Insured By EMPLOYERS HEALTH INSURANCE COMPANY



\*0101751943814TX1-887\*

EMPLOYERS HEALTH Toll Free: 800-558-4444 1100 Employers Blvd Green Bay WI 54344 EXPLANATION OF BENEFITS THIS IS NOT A BILL If you have questions, call 1-800-558-4444 DATE 06/19/2001 EMPLOYEE/INSURED

**PAGE** 1 **OF** 1 039927

If you have questions, call 1-800-558-4444					C	DATE 06/19/200	751943814 NA			
BABY BO	PATIENT DY ALLEN	DOCUMENT NO. V15531164	JAMES A	MPLOYEE/I	NSURED	GROUP NO 5183162		<b>ISURED NO.</b> 443905740		
	JAMES A ALL	.EN					SUMMARY	OF PAYMEN	IT	R 2
2502 LIVE OAK ST. #335					Γ		PROV	IDER		
DALLAS TX 75204					ſ	JAMES THOMAS M MD				
					ĺ	TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID B YOUR PL		ESTIMATED INSU RESPONSIBILITY
						48.00	)			48.0
PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT	and a second sec	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%	DENEFIIO
	DIAGNOSTIC LAB	05/31/2001	24.00	24.00		522 522				
	DIAGNOSTIC LAB T <b>OTALS</b>	05/31/2001	24.00 <b>48.00</b>	24.00 <b>48.00</b>		<i>JEE</i>				

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

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AMOUNT	CHECKS ISSUED TO:	ANNUAL ACCUMULATION FOR:							
	5.	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.									

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## EXPLANATION OF BENEFITS THIS IS NOT A BILL

## THIS IS NOT A BILL 032433 If you have questions, call 1-800-558-4444 Date 06/21/2001 751943814 CL44 PATIENT Document no. EMPLOYEE/INSURED GROUP NO. INSU BABY BOY ALLEN V15521164 JAMES A ALLEN 5183162 443

	JAMES A ALLE	EN					SUMMARY	OF PAYMEN	IT	
2502 LIVE OAK ST. #335					[		PROV	IDER		
	DALLAS	TX 75204				JAMES THOMA	S M MD			
						TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID B YOUR PL		ESTIMATED INSD RESPONSIBILITY
						97.00				97.00
PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT	New York Contraction of the Cont	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	10.55	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						

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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 AV	AILABLE. PLEASE SAVE FOR ADDITIONAL INFORMATION.



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PAGE 1 OF 1

INSURED NO.

443905740

Insured By EMPLOYERS HEALTH INSURANCE COMPANY





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	IS NOT A BILL							PAGE	1 <b>O</b> F		1
		0011 1 000 559 AA	44					040340			
пуо	u nave questions	, call 1-800-558-44	44		D	ATE 07/31/200	1	7519438			
PATIENT BABY BOY ALLEN			DOCUMENT NO. V24571199	EMPLOYEE/INSURED			GROUP NO. INSURED NO. 5183162 443905740				
					<b>-</b>						
JAMES A ALLEN 2502 LIVE OAK ST. #335							SUMMARY	OF PAYME	T		
					PROVIDER						
	DALLAS TX 75204					KAPUSTA RON	ALD MD				
						TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID E YOUR P		10000	MATED INSD PONSIBILITY
						200.00					200.00
PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	CONTRACTOR DA CONTRACTOR DE CO	DUNT C	OR REMARKS SEE BELOW	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%		BENEFITS
54150 SU	RGERY	05/31/2001 🚕	200.00			HPN 310 B01	200.00	200.00			
TO	TALS		200.00				200.00	200.00			

18

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 OUT NETWORK DEDUCTIBLE INDIVIDUAL IN NETWORK DEDUCTIBLE FAMILY OUT NETWORK DEDUCTIBLE FAMILY	374.37 374.37				
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