

## Insured By EMPLOYERS HEALTH INSURANCE COMPANY



\*0101751943814TX1-753\*

EXPLANATION OF BENEFITS THIS IS NOT A BILL

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

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048062

751943814 CL44

PATIENT	DOCUMENT NO.	EMPLOYEE/INSURED	GROUP NO.	INSURED NO.
BABY BOY ALLEN	V18491169	JAMES A ALLEN	5183162	443905740

DATE 08/02/2001

JAMES A ALLEN

2502 LIVE OAK ST. #335 DALLAS TX 75204 SUMMARY OF PAYMENT

SUSTER GERSCHON

TOTAL AMOUNT PAID BY YOUR PLAN RESPONSIBILITY

126.00 110.00 15.00

PROC CODE	SERVICE	DATE OF SERVICE	TOTAL CHARGE	NOT COVERED	DISCOUNT OR PENALTY	SEE B		ELIGIBLE EXPENSE	APPLIED	PAID AT%	BENEFITS
99381	EXAMINATION	06/12/2001	125.00		5.47	HPN	310	15.00 104.53		100	104,53
99381	EXAMINATION TOTALS	06/12/2001	1.00 <b>126.00</b>		4.47- 1. <b>00</b>	BO6 HPN	310	5.47 <b>125.00</b>		100	5.47 <b>110.00</b>

BO6 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 INSU 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
	CAVE FOR ELITIDE REFERENCE DURI ICATES A	PE NOT AVAILABLE BLEASE SAVE FOR ADDITIONAL INFORMATION



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048063

751943814 CL26

DATE 08/02/2001 DOCUMENT NO. GROUP NO. INSURED NO. EMPLOYEE/INSURED PATIENT 5183162 443905740 JAMES A ALLEN BABY BOY ALLEN V88531171

JAMES A ALLEN

2502 LIVE OAK ST. #335 DALLAS TX 75204 SUMMARY OF PAYMENT

PROVIDER

TRINITY MEDICAL CENTER

ESTIMATED INSD PAID BY PAID BY TOTAL AMOUNT OTHER PLAN YOUR PLAN RESPONSIBILITY CHARGED 19.67 28.10

NOT DISCOUNT OR REMARKS ELIGIBLE DEDUCTIBLE PAID TOTAL PROC BENEFITS SERVICE DATE OF SERVICE COVERED EXPENSE APPLIED AT% PENALTY SEE BELOW CHARGE CODE 100 19.67

8.43 HHN 310 19.67 06/12/2001-28.10 DIAGNOSTIC LAB 06/12/2001 19.67 19.67 28.10 8.43 **TOTALS** 

HHN HUMANA NEGOTIATED RATE APPLIED

300

A CONTRACTED PROVIDER MAY NOT BILL THE DIFFERENCE BETWEEN CONTRACTED/BILLED AMOUNT. INSURED IS LIABLE FOR AMOUNT IN INSD RESPONSIBILITY FIELD. 310

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.				