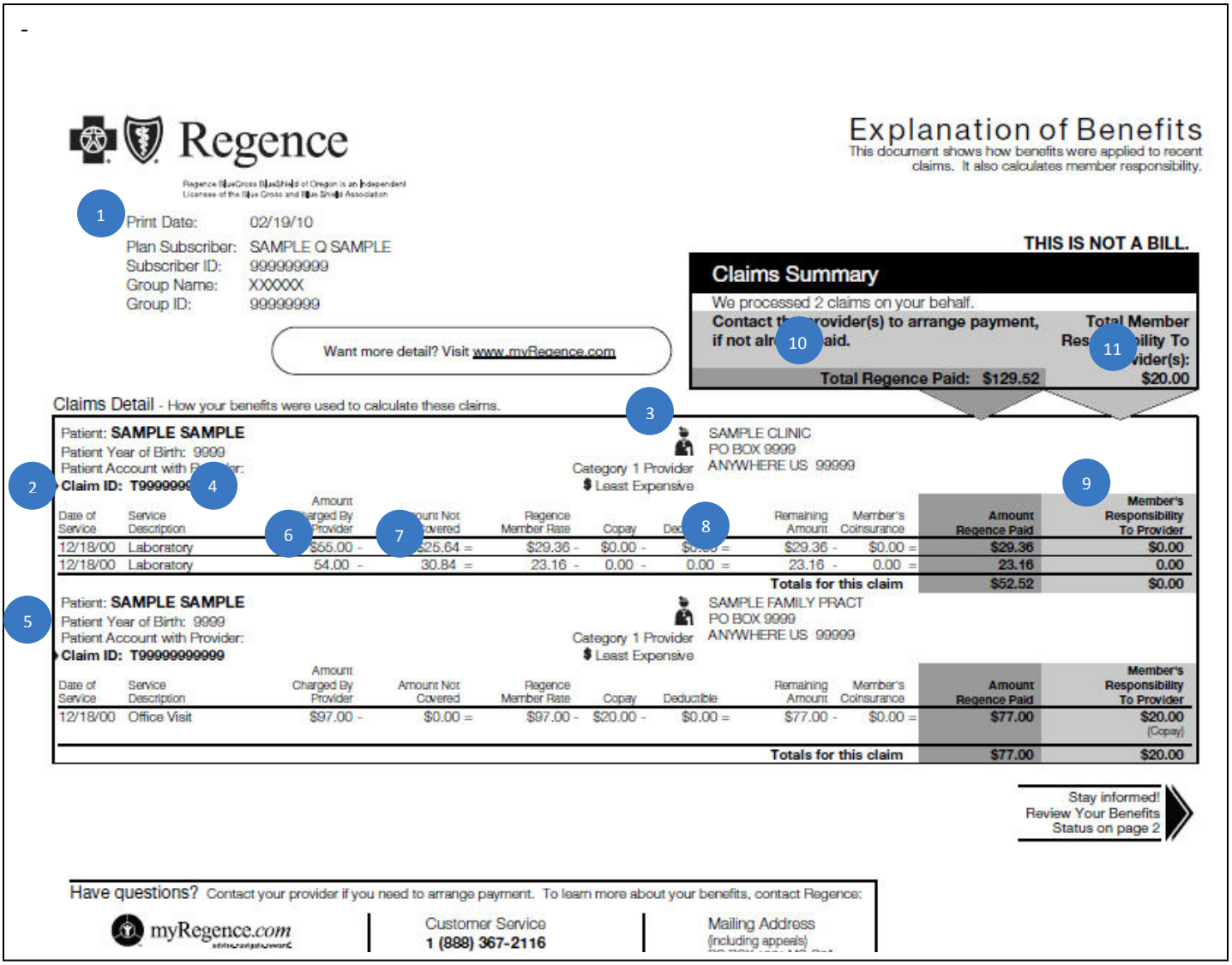
EOB Quick Guide

We will send you an Explanation of Benefits whenever we are billed for medical services you have received. The report explains how the bill was applied to your health care benefits. You will see a description of the billed charges, payments we have made.



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Benefits

This document shows how benefits were applied to recent claims. It also calculates member responsibility.

1 Print Date: 02/19/10
Plan Subscriber: SAMPLE Q SAMPLE
Subscriber ID: 999999999
Group Name: XXXXXX
Group ID: 99999999

THIS IS NOT A BILL.

Claims Summary

We processed 2 claims on your behalf.
Contact the provider(s) to arrange payment, if not already paid. 10
Total Member Responsibility To Provider(s): 11 $20.00
Total Regence Paid: $129.52

Want more detail? Visit www.myRegence.com

Claims Detail - How your benefits were used to calculate these claims.

3 SAMPLE CLINIC
PO BOX 9999
ANYWHERE US 99999
Category 1 Provider
Least Expensive

Patient: SAMPLE SAMPLE
Patient Year of Birth: 9999
Patient Account with Provider:
2 Claim ID: T9999999 4

Date of Service	Service Description	Amount Charged By Provider 6	Amount Not Covered 7	Regence Member Rate	Copay	Deductible 8	Remaining Amount	Member's Coinsurance	Amount Regence Paid	Member's Responsibility To Provider 9
12/18/00	Laboratory	$55.00 -	$25.64 =	$29.36 -	$0.00 -	$0.00 =	$29.36 -	$0.00 =	$29.36	$0.00
12/18/00	Laboratory	54.00 -	30.84 =	23.16 -	0.00 -	0.00 =	23.16 -	0.00 =	23.16	0.00
								Totals for this claim	$52.52	$0.00

SAMPLE FAMILY PRACT
PO BOX 9999
ANYWHERE US 99999
Category 1 Provider
Least Expensive

Patient: SAMPLE SAMPLE
Patient Year of Birth: 9999
Patient Account with Provider:
5 Claim ID: T99999999999

Date of Service	Service Description	Amount Charged By Provider	Amount Not Covered	Regence Member Rate	Copay	Deductible	Remaining Amount	Member's Coinsurance	Amount Regence Paid	Member's Responsibility To Provider
12/18/00	Office Visit	$97.00 -	$0.00 =	$97.00 -	$20.00 -	$0.00 =	$77.00 -	$0.00 =	$77.00	$20.00 (Copay)
								Totals for this claim	$77.00	$20.00

Stay informed! Review Your Benefits Status on page 2

Have questions? Contact your provider if you need to arrange payment. To learn more about your benefits, contact Regence:

myRegence.com | Customer Service 1 (888) 367-2116 | Mailing Address (including appeals)

Explanations:

1 – Date this claim was processed

2 – Reference number relating to this particular claim

3 – Name of the doctor or facility providing medical care

4 – Description of services

5 – Date services were rendered

6 – Total amount billed

7 – Amount not covered

8 – Amount applied to patient's deductible (when applicable)

9 – Amount in excess of the contract benefits limits. This is the patient balance.

10 – Total amount paid to provider(s)

11 – Total patient expense

Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association