420	2		332.50	49.87	0.00	0.00	0.00	0.00	56.53	226.10
		TOTALS		332.50	49.87	0.00	0.00	0.00	0.00	56.53	226.104

Comment Codes: P491, 1231

*PAID PROVIDER 226.10
Patient Liability **56.53**

Member: Jane Smith
Trns#: 2345678
Provider/Practitioner: ABC Clinic
Patient: Jane Smith
Subgroup Name: ABC CLinic
Birthdate: 1010XXXX
Patient Account#: 657894
Relation: SELF

Dates of Service	Procedure	Units	Comment Codes	Billed Amount	Discount	Excluded	Adjusted	Copay	Deductible	Coinsurance	Benefit
03-88-10	403	2		270.00	40.50	0.00	0.00	0.00	0.00	0.00	229.50
		TOTALS		270..00	40.50	0.00	0.00	0.00	0.00	0.00	229.50

Comment Codes: P491, 1230

*PAID PROVIDER 22950
Patient Liability **0.00**

XYZ CORPORATION BENEFIT FUND

CHECK #: 123456
CHECK DATE: 04/04/2010

PAY: One Thousand Seven Hundred Sixty-Seven and 82/100 Dollars

TO THE ORDER OF: ABC CLINIC

AMOUNT
******$1,767.82

VOID IF OVER 1,767.82

Joe Edwards

0002014425 :-71923828:035100399

Member: Tom Jones
Trns#: 2345678
Patient: Tom Jones
Provider/Practitioner: ABC Clinic
Subgroup Name: ABC CLinic
Birthdate: 1016XXXX
Relation: SELF
Patient Account#: 369875

Dates of Service	Procedure	Units	Comment Codes	Billed Amount	Discount	Excluded	Adjusted	Copay	Deductible	Coinsurance	Benefit
03-12-10	403	2		270.00	40.50	0.00	0.00	0.00	0.00	0.00	229.50
		TOTALS		270.00	40.50	0.00	0.00	0.00	0.00	0.00	229.50

Comment Codes: P491, 1230

*PAID PROVIDER 229.50
Patient Liability **0.00**

Member: John Doe
Trns#: 12348978
Patient: Jane Doe
Provider/Practitioner: ABC Clinic
Subgroup Name: ABC Clinic
Birthdate: 1021XXXX
Relation: WIFE
Patient Account#: 12345600

Dates of Service	Procedure	Units	Comment Codes	Billed Amount	Discount	Excluded	Adjusted	Copay	Deductible	Coinsurance	Benefit
03-04-10	610	1		1,915.00	287.25	0.00	0.00	0.00	274.35	270.68	1,082.72
		TOTALS		1,915.00	287.25	0.00	0.00	0.00	274.35	270.68	1,082.72

Comment Codes: P491, 1230

*PAID PROVIDER 1082.72
Patient Liability **545.03**

Comment Codes	Comment
1230	TO MEMBER: The calculation for this claim was based on the Level 1 benefits under your Plan. You did not qualify for Level 2 benefits because a wellness activity had not been completed as outlined in your Plan. Please complete an activity this quarter to qualify for Level 2 benefits next quarter!
1231	TO MEMBER: The calculation for this clam was based on the Level 2 benefits under your Plan. You qualified for Level 2 benefits because a wellness activity was completed as outlined in your Plan. Good Job!
P491	Great West Health discount applied. Patient not liable for discount.

If you do not understand or agree with the claim denial, please contact us at the phone number listed on the member's benefit card or by sending a written request to HealthSCOPE Benefits, Attn: Claim Inquiry, P. O. Box 2979, Little Rock, AR 72203. You may appeal a claim denial in your health plan's named fiduciary by submitting within 180 days of your receipt of a denial a written request to: ABC Company c/o HealthSCOPE Benefits, Attn: Appeals, P. O. Box 2860, Little Rock, AR 72203 or as otherwise set out in your benefit plan book. If your appeal is denied and your plan is an ERISA plan, you may bring a civil action under section 502(a) of ERISA. You may request free of charge a copy of any rules, guidelines, protocols, or other criteria used in making the decision on processing of your claim by writing to P. O. Box 2979, Little Rock, AR 72203. You may request free of charge the scientific or clinical basis used in making the decision on processing of your claim by writing to P. O. Box 2979, Little Rock, AR 72203. Help stop health care fraud. Call 1-800-333-4585 to report a claim.

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Billed	Discount	Excluded	Adjusted	Copay	Deductible	Coinsurance	Benefits	Misc. Adjust	Payment Amount
2,787.50	418.12	0.00	0.00	0.00	274.35	327.21	1767.82		1767.82