Statement Date: 01/01/2017

Member: MIKE D Member ID: X123456 Group #: 788221

Group name: PYTHON CORP

Your payment summary

Patient Provider Amount Sent to Date Amount

Your claims up close

Claim ID ER123456789 Received on 12/12/16	Amount billed	Membe r rate	Pending or not payable (remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsuranc e	You owe C+D+E+H=I
FLU VIRUS VACC-SPLIT 3 YR & on 9/12/16	12.50					12.50	12.50 (100%)		
FLU VIRUS VACC-SPLIT 3 YR & on 9/12/16	12.50					12.50	12.50 (100%)		
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