

Sample Member  
123 Member Way

Tacoma WA 98401

**Your Employer Name**

Group Number      Your Group Number  
Claimant Number      987654321

**Here is the amount that your plan has paid for a service.**

**Explanation of Benefits**  
**This is not a Bill**

Patient's Name Type of Service	Service Date(s)	Billed Charges	Negotiated Adjustment	Other Plan Payment	Expl. Codes	Patient Responsibility				Plan Pays	Benefit Payment
						Ineligible	Co-Pay	Deductible	Co-Ins		

**Patient # 1**

EOB Number: 201260629-989      MCKENNA CHIROPRACTIC CENTER

98941-CHIROPRACTIC	05/26/2012	48.00	4.80		091					8.64	80%	34.56
Patient Account Number: 12345678		Totals:	48.00	\$4.80	0.00		0.00	0.00	0.00	8.64		34.56

**Patient Responsibility: 8.64**

**Patient # 2**

EOB Number: 20120629-141      TODAYS DENTAL GROUP

D2330-DENT BASIC	06/05/2012	101.00	101.00		281						0%	0.00
D3346-DENT BASIC	06/05/2012	560.00								112.00	80%	448.00
Patient Account Number: 12345678		Totals:	661.00	\$101.00	0.00		0.00	0.00	0.00	112.00		448.00

**Patient Responsibility: 112.00**

**Here is your responsibility for each service.**

**This is a monthly summary of your services by provider**

**July 2012 Statement Summary**

Payee Name Date Benefit Paid	Patient Name	Total Charge	Negotiated Adjustment	Other Plan Payments	Benefit Payments	Patient Portion
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**MCKENNA CHIROPRACTIC CENTER**

Date Benefit Paid: 6/30/12	Patient # 1	48.00	4.80	0.00	34.56	8.64
	Totals:	48.00	4.80	0.00	34.56	

This is the amount the Member's family owes MCKENNA CHIROPRACTIC CENTER: 8.64

**TODAYS DENTAL GROUP**

Date Benefit Paid: 6/30/12	Patient # 2	661.00	101.00	0.00	448.00	112.00
	Totals:	661.00	101.00	0.00	448.00	

This is the amount the Member's family owes TODAYS DENTAL GROUP: 112.00

**Explanations:**

- 091 \*\*\*THE FIRST CHOICE PPO DISCOUNT AMOUNT IS REFLECTED IN THE SAVINGS(S) OR NEGOTIATED ADJUSTMENT EXPLANATION OF BENEFITS.\*\*\*
- 281 PLEASE SUBMIT VALID TOOTH NUMBER AND/OR SURFACE.

**This is your current status on deductibles and out of pocket expenses.**

**Deductible/Out-of-Pocket Summary Table**

Family / Patient Name	In-Network		Out-of-Network		Plan Year
	Deductible Met	Out of Pocket Met	Deductible Met	Out of Pocket Met	
FAMILY	\$735.23	\$360.59			2012
Family Member #1	\$400.00	\$242.57			2012
Family Member #2	\$217.21	\$0.00			2012

**Your next monthly explanation of benefits, if any claims are submitted, will arrive the week of: 8/6/12**

**Electronic EOB's are now available!** When medical claims have been paid for any family member you may receive your family EOB via your personal e-mail address. To enroll for electronic EOB's, please e-mail both your name and your group number listed on this EOB to: [benefitsupport@trusteedplans.com](mailto:benefitsupport@trusteedplans.com)

If any p...  
date...  
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**YOU'VE GOT MAIL!**  
This is where you can sign-up to have your EOBs e-mailed to you.