

Livwell Healthcare Solutions

Current Status
Claim Processed

Medical Claim # EV26375473 In-Network
Patient Name: Daniel Rodrigues
Date of service: 12/10/2024
Date Received: 12/16/2024



Claim Payment Breakdown

Total Amount Billed	\$594.00	Processed - 12/18/2024
Plan Discount	\$417.40	Processed - 12/18/2024
Plan Paid	\$173.60	Processed - 12/18/2024
Your Total Amount Owed \$3.00		Not Marked As Paid

Claim Provided Services

Provided Service	Amount Billed	Plan Discount	Plan Paid	Copay	Coinsurance	Deductible	Non-Covered
12/10/2024	\$20.25	\$17.25	\$0.00	\$0.00	\$0.00	\$3.00	\$0.00
<p>Service Description: Routine procedure for taking a blood sample from a vein.</p> <p>Claim Codes: You have received a discount for using a health care professional in your plan's network. The total amount you owe may include your cost share (deductible, copay and coinsurance) and any non-covered amount after you meet your benefit limit for a covered service. (PPO008) Benefits for this service have been applied to your deductible. The amount you owe shown on this statement is the amount you may owe your health care professional. (DED003)</p>							
12/10/2024	\$573.75	\$400.15	\$173.60	\$0.00	\$0.00	\$0.00	\$0.00
<p>Service Description: Comprehensive, preventive medical assessment for an adult (40-64 years old). This typically includes age- and gender-appropriate history, exam, counseling, education and necessary lab work or imaging.</p> <p>Claim Codes: You have received a discount for using a health care professional in your plan's network. The total amount you owe may include your cost share (deductible, copay and coinsurance) and any non-covered amount after you meet your benefit limit for a covered service. (PPO008)</p>							