

EMPLOYEE DANIEL S SULLIVAN
PATIENT SELF
EMPLOYER PLANNED EMPL PROGRAM
CLAIM NO. L-58045-444728486-018

EMPLOYEE: DANIEL S SULLIVAN
10006 E. 117TH PL. S.
BIXBY, OK 74008

MAIL TO:

BEST SHARP SHERIDAN &
ATTN JODELL ADAMS
321 S BOSTON STE 700
TULSA OK 74103

PAID TO:

ST JOHN MEDICAL CENTER
1923 S UTICA
TULSA OK 74104

EXPLANATION OF BENEFITS

FOR EMPLOYEE

RETAIN THIS COPY FOR TAX PURPOSES.

EMPLOYEE: DANIEL S SULLIVAN
CLAIM NO: L-58045-444728486-018

PATIENT: SELF
DATE: 01-17-89

AMOUNT PAID: \$248.00

FOR SERVICE BY: A ST JOHN MEDICAL CENTER FROM: 120888 THRU: 120888 CHARGES: 310.00
B
C

BY	AMOUNT CHARGED	LESS CHARGES PENDING	LESS CHARGES EXCLUDED	**	LESS DEDUCTIBLE	REMAINING BALANCE	COINSURANCE RATE	NORMAL BENEFIT	COV * CODE
A	310.00			1		310.00	80%	248.00	54

\$ 310.00

310.00

248.00 TOTALS

** IMPORTANT PLEASE READ

- 1-THANK YOU FOR YOUR PATIENCE DURING OUR DELAY IN THE PROCESSING OF YOUR CLAIM.
- 2-THE PATIENT ACCOUNT NUMBER IS 90197924/02383453

OUT-OF-POCKET EXPENSE

	REMAINING
INDIVIDUAL:	726.20
FAMILY:	1726.20

SUMMARY OF ADJUSTMENTS

NORMAL BENEFIT	248.00
TOTAL PAID:	\$ 248.00

LIFETIME BENEFITS PAID

MEDICAL:	295.20
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KEEP THIS COPY FOR TAX PURPOSES - IT CANNOT BE RE-PRINTED

* COVERAGE CODES

54-COMPREHENSIVE

IF YOU HAVE ANY QUESTIONS - PLEASE CONTACT:

REGIONAL CLAIM CENTER
ONE LAKEVIEW ENERGY CEN ST 840
3817 N W EXPRESSWAY
OKLAHOMA CITY OK 73112
LOCAL 949-5655
IN-STATE-WATS 800-522-6608
OUT-STATE-WATS 800-523-5665