

Statement Date: 07/29/21
Member:MIKE D
Member ID:X123456
Group #:788221
Group Name#:PYTHON CORP

Your Payment Summary

Patient	Provider	Amount	Sent to	Date	Amount
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Your claims up close

Claim ID ER12345084349	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
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