

EXPLANATION OF BENEFITS
THIS IS NOT A BILL
 PLEASE KEEP FOR INCOME TAX PURPOSES



BlueCross BlueShield
Kansas

1133 SW TOPEKA BLVD
 TOPEKA KS 66629-0001
 2023-08-01

SHANNON EDGAR
 1302 Crowell St

Atchison KS 66002

Member ID: KSE810496146
 Group Name: STATE OF KANSAS
 Group Number: 15030

Patient Name:	Shannon	Claim Number:	582320800149	Paid To:	Provider
Place of Service:	Outpatient	Type of Service:	Surgery	Performing Provider:	University Of Kansas Hosp
Date Received:	07/27/23	Date Processed:	07/28/23	Billing Provider:	University Of Kansas Hosp

YOUR RESPONSIBILITY *										
Date of Service	Total Charges	Other Insurance Payment	Provider Contractual Write-off	Amount Paid	See Note Below	Non-covered Charges	Applied to Deductible	Patient's Share (co-in)	Copay	Total Patient Responsibility
7/18/23	5142.00		2420.87	1536.90	S		800.00	384.23		1184.23
7/18/23	10.75		5.06	4.55	S			1.14		1.14
7/18/23	26.80		12.62	11.34	S			2.84		2.84
Claim Total	5179.55		2438.55	1552.79			800.00	388.21		1188.21

Credited to Medical Coinsurance In Network	\$388.21	Time Period 01-01-2023-Shannon
Credited to Medical Deductible In Network	\$800.00	Time Period 01-01-2023-Shannon
Credited to Network Out of Pocket Maximum - Integrated	\$2282.95	Time Period 01-01-2023-Shannon

* Any amounts shown in these columns are your responsibility according to your contractual provisions when we are your primary insurance carrier.

NOTE S -Our contracting provider has agreed to accept our payment allowance and should not bill the patient for the provider write-off. This amount is an additional savings we have negotiated for the member. Refer to the Allowable Charges section of the patient's contract.

This is a Daily copy of the Explanation of Benefits, not previously reported to you.

Learn more about Health Care Reform and access your Explanation of Benefits on our web site. Visit www.bcbsks.com

For claim information For customer service call 1-800-332-0307 or (785) 291-4185 To report suspected fraud
www.bcbsks.com FAX: 785-290-0783 1-800-432-0216

Please see the appeal procedure and notice of rights form.
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