



MEDICAL SERVICES PAYMENT DETAIL

Provider/ Claim Number	Service Date	Total Amount Charged	Member Discount Amount	Not Covered Amount	YOUR HEALTH PLAN(S) PAID			YOUR SHARE			Amount You Owe Providers
					BCBSLA Paid to Provider	BCBSLA Paid to You	Other Insurance Paid	Exclusions +	Deductible +	Co-Pay/ Coinsurance	
	01/30/17	\$85.00	\$56.75*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.25	\$0.00	\$28.25
		<i>*\$56.75 - The charge exceeds the allowed amount for this service.</i>									
	01/31/17	\$85.00	\$56.75*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.25	\$0.00	\$28.25
		<i>*\$56.75 - The charge exceeds the allowed amount for this service.</i>									
	01/30/17	\$85.00	\$68.86*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.14	\$0.00	\$16.14
		<i>*\$68.86 - The charge exceeds the allowed amount for this service.</i>									
	01/31/17	\$85.00	\$68.86*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.14	\$0.00	\$16.14
		<i>*\$68.86 - The charge exceeds the allowed amount for this service.</i>									
	02/01/17	\$85.00	\$56.75*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.25	\$0.00	\$28.25
		<i>*\$56.75 - The charge exceeds the allowed amount for this service.</i>									
	01/03/17	\$550.00	\$360.00*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$190.00	\$0.00	\$190.00
		<i>*\$360.00 - The charge exceeds the allowed amount for this service.</i>									
	01/04/17	\$550.00	\$360.00*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$190.00	\$0.00	\$190.00
		<i>*\$360.00 - The charge exceeds the allowed amount for this service.</i>									
	01/05/17	\$550.00	\$360.00*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$190.00	\$0.00	\$190.00
		<i>*\$360.00 - The charge exceeds the allowed amount for this service.</i>									
	01/06/17	\$495.00	\$324.00*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$171.00	\$0.00	\$171.00
		<i>*\$324.00 - The charge exceeds the allowed amount for this service.</i>									
	01/06/17	\$85.00	\$40.00*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00	\$0.00	\$45.00
		<i>*\$40.00 - The charge exceeds the allowed amount for this service.</i>									