

ID: 129769

Image Number: 193 01 0717 20013

Name: 193 01 0717 20013

Bin: 393 - Original Documents

Cabinet: FEP

Received Date: 01/13/2020

Client - Carrier #:

Batch #:

Image Number: 193 01 0717 20013

Name: 193 01 0717 20013

Bin: 393 - Original Documents

Cabinet: **FEP**

Received Date: 01/13/2020

Client- Carrier #:

Batch #:

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  xmlns:xsd="http://www.w3.org/2001/XMLSchema"
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
- <Metadata>
  <Email>gdfang8m@gmail.com</Email>
  <ContactAuthorized>N</ContactAuthorized>
  <SubscriberID>R59133986</SubscriberID>
  <SubscriberFirstName>GUODONG</SubscriberFirstName>
  <SubscriberLastName>FANG</SubscriberLastName>
  <DigitalVerification>N</DigitalVerification>
  <DigitalVerificationDate>01/13/2020</DigitalVerificationDate>
</Metadata>
- <Files>
  <Claim>202001134462C.pdf</Claim>
  <Image>202001134462I01.pdf</Image>
</Files>
</FEPSubmission>
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[illegible]



3B

Federal Employee Program

Explanation of Benefits

THIS IS NOT A BILL

GUODONG FANG
7201 DUBUQUE CT
DERWOOD MD 20855

MAILROOM ADMINISTRATOR
PO BOX 14112
LEXINGTON, KY 40512-4112
202-484-1650 1-888-999-9862
TDD NUMBER 202-479-3546
WWW.FEPBLUE.ORG

EXPLANATION OF BENEFITS AT A GLANCE

Benefit Check Enclosed
Patient Name: GUODONG FANG
Dates of Service: 06/12/2019 - 06/12/2019
You Owe the Provider: \$1.45

ID Number: R59133986
Claim Number: 9352G00205PB
Claim Paid On: 01/08/2020
Claim Received On: 12/18/2019
Claim Processed On: 01/08/2020
Patient Acct No: 04183655
Check Number: 730144972

Provider: TONGREN HOSPITAL SHANGHAI JIAO TONG
Type: NON-PARTICIPATING PROVIDER

Dates of Service: 06/12/2019 - 06/12/2019

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe The Provider
PRESCRIPTION DRUG	39.11		209					
MEDICAL CARE	1.45	1.45					1.45	1.45
TOTALS:	40.56	1.45		0.00	0.00	0.00	1.45	1.45

Prescription was included in the original submission but missed by the reviewer.

EXPLANATION OF REMARK CODES

209 WE ARE UNABLE TO PROCESS THIS CHARGE UNTIL WE RECEIVE MORE INFORMATION ABOUT THE PRESCRIBED DRUG. TO DETERMINE WHETHER BENEFITS ARE AVAILABLE, WE REQUIRE THE DRUG NAME, OR THE NATIONAL DRUG CODE (NDC), THE APPROPRIATE QUALIFIER, UNIT OF MEASURE, NUMBER OF UNITS, AND PRICE PER UNIT. PLEASE RESUBMIT THE CLAIM WITH THAT INFORMATION.

YOUR RESPONSIBILITY TO THE PROVIDER(S) IS \$1.45. WE PAID \$1.45. THE PROVIDER CAN COLLECT \$1.45 FROM YOU FOR THESE SERVICES.

Summary of Out-of-Pocket Expenses for 2019

	Calendar Year Deductible	Catastrophic Protection	
		Preferred	Non-Preferred/ Preferred Total
What You Have Paid			
Individual	\$0.00	\$431	\$431
Family/Self+One	\$0.00	\$0	\$0
Annual Maximum			
Individual	\$0.00	\$5,000	\$7,000
Family/Self+One	\$0.00	\$0	\$0

Your Out-of-Pocket Expenses On This Claim

Calendar Year Deductible	\$0.00
Per Admission Copay	\$0.00
Coinsurance	\$0.00
Copayment	\$0.00
Non-covered Charges	\$0.00
Per certification Penalty	
TOTAL:	\$0.00

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. You may also request the diagnosis codes, the treatment codes, and the corresponding meanings of the codes for your claim. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 07/08/2020. You may request copies, free of charge, of any relevant materials and Plan documents relating to your claim. Your Plan will not accept unauthorized reconsiderations from providers. See the Disputed Claims section of your Service Benefit Plan Brochure.

Continued On Next Page

CON0020-CUT(7/12)

000316 7196205 001060 002159 0002/0003 K0000316

上海市普陀区长征镇社区卫生服务中心
门诊记录自管病卡

分 类 未婚 已婚 探亲

住院号

标准收费

自 N°0058097

姓 名 万国栋 性别 男 年龄 73

工作单位 退休

家庭住址 浙江路2299/56/201室

药物过敏	日期	传染疾病	日期

长征镇社区卫生服务中心配方笺

姓名: 万国栋 性别: 男 年龄: 73岁 科室: 全科

费别: 自费(本地) 卡号: 310107150081224

临床诊断: 支气管炎

处方时间: 2019年06月12日

发票号: 18131388 收款员: 俞丽雯 处方号: 4370106

青霉素皮试:

电话号码:

药品名称: (甲)贝羚胶囊(市)G	用法: 口服 <u>2粒</u>
规格: 0.3g*12粒/盒 上海雷允上制药有限公司	用量: 0.6 g
单价: 41.2 元 数量: 3 瓶	频次: 一天三次
药品名称: (甲)佳美舒(国)(阿奇霉素肠溶片)	用法: 口服 <u>2粒</u>
规格: 0.25g*6粒/盒 浙江众益药业有限公司	用量: 0.5 g
单价: 35.25 元 数量: 2 盒	频次: 一天一次
药品名称: (甲)润肺膏(国)G	用法: 口服
规格: 250g/瓶 烟台渤海制药	用量: 20 g
单价: 38.2 元 数量: 2 瓶	频次: 一天三次

审核: 调配: 317

核对: 发药:

医师: 孙吉 合计: 270.50

02

长征镇社区卫生服务中心配方笺

姓名: 方国栋 性别: 男 年龄: 73岁 科室: 全科
 费别: 自费(本地) 卡号: 310107150081224
 临床诊断: 支气管炎 处方时间: 2019年06月12日
 发票号: 18131388 收款员: 俞雨晏 处方号: 4370106
 青霉素皮试: 电话号码:

药品名称: (甲)贝羚胶囊(市)G 规格: 0.3g*12粒/瓶 上海甬允上制药有限公司 单价: 41.2 元 数量: 3 瓶	用法: 口服 2粒 用量: 0.6 g 频次: 一天三次
药品名称: (甲)佳美舒(国)(阿奇霉素肠溶片) 规格: 0.25g*6粒/盒 浙江众益药业有限公司 单价: 35.25 元 数量: 2 盒	用法: 口服 2粒 用量: 0.5 g 频次: 一天一次
药品名称: (甲)润肺膏(国)G 规格: 250g/瓶 烟台渤海制药 单价: 38.2 元 数量: 2 瓶	用法: 口服 用量: 20 g 频次: 一天三次

审核:
调配: 317

核对:
发药:

医师: 孙吉
合计: 270.50

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普陀区长征镇社区卫生服务中心



2号发药窗口 2号发药 收药
(急) 诊 收 费 票 据

1813138816

20190612 21:30:307 NO. 1813138821

方 科 别	姓 名	自 费 (本地)	310107150081224
西药费	70.50	TK28C (中) 杜美舒(即X阿司布索) 0.25g*6粒/盒 2	35.250X 70.50
中成药费	200.00	T44 (中) 补肺膏(调)G 250g*瓶 2	39.200X 78.40
		TC27 (中) 贝母散膏(即)G 0.3g*12粒/瓶 3	41.200X 123.60
合计			
270.50			0.00
0.00			
0.00			

支付宝支付: 270.50



2019000001006

找零请当面点清, 谢谢!

20190612 13:42:35

普陀区长征镇社区卫生服务中心



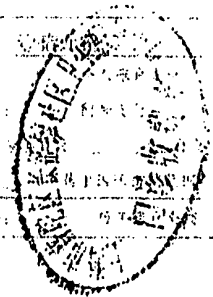
(急) 诊 收 费 票 据

1813129839

20190612 13:42:35 NO. 1813129839

姓 名	姓 名	自 费 (本地)	310107150081224
全科			
第1808号普通挂号			
19.00			
0.00			
0.00			

找零请当面点清!



20190612 13:42:35