



EXPLANATION OF BENEFITS

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

SUBSCRIBER ID: TSTT3819-00

Telecommunicatio
ns Serv. of
Trinidad and
Tobago

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

GROUP NAME:

LOCATION:

PROVIDER:

CURRENCY:

Location 5
Jones James
USD

DESCRIPTION OF SERVICES

Type of Services	Date of Service	Charges	Discount	Not Deductible Covered	Copay/OP	Paid	Reason Code
SUPPLIES	Jan 01,						
MISC	2018–Jan 01,	\$300	\$0.000	\$0	\$0	\$30	\$270
SERVICE	2018		0				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