HealthSCOPE Benefits
27 Corporate Hill Drive
Little Rock, AR 72205

QUESTIONS? PLEASE CALL
800-283-3806
WEEKDAYS 8AM—5 PM EST
VISIT www.healthscopebenefits.com

John Doe
123 Main Street
Yourtown, MI 43210-1234

Date Processed: 05/23/2008
Check #:
Group ID#: ABC CORPORATION
Employer: ABC CORPORATION

Explanation of Benefits (EOB) - This is not a bill

Member: John Doe
Subgroup Name:
Trns#: 12345678
Patient: Jane Doe
Birthdate: 1221XXXX
Relation: SELF
Provider/Practitioner: RADIOLOGICAL INSTITUTE / MD
Patient Account#: 123456789

Dates of Service	Services	Comment Codes	Billed Amount	Discount	Excluded	Adjusted	Copay	Deductible	Balance	% Paid	Plan Benefit
01-28-08	1-Radiology	26	133.00	93.96	0.00	0.00	0.00	0.00	39.04	80	31.34
		TOTALS	133.00	93.96	0.00	0.00	0.00	0.00	39.04		31.34

PAID PROVIDER 31.34

Comment Codes 26

Patient Liability **7.81**

Accumulator Descriptions **Amounts To Date**
You have satisfied $1600.00 of your calendar deductible.
You have satisfied $166.94 of your network calendar year out of pocket maximum.

Comments

Codes	**Comments**
26	This itemized service and charge has been combined with other services and charges under another procedure code, which more accurately reflects the range of services provided.

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.