Statement Date: 01/01/2017

C+D+E

Your payment summary

Patient Provider Amount Sent to Date Amount

Your claims up close

Claim ID ER123456789 Received on 12/12/16	Amount billed	Member rate	Pending or not payable (remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance
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%)	
FLU VIRUS VACC-SPLIT 3 YR & on 9/12/16	12.50					12.50	12.50 (100%)	
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