



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
10-13-11

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

A

Claim Information
Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$112.00
Total Benefits Approved: \$85.44
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Medical Visits	10-05-11	112.00	11.56 (1)	100.44
Totals		\$112.00	\$11.56	\$100.44

COVERAGE INFORMATION

Totals	\$112.00	\$11.56	\$100.44
Deductions			
Your Copayment Amount	Paid	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$85.44
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$85.44 to CARL on 10-13-11.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
01-25-12

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$125.00**
Total Benefits Approved: **\$25.80**
Amount You May Owe Provider: **\$60.20**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-07-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	01-07-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	01-07-12	29.00		29.00
Totals		\$125.00	\$39.00	\$86.00

COVERAGE INFORMATION

Totals	\$125.00	\$39.00	\$86.00
Deductions			
Your Copayment Amount	Paid	\$15.00	
Applied to 2012 Health Care Plan Deductible		\$45.20	
Total Deductions			-\$60.20
Total Benefits Approved			\$25.80
Amount You May Owe Provider			\$60.20
Total covered benefits approved for this claim: \$25.80 to CARL on 01-25-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Out-Of-Pocket Expenses

Patient: ELANA LAHAM
Benefit Period: 01-01-12 Through 12-31-12

To date this patient has met \$45.20 of her/his \$225.00 Major Medical deductible.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
01-27-12

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$125.00
Total Benefits Approved: \$25.80
Amount You May Owe Provider: \$60.20

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-21-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	01-21-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	01-21-12	29.00		29.00
Totals		\$125.00	\$39.00	\$86.00

COVERAGE INFORMATION

Totals	\$125.00	\$39.00	\$86.00
Deductions			
Your Copayment Amount	Paid	\$15.00	
Applied to 2012 Health Care Plan Deductible		\$45.20	
Total Deductions			-\$60.20
Total Benefits Approved			\$25.80
Amount You May Owe Provider			\$60.20
Total covered benefits approved for this claim: \$25.80 to CARL on 01-27-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Out-Of-Pocket Expenses

Patient: ELANA LAHAM
Benefit Period: 01-01-12 Through 12-31-12

To date this patient has met \$90.40 of her/his \$225.00 Major Medical deductible.

SUMMARY

Total Billed: \$125.00
Total Benefits Approved: \$25.80
Amount You May Owe Provider: \$60.20

Claim No.:

Patient Name:

ELANA LAHAM

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SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-28-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	01-28-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	01-28-12	29.00		29.00
Totals		\$125.00	\$39.00	\$86.00

COVERAGE INFORMATION

Totals	\$125.00	\$39.00	\$86.00
Deductions			
Your Copayment Amount	Paid \$15.00		
Applied to 2012 Health Care Plan Deductible	\$45.20		
Total Deductions			-\$60.20
Total Benefits Approved			\$25.80
Amount You May Owe Provider			\$60.20
Total covered benefits approved for this claim: \$25.80 to CARL on 02-10-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Out-Of-Pocket Expenses

Patient: ELANA LAHAM

Benefit Period: 01-01-12 Through 12-31-12

To date this patient has met \$186.33 of her/his \$225.00 Major Medical deductible.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable

Inactive lifestyles can lead to illness and chronic diseases that result in billions of dollars in health care costs each year. Just 30 minutes of moderate daily exercise can significantly improve the health of millions of Americans, and help control the rising cost of health care.

Health Care Fraud Notice:**Fraud Hotline at 1-800-543-0867**

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to www.bcbsil.com/sid.

Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
02-10-12

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

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****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$25.80
Amount You May Owe Provider: \$65.73

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-04-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	02-04-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	02-04-12	29.00		29.00
Physio/Mech Therapy	02-04-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount	Paid	\$15.00	
Applied to 2012 Health Care Plan Deductible		\$50.73	
Total Deductions			-\$65.73
Total Benefits Approved			\$25.80
Amount You May Owe Provider			\$65.73
Total covered benefits approved for this claim: \$25.80 to CARL on 02-10-12.			

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300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
02-17-12

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$125.00**
Total Benefits Approved: **\$32.33**
Amount You May Owe Provider: **\$53.67**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-11-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	02-11-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	02-11-12	29.00		29.00
Totals		\$125.00	\$39.00	\$86.00

COVERAGE INFORMATION

Totals	\$125.00	\$39.00	\$86.00
Deductions			
Your Copayment Amount			
Applied to 2012 Health Care Plan Deductible			
Total Deductions			-\$53.67
Total Benefits Approved			\$32.33
Amount You May Owe Provider			\$53.67
Total covered benefits approved for this claim: \$32.33 to CARL on 02-17-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Out-Of-Pocket Expenses

Patient: ELANA LAHAM
Benefit Period: 01-01-12 Through 12-31-12

To date this patient has met \$225.00 of her/his \$225.00 Major Medical deductible.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
02-27-12

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$140.00**
Total Benefits Approved: **\$76.53**
Amount You May Owe Provider: **\$15.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-18-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	02-18-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	02-18-12	29.00		29.00
Physio/Mech Therapy	02-18-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 02-27-12.			

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Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
03-02-12

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$236.00**
Total Benefits Approved: **\$118.53**
Amount You May Owe Provider: **\$30.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-23-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	02-23-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	02-23-12	29.00		29.00
Physio/Mech Therapy	02-23-12	15.00	9.47 (1)	5.53
Manipulation	02-25-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	02-25-12	31.00	14.80 (1)	16.20
Totals		\$236.00	\$87.47	\$148.53

COVERAGE INFORMATION

Totals	\$236.00	\$87.47	\$148.53
Deductions			
Your Copayment Amount	<i>Paid</i> \$30.00		
Total Deductions			-\$30.00
Total Benefits Approved			\$118.53
Amount You May Owe Provider			\$30.00
Total covered benefits approved for this claim: \$118.53 to CARL on 03-02-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.



SUMMARY

Total Billed: **\$44.00**
 Total Benefits Approved: **\$34.53**
 Amount You May Owe Provider: **\$0.00**

Claim No.:

Patient Name:

ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Physio/Mech Therapy	02-25-12	29.00		29.00
Physio/Mech Therapy	02-25-12	15.00	9.47 (1)	5.53
Totals		\$44.00	\$9.47	\$34.53

COVERAGE INFORMATION

Totals	\$44.00	\$9.47	\$34.53
Total Benefits Approved			\$34.53
Amount You May Owe Provider			\$0.00
Total covered benefits approved for this claim: \$34.53 to CARL on 03-02-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable

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Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- * The specific reason for adverse determination
- * The Plan provision on which the determination is based
- * A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such information is necessary
- * A description of the Plan's review procedures and applicable time limits, including a statement of the Claimant's right to bring a civil action under 502 (a) of ERISA, if applicable, following an adverse determination of review

The following conditions apply in the case of an adverse

Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

You will receive a written decision within 30 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:

- * Information relied upon in making the benefit

SUMMARY

Total Billed: \$236.00
Total Benefits Approved: \$118.53
Amount You May Owe Provider: \$30.00

Claim No.:

Patient Name:

ELANA LAHAM

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SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-29-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	02-29-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	02-29-12	29.00		29.00
Physio/Mech Therapy	02-29-12	15.00	9.47 (1)	5.53
Manipulation	03-03-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	03-03-12	31.00	14.80 (1)	16.20
Totals		\$236.00	\$87.47	\$148.53

COVERAGE INFORMATION

Totals	\$236.00	\$87.47	\$148.53
Deductions			
Your Copayment Amount	Paid \$30.00		
Total Deductions			\$30.00
Total Benefits Approved			\$118.53
Amount You May Owe Provider			\$30.00
Total covered benefits approved for this claim: \$118.53 to CARL on 03-09-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

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Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- * The specific reason for adverse determination
- * The Plan provision on which the determination is based

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical

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of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
03-09-12

MICHAEL S LAHAM
PO BOX 66
RENTON WA 98057-0066

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$44.00**
Total Benefits Approved: **\$34.53**
Amount You May Owe Provider: **\$0.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Physio/Mech Therapy	03-03-12	29.00		29.00
Physio/Mech Therapy	03-03-12	15.00	9.47 (1)	5.53
Totals		\$44.00	\$9.47	\$34.53

COVERAGE INFORMATION

Totals	\$44.00	\$9.47	\$34.53
Total Benefits Approved			\$34.53
Amount You May Owe Provider			\$0.00
Total covered benefits approved for this claim: \$34.53 to CARL on 03-09-12.			

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**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***

BOEING TRADITIONAL MEDICAL PLAN

04-20-12

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-10-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	03-10-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	03-10-12	29.00		29.00
Physio/Mech Therapy	03-10-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 04-20-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
03-26-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

12

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-17-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	03-17-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	03-17-12	29.00		29.00
Physio/Mech Therapy	03-17-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 03-26-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
03-30-12

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

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****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$173.00**
Total Benefits Approved: **\$90.34**
Amount You May Owe Provider: **\$15.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-24-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	03-24-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	03-24-12	29.00		29.00
Manipulation	03-24-12	33.00	19.19 (1)	13.81
Physio/Mech Therapy	03-24-12	15.00	9.47 (1)	5.53
Totals		\$173.00	\$67.66	\$105.34

COVERAGE INFORMATION

Totals	\$173.00	\$67.66	\$105.34
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$90.34
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$90.34 to CARL on 03-30-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
04-06-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

14

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$140.00**
Total Benefits Approved: **\$76.53**
Amount You May Owe Provider: **\$15.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-29-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	03-29-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	03-29-12	29.00		29.00
Physio/Mech Therapy	03-29-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount	Paid	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 04-06-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). This is not a bill.*
BOEING TRADITIONAL MEDICAL PLAN
04-13-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

15

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: **\$173.00**
Total Benefits Approved: **\$90.34**
Amount You May Owe Provider: **\$15.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	04-06-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	04-06-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	04-06-12	29.00		29.00
Manipulation	04-06-12	33.00	19.19 (1)	13.81
Physio/Mech Therapy	04-06-12	15.00	9.47 (1)	5.53
Totals		\$173.00	\$67.66	\$105.34

COVERAGE INFORMATION

Totals	\$173.00	\$67.66	\$105.34
Deductions			
Your Copayment Amount			
Total Deductions		\$15.00	-\$15.00
Total Benefits Approved			\$90.34
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$90.34 to CARL on 04-13-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
04-23-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

16

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

SUMMARY

Total Billed: **\$140.00**
Total Benefits Approved: **\$76.53**
Amount You May Owe Provider: **\$15.00**

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	04-13-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	04-13-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	04-13-12	29.00		29.00
Physio/Mech Therapy	04-13-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 04-23-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***

BOEING TRADITIONAL MEDICAL PLAN

05-15-12

**MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405**

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM

Group No.:

Identification No.:

Claim No.:

Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	04-27-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	04-27-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	04-27-12	29.00		29.00
Physio/Mech Therapy	04-27-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 05-15-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

SEE BACK OF THIS SHEET
FOR SERVICE INFORMATION
ON 5/2/2012



SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

Claim No.:

Patient Name:

ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-02-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	05-02-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	05-02-12	29.00		29.00
Physio/Mech Therapy	05-02-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 05-15-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable

Choosing a balanced diet - watching what you eat and how much - can help you feel better but can also help prevent or manage diseases and illnesses that can decrease your quality of life and increase the cost of health care for all of us.

Health Care Fraud Notice:**Fraud Hotline at 1-800-543-0867**

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to www.bcbsil.com/sid.

Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- * The specific reason for adverse determination
- * The Plan provision on which the determination is based
- * A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such

Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**

BOEING TRADITIONAL MEDICAL PLAN

05-18-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

19

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM

Group No.:

Identification No.:

Claim No.:

Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-08-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	05-08-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	05-08-12	29.00		29.00
Physio/Mech Therapy	05-08-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 05-18-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
05-30-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

20

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$173.00
Total Benefits Approved: \$90.34
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-22-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	05-22-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	05-22-12	29.00		29.00
Physio/Mech Therapy	05-22-12	15.00	9.47 (1)	5.53
Manipulation	05-22-12	33.00	19.19 (1)	13.81
Totals		\$173.00	\$67.66	\$105.34

COVERAGE INFORMATION

Totals	\$173.00	\$67.66	\$105.34
Deductions			
Your Copayment Amount			
Total Deductions		\$15.00	-\$15.00
Total Benefits Approved			\$90.34
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$90.34 to CARL on 05-30-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) This expense/service is not covered under the terms and conditions of your Health Care Plan. No payment can be made.

Ideas To Help Keep Health Care Affordable





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
05-31-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-24-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	05-24-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	05-24-12	29.00		29.00
Physio/Mech Therapy	05-24-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount	Paid	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 05-31-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) This expense/service is not covered under the terms and conditions of your Health Care Plan. No payment can be made.

Ideas To Help Keep Health Care Affordable

[Handwritten signatures and scribbles]

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

Page 1 of 2



SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

Claim No.:

Patient Name:

ELANA LAHAM

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SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-30-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	05-30-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	05-30-12	29.00		29.00
Physio/Mech Therapy	05-30-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount	Paid <div>\$15.00</div>		
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 06-08-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) This expense/service is not covered under the terms and conditions of your Health Care Plan. No payment can be made.

Ideas To Help Keep Health Care Affordable

Inactive lifestyles can lead to illness and chronic diseases that result in billions of dollars in health care costs each year. Just 30 minutes of moderate daily exercise can significantly improve the health of millions of Americans, and help control the rising cost of health care.

Health Care Fraud Notice:**Fraud Hotline at 1-800-543-0867**

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to www.bcbsil.com/sid.

Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- * The specific reason for adverse determination
- * The Plan provision on which the determination is based
- * A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
06-08-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

23

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**

Group No.:

Identification No.:

Claim No.:

Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	06-02-12	65.00	24.20 (1)	40.80
Physio/Mech Therapy	06-02-12	31.00	14.80 (1)	16.20
Physio/Mech Therapy	06-02-12	29.00		29.00
Physio/Mech Therapy	06-02-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 06-08-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***

BOEING TRADITIONAL MEDICAL PLAN

06-14-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$140.00
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	06-06-12	65.00	24.20 (1)	40.80
Physio Mech Therapy	06-06-12	31.00	14.80 (1)	16.20
Physio Mech Therapy	06-06-12	29.00		29.00
Physio Mech Therapy	06-06-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 06-14-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) This expense/service is not covered under the terms and conditions of your Health Care Plan. No payment can be made.

Ideas To Help Keep Health Care Affordable



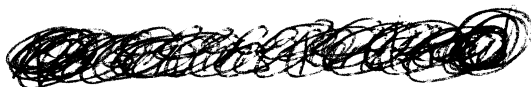
**BlueCross BlueShield
of Illinois**300 East Randolph
Chicago, Illinois 60601-5099*Explanation of Benefits (EOB). This is not a bill.****BOEING TRADITIONAL MEDICAL PLAN**

06-15-12

MICHAEL S LAHAM
PO BOX 1405
KENT WA 98035-1405

25

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS******Claim Information**Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM****SUMMARY****Total Billed: \$140.00**
Total Benefits Approved: \$76.53
Amount You May Owe Provider: \$15.00**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	06-08-12	65.00	24.20 (1)	40.80
Physio Mech Therapy	06-08-12	31.00	14.80 (1)	16.20
Physio Mech Therapy	06-08-12	29.00		29.00
Physio Mech Therapy	06-08-12	15.00	9.47 (1)	5.53
Totals		\$140.00	\$48.47	\$91.53

COVERAGE INFORMATION

Totals	\$140.00	\$48.47	\$91.53
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$76.53 to CARL on 06-15-12.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) This expense/service is not covered under the terms and conditions of your Health Care Plan. No payment can be made.

Ideas To Help Keep Health Care Affordable



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
01-15-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-03-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	01-03-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	01-03-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 01-15-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
01-23-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

2

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: **\$150.00**
Total Benefits Approved: **\$24.75**
Amount You May Owe Provider: **\$96.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-09-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	01-09-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	01-09-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	01-09-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	Paid \$15.00		
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 01-23-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.



SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

Claim No.:

Patient Name:

ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-15-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	01-15-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	01-15-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	01-15-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	Paid \$15.00		
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 01-23-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit

Coverage under your benefit plan for on-going Rehabilitation Therapy (including speech, occupational and physical therapy) is subject to review for medical necessity. If treatment is going to continue beyond 3 months from the first appointment, please have the provider submit medical documentation for review if they have not done so already.

Ideas To Help Keep Health Care Affordable

By simply buckling seat belts, wearing bicycle helmets and using other safety equipment - and making sure our children do, too - we can avoid the upset of unnecessary injuries and billions of dollars in unnecessary medical expenses. When it comes to the cost of health care, your choices make a difference.



**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.**

BOEING TRADITIONAL MEDICAL PLAN

02-04-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-25-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	01-25-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	01-25-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 02-04-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**

BOEING TRADITIONAL MEDICAL PLAN

02-12-13

Customer Service: 1-888-802-8776

**MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761**

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	01-30-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	01-30-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	01-30-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	01-30-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 02-12-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
02-11-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-02-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	02-02-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	02-02-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 02-11-13.			

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Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
02-27-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-09-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	02-09-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	02-09-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	02-09-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount			
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 02-27-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
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300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***

BOEING TRADITIONAL MEDICAL PLAN

02-28-13

**MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761**

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	02-16-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	02-16-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	02-16-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount		<i>Found</i> \$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 02-28-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
03-15-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

9

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

SUMMARY

Total Billed: **\$150.00**
Total Benefits Approved: **\$24.75**
Amount You May Owe Provider: **\$96.00**

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-07-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	03-07-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	03-07-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	03-07-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	<i>Paid</i>	<i>\$15.00</i>	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 03-15-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
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300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**

BOEING TRADITIONAL MEDICAL PLAN

03-19-13

**MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761**

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: **MICHAEL S LAHAM**

Group No.:

Identification No.:

Claim No.:

Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00

Total Benefits Approved: \$24.75

Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-11-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	03-11-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	03-11-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	03-11-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount		<i>Handwritten: Paid</i>	
Total Deductions		<i>Handwritten: \$15.00</i>	-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 03-19-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
03-29-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

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11

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$75.47
Amount You May Owe Provider: \$15.00

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-21-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	03-21-13	31.00	15.13 (1)	15.87
Physio/Mech Therapy	03-21-13	35.00	6.02 (1)	28.98
Physio/Mech Therapy	03-21-13	15.00	9.13 (1)	5.87
Totals		\$150.00	\$59.53	\$90.47

COVERAGE INFORMATION

Totals	\$150.00	\$59.53	\$90.47
Deductions			
Your Copayment Amount	<i>Paid</i>	<i>\$15.00</i>	
Total Deductions			-\$15.00
Total Benefits Approved			\$75.47
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$75.47 to CARL on 03-29-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
04-03-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: **\$150.00**
Total Benefits Approved: **\$24.75**
Amount You May Owe Provider: **\$96.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	03-25-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	03-25-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	03-25-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	03-25-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	<i>Paid</i>	<u>\$15.00</u>	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 04-03-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
04-19-13

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

13

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	04-08-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	04-08-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	04-08-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	04-08-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	<i>Paid</i>	<i>\$15.00</i>	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 04-19-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
05-14-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Physio/Mech Therapy	04-24-13	31.00	31.00 (1)	0.00
Physio/Mech Therapy	04-24-13	35.00	35.00 (1)	0.00
Manipulation	04-24-13	69.00	29.25 (2)	39.75
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount		<i>Handwritten: Paid</i> \$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 05-14-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) Our records indicate the maximum benefits available under your Health Care Plan have been paid. Therefore, no further payment can be made at this time. Please refer to your benefit booklet or certificate for a description of the maximum allowances available.
- (2) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
05-23-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-04-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	05-04-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	05-04-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	05-04-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	NP	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 05-23-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
06-14-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-28-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	05-28-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	05-28-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	05-28-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	<i>NP</i>	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 06-14-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
06-17-13

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	05-31-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	05-31-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	05-31-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount		<i>NP</i> \$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 06-17-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
07-02-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$69.60
Amount You May Owe Provider: \$15.00

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	06-22-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	06-22-13	31.00	15.13 (1)	15.87
Physio/Mech Therapy	06-22-13	35.00	6.02 (1)	28.98
Totals		\$135.00	\$50.40	\$84.60

COVERAGE INFORMATION

Totals	\$135.00	\$50.40	\$84.60
Deductions			
Your Copayment Amount	<i>NP</i>	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$69.60
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$69.60 to CARL on 07-02-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
07-09-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: MICHAEL S LAHAM

Group No.:

Identification No.:

Claim No.:

Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	06-26-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	06-26-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	06-26-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount	NP	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 07-09-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.



SUMMARY

Total Billed: \$197.00
 Total Benefits Approved: \$37.88
 Amount You May Owe Provider: \$96.00

Claim No.:

Patient Name:

ELANA LAHAM

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SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	06-29-13	69.00	29.25 (1)	39.75
Physio Mech Therapy	06-29-13	31.00	31.00 (2)	0.00
Manipulation	06-29-13	47.00	33.87 (1)	13.13
Physio Mech Therapy	06-29-13	35.00	35.00 (2)	0.00
Physio Mech Therapy	06-29-13	15.00	15.00 (2)	0.00
Totals		\$197.00	\$144.12	\$52.88

COVERAGE INFORMATION

Totals	\$197.00	\$144.12	\$52.88
Deductions			
Your Copayment Amount	NP	\$15.00	
Total Deductions			\$15.00
Total Benefits Approved			\$37.88
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$37.88 to CARL on 07-09-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit

Coverage under your benefit plan for on-going Rehabilitation Therapy (including speech, occupational and physical therapy) is subject to review for medical necessity. If treatment is going to continue beyond 3 months from the first appointment, please have the provider submit medical documentation for review if they have not done so already.

Ideas To Help Keep Health Care Affordable

Choosing a balanced diet - watching what you eat and how much - can help you feel better but can also help prevent or manage diseases and illnesses that can decrease your quality of life and increase the cost of health care for all of us.

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of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
07-10-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	07-02-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	07-02-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	07-02-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	07-02-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

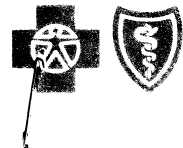
Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 07-10-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
07-15-13

Customer Service: 1-888-802-8776

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SUMMARY

Total Billed: \$197.00
Total Benefits Approved: \$37.88
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	07-06-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	07-06-13	31.00	31.00 (2)	0.00
Manipulation	07-06-13	47.00	33.87 (1)	13.13
Physio/Mech Therapy	07-06-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	07-06-13	15.00	15.00 (2)	0.00
Totals		\$197.00	\$144.12	\$52.88

COVERAGE INFORMATION

Totals	\$197.00	\$144.12	\$52.88
Deductions			
Your Copayment Amount	NP	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$37.88
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$37.88 to CARL on 07-15-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.



SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

Claim No.:

Patient Name:

ELANA LAHAM

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SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	07-09-13	69.00	29.25 (3)	39.75
Physio/Mech Therapy	07-09-13	31.00	31.00 (4)	0.00
Physio/Mech Therapy	07-09-13	35.00	35.00 (4)	0.00
Physio/Mech Therapy	07-09-13	15.00	15.00 (4)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	NP	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 07-16-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) Our records show that the charges for services received from this provider have been submitted on a prior claim and were previously processed. Therefore, no payment can be made.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.
- (3) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (4) These services are not eligible according to your benefit booklet. Therefore, no payment can be made. Please refer to your benefit booklet for further clarification.

Information About Your Therapy Benefit

Coverage under your benefit plan for ongoing Rehabilitation Therapy (including speech, occupational and physical therapy) is subject to review for medical necessity. If treatment is going to continue beyond 3 months from the first appointment, please contact us if you have not done so already so we can order medical records for review.

Ideas To Help Keep Health Care Affordable

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**BlueCross BlueShield
of Illinois**

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Chicago, Illinois 60601-5099



Explanation of Benefits (EOB). **This is not a bill.***
BOEING TRADITIONAL MEDICAL PLAN
07-19-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	07-11-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	07-11-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	07-11-13	35.00	35.00 (2)	0.00
Physio/Mech Therapy	07-11-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount	NP	\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 07-19-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**

BOEING TRADITIONAL MEDICAL PLAN

07-30-13

**MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761**

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Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

SUMMARY

Total Billed: \$135.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$81.00

Claim Information

Member Name: **MICHAEL S LAHAM**
Group No.:
Identification No.:
Claim No.:
Patient Name: **ELANA LAHAM**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	07-13-13	69.00	29.25 (1)	39.75
Physio/Mech Therapy	07-13-13	31.00	31.00 (2)	0.00
Physio/Mech Therapy	07-13-13	35.00	35.00 (2)	0.00
Totals		\$135.00	\$95.25	\$39.75

COVERAGE INFORMATION

Totals	\$135.00	\$95.25	\$39.75
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$81.00
Total covered benefits approved for this claim: \$24.75 to CARL on 07-30-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

Information About Your Therapy Benefit





**BlueCross BlueShield
of Illinois**

300 East Randolph
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.**
BOEING TRADITIONAL MEDICAL PLAN
07-22-13

MICHAEL S LAHAM
PO BOX 9761
SEATTLE WA 98109-0761

Customer Service: 1-888-802-8776

****THE IMPORTANT UPDATE SECTION IS NOT
APPLICABLE TO ALL POLICIES OR PLANS****

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SUMMARY

Total Billed: \$150.00
Total Benefits Approved: \$24.75
Amount You May Owe Provider: \$96.00

Claim Information

Member Name: MICHAEL S LAHAM
Group No.:
Identification No.:
Claim No.:
Patient Name: ELANA LAHAM

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Manipulation	07-15-13	69.00	29.25 (1)	39.75
Physio Mech Therapy	07-15-13	31.00	31.00 (2)	0.00
Physio Mech Therapy	07-15-13	35.00	35.00 (2)	0.00
Physio Mech Therapy	07-15-13	15.00	15.00 (2)	0.00
Totals		\$150.00	\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00	\$110.25	\$39.75
Deductions			
Your Copayment Amount		\$15.00	
Total Deductions			-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CARL on 07-22-13.			

Benefits are being paid at the higher level since you used a contracting provider in the PPO network.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) Your Health Care Plan provides benefits for services that are medically necessary. Based on Medical staff review, the information in our files does not indicate that these services were medically necessary, no payment can be made.

