Claim for	A 18 2 18 19 19 19 19 19 19 19 19 19 19 19 19 19								
Claim ID:	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
	Α	В	С	D	E	F	G	н	1
DRAIN/INJ JOINT/BURSA W/O U 20610 on 2/18/20	136.00		85.14 (1)	50.86					50.8
Refer to Remarks Section	1		(2)	\					1
Totals:	1 6.00		85.14	50.86					\$50.8
	 收取的原	价	折扣减少	计划	的自付 etwork)	额	ħ	苏人最后需要	↓ 支付的金
医院内 Claim for	欠取的原 ● (self)	价 Provider: (折扣减少 Quest Diagnos	计划(stics (In-Ne	et (ork)	Tage of the second	9004		
医院员 Claim for Claim ID: F000000000000000000000000000000000000	 收取的原	价	折扣减少	计划		Amount remaining	Plan pays	大最后需要 Your coinsurance	支付的金 You miv owe C+D+E+H=I
医院员 Claim for Claim ID: F000000000000	女取的原 (self) Amount	か Provider: 0 Member	折扣减少 Quest Diagnos Pen ling or not ayable	计划 Stics (In-Ne	Your	Amount	Plan	Your	You may
Claim for Claim ID: Forman)P00 Received on 2/24/20 EXAM,SYNOVIAL FLUID CRYSTALS 89060	女取的原 (self) Amount	Provider: (Member rate	Fending or not ayable (Remarks)	计划 Stics (In-Ne Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	女取的原 (self) Amount billed	Provider: (Member rate	<mark>折扣减少</mark> Quest Diagnos Pending or not ayable (Remarks)	計划 Stics (In-Ne Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may

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

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