

Claim for ██████ (self) Provider: Alesha M Estrada (In-Network)

Claim ID: ██████ Received on 2/20/20	Amount billed	Member rate	Pending or not payable (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
DRAIN/INJ JOINT/BURSA W/O U 20610 on 2/18/20 Refer to Remarks Section	136.00		85.14 (1)	50.86					50.86
Totals:	136.00		85.14	50.86					\$50.86

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

医院收取的原价

折扣减少

计划的自付额

病人最后需要支付的金额

Claim for ██████ (self) Provider: Quest Diagnostics (In-Network)

Claim ID: ██████ Received on 2/24/20	Amount billed	Member rate	Pending or not payable (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
EXAM,SYNOVIAL FLUID CRYSTALS 89060 on 2/18/20 Refer to Remarks Section	109.23	5.99	103.24	5.99					5.99
Totals:	109.23	5.99		5.99					\$5.99

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

账单解释样本