

EXPLANATION OF BENEFITS

MAA MUTUAL ASSURANCE ADMINISTRATORS, INC.
 P.O. Box 42096
 Oklahoma City, OK 73123-3005

THIS IS NOT A BILL

If you have questions, please call customer service at 405.848.1975

Return Service Requested

1 JOHN DOE
 P.O. BOX 123
 ANYWHERE, OK 12345

Explanation of Benefits for Services Provided By:
PHILLIP FLOYD MD

3	4	5	6	7	8	9	10	11	12	13	14	15
Dates of Service	Provider Name	Service Code	Total Charge	Withhold/ Ineligible	Reason Code	Provider Discount	Covered by Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
11/5-11/5/2001	PHILLIP FLOYD	16	404.00	0.00		0.00	404.00	0.00	0.00	404.00	100%	404.00
11/5-11/5/2001	PHILLIP FLOYD	15	1,676.00	0.00		0.00	404.00	0.00	0.00	404.00	100%	404.00
TOTAL			2,080.00	0.00	D8	1,272.00	808.00	0.00	0.00	808.00		808.00
											16	0.00
											17	808.00
											18	0.00

Service Code

15	SURGEON
16	ASST SURGEON

Reason Code Description

D8	PPO/EPO/NEG PROV DISC YOU DO NOT OWE THIS AMOUNT.
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Messages 19

*** If you disagree with our determination, you may have this decision reviewed. Please send your written request to MAA P.O. Box 42096, OKC, OK 73123 within 60 days of receipt. You may also submit your comments and views in writing or examine pertinent documents at MAA during business hours.

*** Only one worksheet will be provided for each claim. Please retain this copy for tax purposes.

MUTUAL ASSURANCE ADMINISTRATORS, INC.
 THIRD PARTY ADMINISTRATOR
 P.O. BOX 42096
 OKLAHOMA CITY, OK 73123-3005

Bank of Oklahoma, NA
 Oklahoma City, Oklahoma
 38-131030

00123456
 DATE: 11/01/2002

PAY: ** EIGHT HUNDRED AND EIGHT DOLLARS AND NO CENTS ** **\$808.00**

CLAIM NO. 12121212 *** VOID AFTER 90 DAYS ***

TO PHILLIP FLOYD, MD
 THE P.O. BOX 123
 ORDER ANYWHERE, OK 12345
 OF

 AUTHORIZED SIGNATURE

- 1 Employee name and address.
- 2 Claim information, claim number, and patient name.
- 3 Dates you received service/ product - when you saw your provider.
- 4 The Provider name (physician, hospital, or lab).
- 5 Service Code - with a description of service.
- 6 Charges billed by provider.
- 7 Withhold / Ineligible - Charges not covered by your healthcare Plan.
- 8 The reason(s) these charges are reduced.
- 9 Provider Discount - the negotiated discount for the service. (Preferred providers must write-off this amount.)
- 10 Covered by Plan - Allowable amounts covered by the Plan.
- 11 These are amounts you are responsible for paying, usually at time of service:
- 12 Deductible - amount applied to your calendar year deductible
- 13 Co-pay amounts.
- 14 Balance -This includes the remaining charges considered for payment
- 15 Paid At - The percentage your plan paid for these charges.
- 16 Payment Amount - the calculated payment amount.
- 17 Other Credits or Adjustments - Any payments made by another health plan or coverage.
- 18 Total Net Payment to provider - Amount paid by the plan.
- 19 Total Patient Responsibility - Amount you're responsible for paying.
- 20 Messages - Important messages for you.

This Explanation of Benefits (EOB) statement is to help you understand how your claim was processed. If you have any questions please call:

Your Client Solutions Unit
1.800.825.3540