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 **Blue Cross Blue Shield
of Kansas City**
2301 Main Street
P.O. Box 419169
Kansas City, MO 64141-6169

Electronic Service Requested

[REDACTED]

Member ID:	[REDACTED]
Patient:	[REDACTED]
Birth Date:	[REDACTED]
Group Number:	[REDACTED]
Plan Name:	Preferred-Care
Date(s) of Service:	08/02/2010
Claim Number:	[REDACTED]
Claim Received On:	08/23/2010
Claim Processed On:	08/30/2010
Provider of Service:	Uc Davis Medical Center



ENV 6426 6 OF 7

Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association

This is your Explanation of Benefits

THIS IS NOT A BILL
Keep this document for your record of benefits received.

Dear [REDACTED]

The following is an Explanation of Benefits (EOB) for a claim processed by Blue Cross and Blue Shield of Kansas City (BCBSKC) on your behalf. This claim represents services received from Uc Davis Medical Center, an In-Network Provider on August 2, 2010. **The total amount you owe for this claim is \$674.80.** This amount may include a previous payment you have already made to your provider. You may still have additional charges from this provider that are not yet determined. You may be billed separately by your provider for these charges.

If you have any questions, or need additional information, please visit our Web site at www.BlueKC.com or refer to your plan documents. You can also contact Customer Service weekdays 8:00 a.m. to 5:00 p.m. Central Time at 816-395-3558 or toll free 888-989-8842. Thank you for choosing BCBSKC to manage your health insurance needs. We appreciate the opportunity to serve you.

CLAIM-AT-A-GLANCE

Total Billed Charges:	\$3,374.00
Minus Member Savings/Discounts arranged by BCBSKC:	\$0.00
Minus Other Not-Eligible Charges:	\$0.00
Leaving an Allowable Provider Charge of:	\$3,374.00
Minus Plan Payment of:	\$2,699.20
Leaving a Balance you may owe:	\$674.80

COPAY.....	\$0.00	DEDUCTIBLE.....	\$0.00	COINSURANCE.....	\$674.80
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→ Detailed line-item accounting on the back