

Northern Illinois University –Explanation of Benefits (EOB)

P1004005016

HCH Administration
 PO Box 1986
 Peoria, IL 61656-1986

UNICARE
 Administrative Services Provided by HCH Administration

Forwarding Service Requested

12728 0.3516 AT 0.346
 3-DIGIT 601
 STUDENT NAME 102
 ADDRESS
 CITY, STATE ZIP CODE

Questions? Contact Customer Service At
 (309) 673-7330 or (800) 447-3227

Employee: STUDENT NAME
 Patient: PATIENT NAME
 Group: NORTHERN ILLINOIS UNIVERSITY
 Group #: NIU
 Claim #: 00000000-00
 Account#: 555555555555
 Date: 01/01/2008

1 OF 1
 ENV12728

Explanation of Benefits for Services Provided By:
PROVIDER NAME

Dates of Service	Service Code	Total Amount	Not Covered	Reason Code	Discount	Covered By Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
12/01-12/01/2007	30	200.00	0.00	bs	100.00	100.00	100.00	0.00	0.00		0.00
12/01-12/01/2007	27	250.00	0.00	bs	75.00	175.00	150.00	0.00	25.00	80%	20.00
12/01-12/01/2007	50	400.00	0.00	bs	225.00	175.00	0.00	0.00	175.00	80%	140.00
12/01-12/01/2007	50	400.00	0.00	bs	300.00	100.00	0.00	0.00	100.00	80%	80.00
12/01-12/01/2007	51	50.00	0.00	bs	25.00	25.00	0.00	0.00	25.00	80%	20.00
12/01-12/01/2007	51	75.00	0.00	bs	50.00	25.00	0.00	0.00	25.00	80%	20.00
TOTALS		1,375.00	0.00			600.00	250.00	0.00	350.00		280.00

Other Insurance Credits or Adjustments 0.00
Total Net Payment 280.00

Patient Responsibility to Provider 320.00

Accumulators
 In Network- Your 2007 deductible has been satisfied

Service Code
 27 SURGERY SURGEON
 30 DOCTOR'S VISIT
 50 XRAY
 51 LAB

Messages
 *** Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.
 *** This Is Not a Bill - This only represents your Plan Coverage

Payment To: PROVIDER Amount 280.00
Check No.
Reason Code Description
 bs A Beech Street discount has been applied or the provider may have billed at or below the negotiated rate. The patient is not responsible for the discount amount. Please contact HCH Admin plan description.

Total Amount – This is the total amount billed by the provider.

Not Covered – These are charges that would not be covered by the plan

Service Code – See explanation below – describes the service received.

Discount – This is the discount received for using a network provider or discount negotiated by HCH Administration.

Accumulators – This will show any deductible amounts that have been satisfied.

Reason Code – See explanation below

Deductible Amount – This is the amount applied to your deductible. This would be the patient responsibility

Balance – Total amount less any Not Covered, Discounts or Deductible amounts.

Paid At – Percentage at which balance is paid

Total Net Payment – Amount that has been paid to provider. This is not patient responsibility.

Patient Responsibility to Provider – This is the amount the patient owes to the provider.