



Toll Free: 800-558-4444
1100 Employers Blvd
Green Bay WI 54344

Insured By
EMPLOYERS HEALTH INSURANCE COMPANY



0101751943814TX1-887

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

If you have questions, call 1-800-558-4444

DATE 06/19/2001

PAGE 1 OF 1

039927

751943814 NA

PATIENT BABY BOY ALLEN	DOCUMENT NO. V15531164	EMPLOYEE/INSURED JAMES A ALLEN	GROUP NO. 5183162	INSURED NO. 443905740
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JAMES A ALLEN

2502 LIVE OAK ST. #335
DALLAS TX 75204

SUMMARY OF PAYMENT

PROVIDER

JAMES THOMAS M MD

TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID BY YOUR PLAN	ESTIMATED INSD RESPONSIBILITY
48.00			48.00

PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT OR PENALTY	REMARKS SEE BELOW	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%	BENEFITS
82247	DIAGNOSTIC LAB	05/31/2001	24.00	24.00		522				
82248	DIAGNOSTIC LAB	05/31/2001	24.00	24.00		522				
	TOTALS		48.00	48.00						

522 CHARGES ARE FOR PHYSICIAN INTERPRETATION/INTERVENTION. THESE CHARGES SHOULD BE INCLUDED IN THE PRIMARY FEE.

AMOUNT	CHECKS ISSUED TO:	ANNUAL ACCUMULATION FOR:
		IN NETWORK DEDUCTIBLE INDIVIDUAL OUT NETWORK DEDUCTIBLE INDIVIDUAL IN NETWORK DEDUCTIBLE FAMILY OUT NETWORK DEDUCTIBLE FAMILY
SAVE FOR FUTURE REFERENCE. DUPLICATES ARE NOT AVAILABLE. PLEASE SAVE FOR ADDITIONAL INFORMATION.		



Toll Free: 800-558-4444
1100 Employers Blvd
Green Bay WI 54344

Insured By
EMPLOYERS HEALTH INSURANCE COMPANY



0101751943814TX1-389

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

If you have questions, call 1-800-558-4444

DATE 06/21/2001

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032433

751943814 CL44

PATIENT BABY BOY ALLEN	DOCUMENT NO. V15521164	EMPLOYEE/INSURED JAMES A ALLEN	GROUP NO. 5183162	INSURED NO. 443905740
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JAMES A ALLEN

2502 LIVE OAK ST. #335
DALLAS TX 75204

SUMMARY OF PAYMENT

PROVIDER

JAMES THOMAS M MD

TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID BY YOUR PLAN	ESTIMATED INSD RESPONSIBILITY
97.00			97.00

PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT OR PENALTY	REMARKS SEE BELOW	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%	BENEFITS
82962	DIAGNOSTIC LAB	05/29/2001	25.00	25.00		522				
85014	DIAGNOSTIC LAB	05/29/2001	11.00	11.00		522				
86880	DIAGNOSTIC LAB	05/29/2001	15.00	15.00		522				
86900	DIAGNOSTIC LAB	05/29/2001	10.00	10.00		522				
86901	DIAGNOSTIC LAB	05/29/2001	11.00	11.00		522				
82962	DIAGNOSTIC LAB	05/29/2001	25.00	25.00		522				
	TOTALS		97.00	97.00						

522 CHARGES ARE FOR PHYSICIAN INTERPRETATION/INTERVENTION. THESE CHARGES SHOULD BE INCLUDED IN THE PRIMARY FEE.

AMOUNT	CHECKS ISSUED TO:	ANNUAL ACCUMULATION FOR:
		IN NETWORK DEDUCTIBLE INDIVIDUAL OUT NETWORK DEDUCTIBLE INDIVIDUAL IN NETWORK DEDUCTIBLE FAMILY OUT NETWORK DEDUCTIBLE FAMILY
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EXPLANATION OF BENEFITS
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DATE 07/31/2001

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040340
751943814 NA

PATIENT BABY BOY ALLEN		DOCUMENT NO. V24571199	EMPLOYEE/INSURED JAMES A ALLEN		GROUP NO. 5183162	INSURED NO. 443905740				
<p>JAMES A ALLEN</p> <p>2502 LIVE OAK ST. #335 DALLAS TX 75204</p>					SUMMARY OF PAYMENT					
					PROVIDER					
					KAPUSTA RONALD MD					
					TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID BY YOUR PLAN	ESTIMATED INSD RESPONSIBILITY		
					200.00			200.00		
PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT OR PENALTY	REMARKS SEE BELOW	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%	BENEFITS
54150	SURGERY	05/31/2001	200.00			HPN 310 B01	200.00	200.00		
TOTALS			200.00				200.00	200.00		

B01 THIS CHARGE WAS APPLIED TO THE PLAN DEDUCTIBLE, BALANCE OWED BY INSURED
 HPN HUMANA NEGOTIATED RATE APPLIED
 310 A CONTRACTED PROVIDER MAY NOT BILL THE DIFFERENCE BETWEEN CONTRACTED/BILLED AMOUNT. INSURED IS LIABLE FOR AMOUNT IN INSD RESPONSIBILITY FIELD.

AMOUNT	CHECKS ISSUED TO:	ANNUAL ACCUMULATION FOR:
		IN NETWORK DEDUCTIBLE INDIVIDUAL 374.37
		OUT NETWORK DEDUCTIBLE INDIVIDUAL
		IN NETWORK DEDUCTIBLE FAMILY 374.37
		OUT NETWORK DEDUCTIBLE FAMILY
SAVE FOR FUTURE REFERENCE. DUPLICATES ARE NOT AVAILABLE. PLEASE SAVE FOR ADDITIONAL INFORMATION.		