



EXPLANATION OF BENEFITS

CLAIM #:	18091574421	PAID DATE:	Feb 05, 2020
CLAIM TYPE:	Medical		
PAYEE:	SHURLAND HAYNES		

SUBSCRIBER ID: TSTT3819-00

Telecommunications Serv. of
Trinidad and Tobago

INSURED: SHURLAND HAYNES
PATIENT: SHURLAND HAYNES
DOB: Nov 18, 1962
SEX: Male
RELATIONSHIP: MEMBER

GROUP NAME:

LOCATION: Location 5
PROVIDER: Jones James
CURRENCY: USD

DESCRIPTION OF SERVICES

Type of Services	Date of Service	Charges	Discount	Not Deductible Covered	Copay/OP	Paid	Reason Code		
SUPPLIES MISC SERVICE	Jan 01, 2018–Jan 01, 2018	\$300	\$0.0000	\$0	\$0	\$30	\$270	70	3
TOTALS :		\$300.00	\$0.00	\$0.00	\$0.00	\$30.00	\$270.00		

Reason Code	Reason Name	EOB Comments
70	COPAYMENTS	
3	NOT A COVERED EXPENSE	