

EXPLANATION OF BENEFITS

Insurance Company: Health Insurance Co

Member: Jane Smith

Member ID: HI987654321

Date of Service: January 10, 2024

CLAIM INFORMATION

Claim Number: CLM-2024-001234

Provider: Dr. Smith Clinic

Service: Medical Consultation

BILLING SUMMARY

Billed Amount: \$300.00

Allowed Amount: \$250.00

Deductible Applied: \$50.00

Co-insurance (20%): \$40.00

PAYMENT SUMMARY

Insurance Paid: \$160.00

Patient Responsibility: \$90.00

Status: Processed and Paid

Date Processed: January 12, 2024