

CLAIMS & PAYMENTS

Abigail N McClaine

Date of Service: 12/16/2019

Tier: N/A

Claim #: 21529087141

Group #: LBM363

Your Cost

You May Get a Bill

Ohio State University Hos

Denied

\$ 2404.00

This claim, 21529087141 , has 25 services

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 300

Quantity: 1

Provider Charge

\$ 21.00

Member Discounted Rate

\$ 0.00

Your Amount Owed for Non Covered Service

\$ 21.00

Your Total Cost

\$ 21.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge

\$ 29.00

Member Discounted Rate

\$ 0.00

Your Amount Owed for Non Covered Service

\$ 29.00

Your Total Cost

\$ 29.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge

\$ 110.00

Member Discounted Rate

\$ 0.00

Your Amount Owed for Non Covered Service

\$ 110.00

Your Total Cost

\$ 110.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge

\$ 28.00

Member Discounted Rate

\$ 0.00

Your Amount Owed for Non Covered Service

\$ 28.00

Your Total Cost

\$ 28.00

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Group #: LBM363

Your Cost

You May Get a Bill

Ohio State University Hos

Denied

\$ 2404.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 52.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 52.00

Your Total Cost \$ 52.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 156.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 156.00

Your Total Cost \$ 156.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 156.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 156.00

Your Total Cost \$ 156.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 156.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 156.00

Your Total Cost \$ 156.00

Laboratory Service

Ohio State University Hos

Provider Charge \$ 150.00

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Your Cost

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Ohio State University Hos

Denied

\$ 2404.00

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 150.00

Your Total Cost \$ 150.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 4

Provider Charge \$ 64.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 64.00

Your Total Cost \$ 64.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 64.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 64.00

Your Total Cost \$ 64.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 128.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 128.00

Your Total Cost \$ 128.00

Laboratory Service

Ohio State University Hos

Tier: N/A

Provider Charge \$ 31.00

Member Discounted Rate \$ 0.00

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Tier: N/A

Claim #: 21529087141

Group #: LBM363

Your Cost

You May Get a Bill

Ohio State University Hos

Denied

\$ 2404.00

12/16/2019

Procedure Code: 301

Quantity: 1

Your Amount Owed for Non Covered Service \$ 31.00

Your Total Cost \$ 31.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 301

Quantity: 1

Provider Charge \$ 212.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 212.00

Your Total Cost \$ 212.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Quantity: 1

Provider Charge \$ 67.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 67.00

Your Total Cost \$ 67.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Quantity: 1

Provider Charge \$ 28.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 28.00

Your Total Cost \$ 28.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Provider Charge \$ 230.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 230.00

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Tier: N/A

Claim #: 21529087141

Group #: LBM363

Your Cost

You May Get a Bill

Ohio State University Hos

Denied

\$ 2404.00

Quantity: 2

Your Total Cost \$ 230.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Quantity: 1

Provider Charge \$ 41.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 41.00

Your Total Cost \$ 41.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Quantity: 1

Provider Charge \$ 87.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 87.00

Your Total Cost \$ 87.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Quantity: 1

Provider Charge \$ 62.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 62.00

Your Total Cost \$ 62.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 302

Quantity: 1

Provider Charge \$ 32.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 32.00

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Group #: LBM363

Your Cost

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Ohio State University Hos

Denied

\$ 2404.00

Your Total Cost \$ 32.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 305

Quantity: 1

Provider Charge \$ 120.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 120.00

Your Total Cost \$ 120.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 305

Quantity: 1

Provider Charge \$ 28.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 28.00

Your Total Cost \$ 28.00

Laboratory Service

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 307

Quantity: 1

Provider Charge \$ 37.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 37.00

Your Total Cost \$ 37.00

X-ray

Ohio State University Hos

Tier: N/A

12/16/2019

Procedure Code: 320

Quantity: 1

Provider Charge \$ 315.00

Member Discounted Rate \$ 0.00

Your Amount Owed for Non Covered Service \$ 315.00

Your Total Cost \$ 315.00