

EXPLANATION OF BENEFITS

02/11/2005

00104793

ADMINISTERED BY	GROUP / EMPLOYEE	CLAIMANT
Professional Benefits Services: Plan Administrator for:	GROUP NO: GROUP: EMPLOYEE: LOC :	ID NUMBER: CLAIM FOR: SELF PATIENT ACCT: 30026165 CLAIM NUMBER: 2005- 000102- 0

CLAIM SUMMARY

PROVIDER(S)
382776791-3
BATTLE CREEK HEALTH SYS
DEPT CH 14177
PALATINE, IL 60055-4177

1 - PPOM

TOTAL AMOUNT COVERED 5849.70
PAID BY OTHER INSURANCE 0.00
TOTAL PAID BY PLAN 5849.70
EMPLOYEE'S RESPONSIBILITY 0.00

Deductible Remaining - Plan
Out of Pocket Remaining - Plan 0.00
ANNUAL ACCUMULATION 0.00

TYPE OF SERVICE	DATES OF SERVICE FROM - THRU	AMOUNT CHARGED	NOT COVERED	DISCOUNT OR PENALTY	AMOUNT COVERED	RMC CD	DEDUCTIBLE APPLIED	PAID AT %	PLAN PAYMENT
Hosp R & B Semi -	12/25/0412/28/04	1560.00	0.00	-312.00	1248.00	13	0.00	100	1248.00
Hosp Misc Charge	12/25/0412/28/04	6142.12	0.00	-1540.42	4601.70	13	0.00	100	4601.70
TOTALS		7702.12	0.00	-1852.42	5849.70		0.00		5849.70

REMARKS

PPD discount applied
PPD discount applied

BENEFITS PAYABLE TO:

IF YOUR CLAIM IS DENIED, IN WHOLE OR IN PART YOU HAVE THE RIGHT TO HAVE THE PLAN REVIEW AND RECONSIDER YOUR CLAIM. A WRITTEN APPEAL MUST BE MADE WITHIN 180 DAYS OF THE RECEIPT OF THE DENIAL, AND SENT TO THE ADDRESS SHOWN ABOVE.

Professional Benefits Services: Plan Administrator for:

104793

DATE	02/11/2005
PATIENT ID NUMBER	
PATIENT ACCT.	30026165

02/11/2005

VOID 180 DAYS FROM DATE OF ISSUE

PAY THIS AMOUNT

\$***5,849.70**

PAY *****FIVE THOUSAND EIGHT HUNDRED FORTY NINE DOLLARS AND 70 CENTS
FILE COPY

PAY TO THE ORDER OF BATTLE CREEK HEALTH SYS
DEPT CH 14177
PALATINE, IL 60055-4177

NON NEGOTIABLE

SIGNATURE