

REPORT TO MEMBER

MARCH 31, 2009
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JOHN H MEMBER
123 SAMPLE AVE
HONOLULU HI 96818

NO: R000012345678 00

PATIENT SERVICE DATES	PROVIDER TYPE OF SERVICE / DRUG	CHARGE / RETAIL COST	PROVIDER ADJUSTMENT	ELIGIBLE CHARGE	YOUR BENEFIT	YOU MAY OWE	MESSAGE CODES
JOHN 02/09/09	KATHY ANYDOC MD OFFICE VISIT TAX	CLMID: 09000E0000000 153.64 7.24	-110.39	43.25	31.25	12.00	998
	TOTAL CLAIM	\$160.88		\$43.25	\$31.25	\$12.00	

PAYMENT MADE TO PROVIDER

MESSAGE CODE EXPLANATION(S)

998 – TAX IS THE MEMBERS RESPONSIBILITY. PARTICIPATING PROVIDERS WILL BASE TAX ON HMSAS ELIGIBLE CHARGE.

THE PROVIDER HAS AGREED TO ACCEPT HMSA'S ELIGIBLE CHARGE AS PAYMENT IN FULL. THE PROVIDER ADJUSTMENT IS THE AMOUNT BY WHICH THE PROVIDER'S BILLED CHARGE EXCEEDS THE ELIGIBLE CHARGE.

IF YOU HAVE A QUESTION ABOUT THIS REPORT, OUR CUSTOMER SERVICE REPRESENTATIVES WILL BE HAPPY TO ASSIST YOU. PLEASE REFER TO THE REVERSE SIDE FOR THE PHONE NUMBER OF THE HMSA OFFICE NEAREST YOU. THE BEST TIMES TO CALL FOR A SHORTER WAIT TIME ARE THURSDAY AND FRIDAY AFTERNOONS.

Run your mouse over the first digit
or letter of each yellow highlighted
item for an explanation of that item.