



MONTHLY SUMMARY STATEMENT

For the Month of AUGUST 2011

WHITE STOCK

2011102733B2

*** This is NOT a Bill ***

TEST



ENV 1 I OF 2 F

Electronic Service Requested

1 0.5234 SP 0.440 SINGLE PIECE

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Questions?
PHONE INQUIRIES: (800)888-6227
 Did you know that you can review benefits and get claim status and history online, 24 hours a day, 7 days a week? To access this convenient and easy to use tool go to WWW.NCAS.COM

Employee:
Group #:
Group:

Services Rendered To:

Claim #: 201107250458

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
PRATT OPHTHALMOLOG	07/06/2011-07/06/2011	MEDICINE	280.00	.00	280.00	2	.00		.00	N/A
Totals:	Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility	
	280.00	280.00	.00	.00	.00	.00	.00	.00	280.00	

Services Rendered To:

Claim #: 201107210865

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
QUEST DIAGNOSTIC	06/21/2011-06/21/2011	PATHOLOGY AND R	92.00	69.47	.00	1	22.53		.00	N/A
QUEST DIAGNOSTIC	06/21/2011-06/21/2011	PATHOLOGY AND R	130.50	105.69	.00	1	24.81		.00	N/A
QUEST DIAGNOSTIC	06/21/2011-06/21/2011	SURGERY	15.90	9.15	.00	1	6.75		.00	N/A
QUEST DIAGNOSTIC	06/21/2011-06/21/2011	PATHOLOGY AND R	37.50	24.86	.00	1	12.64		.00	N/A
Totals:	Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility	
	275.90	.00	66.73	.00	209.17	.00	.00	.00	66.73	

Services Rendered To:

Claim #: 201106301238

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
FRIRECAREREDICAL	06/13/2011-06/13/2011	MEDICINE	125.00	15.96	.00	1	.00	100	84.04	DOCTOR
Totals:	Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility	
	125.00	.00	.00	25.00	15.96	.00	84.04	.00	25.00	

Services Rendered To:

Claim #: 201107053094

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
QUEST DIAGNOSTIC	06/13/2011-06/13/2011	PATHOLOGY AND R	123.10	101.37	.00	1	.00	100	21.73	DOCTOR
QUEST DIAGNOSTIC	06/13/2011-06/13/2011	SURGERY	15.90	9.15	.00	1	.00	100	6.75	DOCTOR
QUEST DIAGNOSTIC	06/13/2011-06/13/2011	PATHOLOGY AND R	70.00	48.38	.00	1	.00	100	21.62	DOCTOR
QUEST DIAGNOSTIC	06/13/2011-06/13/2011	PATHOLOGY AND R	204.50	154.50	.00	1	.00	100	50.00	DOCTOR
Totals:	Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility	
	413.50	.00	.00	.00	313.40	.00	100.10	.00	.00	

Services Rendered To:

Claim #: 201107053095

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
QUEST DIAGNOSTIC	06/13/2011-06/13/2011	PATHOLOGY AND R	215.00	166.10	.00	1	.00	100	48.90	DOCTOR

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**Employee:
Group #:
Group:**

Services Rendered To:

Claim #: 201107053095

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
Totals:	Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility	
	215.00	.00	.00	.00	166.10	.00	48.90	.00	.00	

Services Rendered To:

Claim #: 201107250467

Provider	Dates of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
DERMATOLOGY ASSOCS	07/15/2011-07/15/2011	MEDICINE	100.00	19.42	.00	1	.00	100	45.58	DOCTOR
DERMATOLOGY ASSOCS	07/15/2011-07/15/2011	SURGERY	150.00	22.56	.00	1	127.44		.00	N/A
Totals:	Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility	
	250.00	.00	127.44	35.00	41.98	.00	45.58	.00	162.44	

Ref # Explanation

- 1 This represents the PHCS Discount. Patient is not responsible for the discount.
- 2 This service is not covered when rendered by a Non Network Provider. See Summary Plan Document.
- * The Plan has established and maintained a procedure by which a member or their authorized representative has a reasonable opportunity to appeal our decision to deny a claim. An adverse benefit determination may be based upon an internal rule or protocol. Upon request you will be provided, free of charge, that rule or an explanation of the scientific or clinical judgement used in making the decision. You may also review documents pertinent to your claim. This Plan offers 2 levels of appeal. You have the right to file an appeal to the Plan within 180 days from the date of the initial notice and within 30 days of a second adverse benefit determination notice. Your appeal request should include your name, the enrollee's identification number, and any additional documentation to be reviewed. Both levels of appeal will receive a full and fair review and the claimant will be notified of the Plan's benefit determination not later than 30 days after receipt of the request. If you are enrolled through an employer-sponsored or other group health benefit plan that is subject to Employee Retirement Income Security Act (ERISA), and receive an adverse benefit determination on your appeal(s), you may bring a civil action under Section 502(a) of ERISA.

Member Name	Description	Year	Satisfied
	PPO/NOPPO DEDUCTIBLE	2011	127.44
	PPO/NOPPO DEDUCTIBLE	2011	155.83
Family Totals:	PPO/NOPPO DEDUCTIBLE	2011	283.27

VOID



The Team Approach to Benefit Administration

P.O. Box 981610
El Paso, TX 79998

Electronic Service Requested

JOHN DOE
123 MAIN ST.
ANYTOWN, ST 22000-0022

MONTHLY SUMMARY STATEMENT

For the Month of **AUGUST 2011**

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Questions?

PHONE INQUIRES : (800) 888-6227

Employee: JOHN DOE
Group #: ABC
Group : ABC COMPANY

This is an explanation of benefit for claim we received for services rendered to:

Claim #: 201101140002

Provider	Date of Service	Procedure	Charge	PPO Disc	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
GLASGOW MEDICAL	01/14/2011	EMERGENCY ROOM	5,000.00	.00	.00	1	.00	100	4900.00	PROVIDER
GLASGOW MEDICAL	01/14/2011	EMERGENCY ROOM	3,000.00	.00	.00	1	.00	100	3000.00	PROVIDER
GLASGOW MEDICAL	01/14/2011	EMERGENCY ROOM	1,000.00	.00	.00	1	.00	100	1000.00	PROVIDER

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Totals:

Charges	Ineligible	Deductible	Co-Payment	PPO Disc	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility
9000.00	0.00	0.00	100.00	0.00	0.00	8900.00	0.00	100.00

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Ref# Explanation

22 1 CLAIM PAID BASED ON CONTRACTED CASE RATE WHICH IS GREATER THAN ITEMIZED CHARGES.

Member Name	Description	Year	Satisfied
JOHN DOE	PPO NOPPO DEDUCTIBLE	2011	124.00
Family Totals:	PPO NOPPO DEDUCTIBLE	2011	124.00

How to Read Your Monthly Summary Statement

1. Member Information - includes specific information about the EOB including date and EOB number, employee name, employee ID, patient name, group number, group name, and patient account number.
2. Provider - provider of service.
3. Dates of Service - the date the service was provided.
4. Procedure - description of type of procedure provided.
5. Charge - amount billed by the service provider.
6. PPO Disc - PPO Discount is the difference between the providers billed amount and the Preferred Provider Organizations (PPO) allowed amount. This is the amount the health plan member saves by using a network provider. This amount may be \$0 (zero) if the case rate is greater than the billed charge or your plan does not use a PPO network.
7. Ineligible - When Medicare is the Primary Carrier this amount represents the Medicare Paid Amount (if Medicare made payment), the Medicare dis-allowed Amount, and any other services excluded by this health plan.
8. Ref Number - this Reference Number refers the recipient to the appropriate explanation (see number 22 below).
9. Deductible - patient's liability.
10. Paid % - plan paid coinsurance.
11. Payment - plan paid amount.
12. Paid To - description of payee.
13. Charges - amount billed by the service provider.
14. Ineligible - When Medicare is the Primary Carrier this amount represents the Medicare Paid Amount (if Medicare made payment), the Medicare dis-allowed Amount, and any other services excluded by this health plan.
15. Deductible - patient's liability.
16. Co-Payment - the amount the health plan member may be charged by the provider at the time of service.
17. PPO Disc - PPO Discount is the difference between the provider's billed amount and the Preferred Provider Organizations (PPO) allowed amount. This is the amount the health plan member saves by using a network provider. This amount may be \$0 (zero) if the case rate is greater than the billed charge or your plan does not use a PPO network.
18. Other Ins - the amount paid by another insurance plan such as Medicare.
19. Plan Pays - the amount paid by NCAS to the provider of service or to the health plan member. This amount may be greater than billed charges if the provider or facility has an inclusive case rate contract. This amount may also, be \$0 (zero) if your plan does not use a PPO network.
20. Co-Insurance - the amount of eligible charges that the health plan member is responsible for paying to the provider of service.
21. Patient Responsibility - the total amount the patient is responsible to pay.
22. Ref # and Explanation - the specific comment related to this service or claim.
23. Payment History - this field is not applicable to all EOBs; this field may include deductible or coinsurance amounts met to date.