



EXPLANATION OF BENEFITS
THIS IS NOT A BILL

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

DATE 08/02/2001

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048062

751943814 CL44

PATIENT BABY BOY ALLEN			DOCUMENT NO. V18491169		EMPLOYEE/INSURED JAMES A ALLEN			GROUP NO. 5183162		INSURED NO. 443905740			
JAMES A ALLEN 2502 LIVE OAK ST. #335 DALLAS TX 75204							SUMMARY OF PAYMENT						
							PROVIDER						
							SUSTER GERSCHON						
							TOTAL AMOUNT CHARGED		PAID BY OTHER PLAN		PAID BY YOUR PLAN		ESTIMATED INSD RESPONSIBILITY
							126.00				110.00		15.00
PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT OR PENALTY	REMARKS SEE BELOW	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%	BENEFITS			
99381	EXAMINATION	06/12/2001	125.00		5.47	HPN 310	15.00						
						B06	104.53		100	104.53			
99381	EXAMINATION	06/12/2001	1.00		4.47-	HPN 310	5.47		100	5.47			
	TOTALS		126.00		1.00		125.00			110.00			

B06 THE CO-PAYMENT AMOUNT FOR THE VISIT IS THE INSURED'S RESPONSIBILITY.
 HPN HUMANA NEGOTIATED RATE APPLIED
 305 INSURED IS ONLY LIABLE FOR AMOUNT IN THE INSURED'S RESPONSIBILITY FIELD
 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:
110.00	GERSCHON SUSTER MD PA	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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751943814 CL26

PATIENT BABY BOY ALLEN		DOCUMENT NO. V88531171	EMPLOYEE/INSURED JAMES A ALLEN				GROUP NO. 5183162	INSURED NO. 443905740		
JAMES A ALLEN 2502 LIVE OAK ST. #335 DALLAS TX 75204						SUMMARY OF PAYMENT				
						PROVIDER				
						TRINITY MEDICAL CENTER				
						TOTAL AMOUNT CHARGED	PAID BY OTHER PLAN	PAID BY YOUR PLAN	ESTIMATED INSD RESPONSIBILITY	
						28.10		19.67		
PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT OR PENALTY	REMARKS SEE BELOW	ELIGIBLE EXPENSE	DEDUCTIBLE APPLIED	PAID AT%	BENEFITS
300	DIAGNOSTIC LAB	06/12/2001- 06/12/2001	28.10		8.43	HHN 310	19.67		100	19.67
TOTALS			28.10		8.43		19.67			19.67

HHN 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:
19.67	TRINITY MEDICAL CENTER	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.		