

SAMPLE

Explanation of Benefits

SAMPLE

Insurance ABC  
123 Elm St  
Hometown, USA 01234

Mr. John Smith  
520 Pleasant St  
Hometown, IL 60610

Patients Name: John Smith  
Date of Service: 1/27/07 - 2/4/07  
Service Provider: Hometown Health

Date: 01-Apr-07

Deductible	
Amount Paid by Plan:	\$6,000.00
Amount You May be Billed:	\$100.00
Your Annual Deductible:	\$0.00
Deductible Met to Date	\$0.00

Date of Service	Type of Service	Billed Charges	Not Due from Patient	Not Allowed/Not Covered		Equals Allowed Amount	Minus Other Insurance Payments	Minus Co-Pay	Due from Patient		Equals Amount Paid by Plan	Total Due from Patient	Reason Code
				Due from Patient	Amount				Minus Deductibles	Minus Co-Insurance			
1/27/2007	Inpatient	\$7,500.00	\$1,400.00	\$0.00	\$6,100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$100.00	90
<b>Total:</b>		<b>\$7,500.00</b>	<b>\$1,400.00</b>	<b>\$0.00</b>	<b>\$6,100.00</b>	<b>\$0.00</b>	<b>\$100.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,000.00</b>	<b>\$100.00</b>	