

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

of Illinois 300 East Randolph

BlueCross BlueShield

Chicago, Illinois 60601-5099

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\$112.00

\$85.44

\$15.00

Customer Service: 1-888-802-8776

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

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

Page 1 of 2

Total Benefits Approved: Amount You May Owe Provider:

SERVICE INFORMATION

SUMMARY Total Billed:

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE	\sim			
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 Consyment Amount	P I		
Your Copayment Amount Total Deductions	taid	\$15.00	-\$15.00
Total Benefits Approved			\$85.44
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this clair	m: \$85.44 to CARL on 10-13-1	1.	

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

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)





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 <u>S LAHAM</u>
Group No.:	
Identification No.:	
Claim No.:	
Patient Name:	ELANA LAHAM

SERVICE	INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	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

\$125.00

\$25.80

\$60.20

COVERAGE INFORMATION

Your Copayment Amount	Perid	\$15.00	
Applied to 2012 Health Care Plan Deductible	JUIC	<u>\$13.00</u> 	
Fotal Deductions			-\$60.20
Fotal Benefits Approved			\$25.80

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



\$125.00

\$25.80

\$60.20

Customer Service: 1-888-802-8776

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

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

SERVICE INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	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

COVERAGE INFORMATION

Totals	\$125.00	\$39.00	\$86.00
Deductions		γ 7	
Your Copayment Amount	Falc	\$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: \$25.8() to CARL on 01-27-1	2.	

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

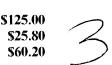
Information About Out-Of-Pocket Expenses

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: Total Benefits Approved: Amount You May Owe Provider:



Claim No.: Patient Name:

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	21.00	14.80 (1)	16.20
Physio/Mech Therapy	01-28-12	29.00		29.00

COVERAGE INFORMATION

Totals	\$125.00	\$39.00	\$86.00
Deductions	\neg 1	1	
Your Copayment Amount Applied to 2012 Health Care Plan Deductible	taid	\$15.00 \$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 02-1	0-12.	

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.



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

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

SERVICE INFORMATION

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	

	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 Applied to 2012 Health Care Plan Deductible	V (1) (1 15.00 \$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 CARI	. on 02-10-12.	

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







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

MICHAEL S LAHAM Po Box 66 Renton WA 98057-0066

300 East Randolph

Chicago, Illinois 60601-5099



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.:	and the second
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

COVERAGE INFORMATION

Deductions		
Your Copayment Amount	Faid 1 \$15.00!	
Applied to 2012 Health Care Plan Deductible	\$38.67	
Total Deductions	-\$53.67	
Total Benefits Approved	\$32.33	
Amount You May Owe Provider	\$53.67	

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.





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



\$140.00

\$76.53

\$15.00

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	

SERVICE INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	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	Paid \$15.00
Total Benefits Approved	\$76.53
Amount You May Owe Provider	\$15.00
Total covered benefits approved for this claim: \$76.53 to C	ARL on 02-27-12.

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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Page 1 of 2





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.:	ter and the second s
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 Total Deductions	Raid 530.00
Total Benefits Approved	\$118.53
Amount You May Owe Provider	\$30.00
Total covered benefits approved for this claim: \$1	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: Total Benefits Approved: Amount You May Owe Provider: Claim No.: Patient Name:

ELANA LAHAM

\$34.53

\$34.53

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 INFORMATI	ON			

\$44.00

\$9.47

Totals

Total Benefits Approved

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.

\$44.00

\$34.53

\$0.00

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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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 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 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:

The following conditions apply in the case of an adverse * Information relied upon in making the benefit 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.

SUMMARY Total Billed: Total Benefits Approved: Amount You May Owe Provider:



Claim No.: Patient Name:

ELANA LAHAM

SERVICE INFORMATION

C		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

COVERAGE INFORMATION

Totals	\$236.00	\$87.47 \$148.53
Deductions	2 1 $\hat{1}$	<u> </u>
Your Copayment Amount Total Deductions	raio L	\$30.00
Total Benefits Approved		\$118.53
Amount You May Owe Provider		\$30.00
Total covered benefits approved for this cla	um: \$118.53 to CARL on 03-09-12.	

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Information About Amounts Not Covered

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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 Plan provision on which the determination is based

* The specific reason for adverse determination

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

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.



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

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		

\$0.00

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

SERVICE INFORMATION

Amount You May Owe Provider

11805614

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE				
Physio/Mech Therapy	03-03-12	29.00		29.00
Physio/Mech Therapy Physio/Mech Therapy	03-03-12	15.00	9.47 (1)	5.53
				
Totals		\$44.00	\$9.47	\$34.53
COVERAGE INFORMATI	ON			
Totals		\$44.00	\$9.47	\$34.53
<u></u>				
Total Benefits Approved				\$34.53

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Total covered benefits approved for this claim: \$34.53 to CARL on 03-09-12.

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





BlueCross BlueShield

300 East Randolph Chicago, Illinois 60601-5099

of Illinois

Explanation of Benefits (EOB). This is not a bill.* BOEING TRADITIONAL MEDICAL PLAN 04-20-12

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

С	laim 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
	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	1/10	\$15.00	
Your Copayment Amount Total Deductions	<u>ا ۱۳۱</u>	\rightarrow	-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$70.53 to CAR	L 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

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





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

\$140.00

\$76.53 \$15.00 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.:

 Identification No.:
 ELANA LAHAM

Amount	You	May	Owe	Provider:

Total Benefits Approved:

SUMMARY

Total Billed:

SERVICE INFORMATION **Amount Billed** Service Date 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 5.53 9.47 (1) Totals \$140.00 \$48.47 \$91.53

COVERAGE INFORMATION

Totals	\$140.00 \$48.47 \$91.53
Deductions	~ 1
Your Copayment Amount	\$15.00 /
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 CAI	RL 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

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Page 1 of 2





300 East Randolph Chicago, Illinois 60601-5099 Explanation of Benefits (EOB). This is not a bill.* BOEING TRADITIONAL MEDICAL PLAN 03-30-12

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

Claim Information			
Member Name:	MICHAEL S LAHAM		
Group No.:			
Identification No.:			
Claim No.:	a construction of the second		
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	Paid	\$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 CARI	L 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

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





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

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 Consument Amount	Part 15.00	
Your Copayment Amount Total Deductions	1. GUV (\$13.00)	-\$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

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





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



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:	\$15.09

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

COVERAGE INFORMATION

Totals	\$173.00	\$67.66	\$105	5.34
Deductions	~ 1	·		
Your Copayment Amount Total Deductions	Vald	\$15.00		
Total Deductions	True L		-\$15	5.00
Total Benefits Approved			\$9(1.34
Amount You May Owe Provider			\$15	5.00
Total covered benefits approved for this claim: \$90.34 to CAR	L 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

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

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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



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	

ä

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	04-13-12	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	2 9.00		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	\sim 1 $$	7
Your Copayment Amount	× 01 (* \$15.00	1
Your Copayment Amount Total Deductions		- \$1 5.00
Total Benefits Approved		\$76.53
Amount You May Owe Provider		\$15.00
Total covered benefits approved for this clain	n: \$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

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2

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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	~ 1	
Your Copayment Amount Total Deductions	Yaich / \$15.00	
I otal Deductions	1.	-\$15.00
Total Benefits Approved	``	\$76.53
Amount You May Owe Provider		\$15.00
Total covered benefits approved for this claim: \$76.53 to CAR	tL 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

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

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Page 1 of 3



SUMMARYTotal Billed:\$140.00Total Benefits Approved:\$76.53Amount 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	05-02-12	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			\$48.47	\$91.53

COVERAGE INFORMATION

Deductions	, , , , , , , , , , , , , , , , , , ,			
	Paid	\$15.00		-0
Your Copayment Amount Fotal Deductions	lour [-\$15.00	
Fotal Benefits Approved			\$76.53	
Amount You May Owe Provider			\$15.00	
			\$15.00	

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

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.



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



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	$\nabla_{0,1}$	\$15.00	
Your Copayment Amount Total Deductions	1	6	-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this clai	im: \$76.53 to CARL on 0	5-18-12.	

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

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





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

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

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

SERVICE INFORMATION

SUMMARY

05 00 10			
05 00 10			
05-22-12	65.00	24.20 (1)	40.80
05-22-12	31.00	14.80 (1)	16.20
05-22-12	29.00		29.00
05-22-12	15.00	9.47 (1)	5.53
05-22-12	33.00	19.19 (1)	13.81
	05-22-12 05-22-12	05-22-12 29.00 05-22-12 15.00	05-22-12 31.00 14.80 (1) 05-22-12 29.00 05-22-12 15.00 9.47 (1)

COVERAGE INFORMATION

Totals	\$173.00	\$67.66	\$105.34
Deductions Your Consyment Amount	Sind -	\$15.00	
Your Copayment Amount Total Deductions	Juli.	\$13.00	-\$15.00
Total Benefits Approved			\$90.34
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim: \$90.34 to CAF	RL 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

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

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of Illinois 300 East Randolph Chicago, Illinois 60601-5099

BlueCross BlueShield

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



\$140.00

\$76.53

\$15.00

SUMMARY Total Billed: -Total Benefits Approved: Amount You May Owe Provider: Customer Service: 1-888-802-8776

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

Cla	im 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	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	\bigcirc 1	, ,	
Your Copayment Amount Total Deductions	Xala	\$15.00	
Total Deductions	l or n		-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approv ed 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

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

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SUMMARY Total Billed: Total Benefits Approved: Amount You May Owe Provider:

\$140.00 \$76.53 \$15.00 Claim No.: Patient Name:

ELANA LAHAM

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	\$15.00	
Your Copayment Amount Total Deductions	TATA		-\$15.00
Total Benefits Approved			\$76.53
Amount You May Owe Provider			\$15.00
Total covered benefits approved for this claim	n: \$76.53 to CARL on 06-08-1	2.	

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

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- 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.



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



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.:	4		
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 \$4	48.47	\$91.53
Deductions	$\sim \sqrt{r}$		
Your Copayment Amount	YENN IS	15.00	
Your Copayment Amount Total Deductions	1 v -		\$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.







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



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

SERVICE INFORMATION

	Service Date	Amount Billed Not Covered	Covered
CARL BAZE			·
Manipulation	06-06-12	(65.00) 24.20 (1)	40.80
Physic 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

COVERAGE INFORMATION

Totals \$140.00 \$48.47 \$91.53
Deductions Your Copayment Amount
Your Copayment Amount Total Deductions $ \begin{array}{c} $
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

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





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



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

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.:	an a			
Patient Name:	ELANA LAHAM			

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
CARL BAZE		17-	ta ta ta bili a	
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	947 (1)	5.53

COVERAGE INFORMATION

Totals	\$140.00 \$48.47 \$91.53
Deductions Your Copayment Amount Total Deductions	Parch \$15.00 -\$15.00
Total Benefits Approved	\$76.53
Amount You May Owe Provider	\$15.00
Total covered benefits approved for this claim: \$76.53 to CAR	L 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

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2

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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

1	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	1	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

COVERAGE INFORMATION

ductions		// ,	
our Copayment Amount tal Deductions	P	1/3/3 \$15.00 /	
tal Deductions		i Li	-\$15.00
al Benefits Approved			\$24.75
			·
a benefits approved		Z U	

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

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





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



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 Total Deductions	Suid \$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 C.	ARL 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:\$150.00Claim No.:
Patient Name:ELANA LAHAMTotal Benefits Approved:\$24.75\$96.00

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 Total Deductions	· Rand \$15.00
Total Benefits Approved	\$24.75
Amount You May Owe Provider	\$96.00
Total covered benefits approved for this claim: \$2	4.75 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.

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.



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



SUMMARY	1	
Total Billed:		\$135.00
- Total Benefits Approved:		\$24.75
Amount You May Owe Provider:		\$81.00

SERVICE INFORMATION

****THE IMPORTANT UPDATE SECTION IS NOT**

Customer Service: 1-888-802-8776

APPLICABLE TO ALL POLICIES OR PLANS**

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

	Service Date	Amount Billed	Not Covere	d	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

COVERAGE INFORMATION

Totals	\$135.00 \$95.25 \$39.75
Deductions	<u> </u>
Your Copayment Amount	\$15.00
Your Copayment Amount Total Deductions	[((W, [])]]s15.00
Total Benefits Approved	\$24.75
Amount You May Owe Provider	\$81.00
Total covered benefits approved for this clain	1: \$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

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2

(turn over)









300 East Randolph Chicago, Illinois 60601-5099 Explanation of Benefits (EOB). This is not a bill.* **BOEING TRADITIONAL MEDICAL PLAN** 02-12-13

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.:	1
Claim No.:	and a second
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	\$39.7	5
Deductions	\bigcirc 1	1	1	
Your Copayment Amount	KANA	\$15.00 /		
Your Copayment Amount Total Deductions		<u> </u>	-\$15.0	0
Total Benefits Approved			\$24.7	5
Amount You May Owe Provider			\$96.0	0
Total covered benefits approved for this claim: \$24.75 to (CARL on 02-12-1	3.		

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.

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Page 1 of 2







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



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

Customer Service: 1-888-802-8776

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

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

SERVICE INFORMATION

2-02-13	69.00	29.25	(1)	39.75
2-02-13	31.00	31.00	(2)	0.00
2-02-13	35.00	35.00	(2)	0.00
)	2-02-13 2-02-13	2-02-13 69.00 2-02-13 31.00	2-02-1369.0029.252-02-1331.0031.00	2-02-1369.0029.25 (1)2-02-1331.0031.00 (2)

COVERAGE INFORMATION

Totals	\$135.00 \$95.25 \$39.75
Deductions	\sim 1 $ -$
Your Copayment Amount Total Deductions	\$15.00
Total Deductions	\ (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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.

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

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300 East Randolph Chicago, Illinois 60601-5099 Explanation of Benefits (EOB). This is not a bill.* BOEING TRADITIONAL MEDICAL PLAN 02-27-13

MICHAEL S LAHAM PO BOX 9761 SEATTLE WA 98109-0761



\$150.00

\$24.75

\$96.00

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	

SERVICE INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	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		C150 AA	\$110.25	\$39.75

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COVERAGE INFORMATION

Totals	\$150.00 \$110.25	\$39.75
Deductions	\sim / \sim	
Your Copayment Amount	$\sqrt{(1)}$ (N) \$15.00	
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: \$2	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.

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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



\$24.75

\$81.00

SUMMARY **Total Billed:** \$135.00 **Total Benefits Approved:** Amount You May Owe Provider:

Customer Service: 1-888-802-8776

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

С	laim 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	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	\$15.00	
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 02-28-13.	

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

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2

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300 East Randolph Chicago, Illinois 60601-5099 Explanation of Benefits (EOB). This is not a bill.* BOEING TRADITIONAL MEDICAL PLAN 03-15-13

MICHAEL S LAHAM PO BOX 9761 SEATTLE WA 98109-0761



\$150.00

\$24.75

\$96.00

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				

SERVICE INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	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		\sim 1			
Your Copayment Amount Total Deductions		Nest 1	\$15.00		
Total Deductions		fance (\mathcal{I}	-\$	15.00
Total Benefits Approved				\$	24.75
Amount You May Owe Provider				\$	96.00
Total covered benefits approved for this cla	im: \$24.75 to CAR	L 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.





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**

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

SUMMARY **Total Billed: Total Benefits Approved:** Amount You May Owe Provider:

\$150.00 \$24.75 \$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 (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	V/(1) \$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 CAI	21 on 02 10 12
total covered benefits approved for this claim. \$24.75 to CAN	NI2 011 00717710.

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.

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300 East Randolph Chicago, Illinois 60601-5099 Explanation of Benefits (EOB). This is not a bill.* **BOEING TRADITIONAL MEDICAL PLAN** 03-29-13

MICHAEL S LAHAM PO BOX 9761 SEATTLE WA 98109-0761



\$150.00

\$75.47

\$15.00

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.:	ander en		
Patient Name:	ELANA LAHAM		

Total Billed: Total Benefits Approved: Amount You May Owe Provider:

SERVICE INFORMATION

SUMMARY

	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 Total Deductions	\$15.00 \$15.00
Total Benefits Approved	\$75.47
Amount You May Owe Provider Total covered benefits approved for this claim: \$75.47 to C.	\$15.00 ARL on 03-29-13.
L.I.	1

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

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company. An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2

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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



\$150.00

\$24.75

\$96.00

Customer Service: 1-888-802-8776

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

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

Amount You May Owe Provider:

SERVICE INFORMATION

Total Benefits Approved:

SUMMARY Total Billed:

	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	5	\$39.75
Deductions Your Copayment Amount Total Deductions		Vand \$15.00		\$15.00
Total Benefits Approved				\$24.75
Amount You May Owe Provider				\$96.00
Total covered benefits approved	I for this claim: \$24.75 to C4	ARL 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.

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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



\$24.75

\$96.00

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

Claim Information
MICHAEL S LAHAM
n an
ELANA LAHAM

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

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	-7
Your Copayment Amount γ_{i} \$15.00	
Your Copayment Amount	-\$15.00
	4
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.

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2







BlueCross BlueShield

300 East Randolph Chicago, Illinois 60601-5099

of Illinois

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



\$135.00

\$24.75

\$81.00

Customer Service: 1-888-802-8776

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

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

SERVICE INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	Service Date	Amount Billed	Not Covere	d	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

COVERAGE INFORMATION

Totals	\$135.00 \$95.25	\$39.75
Deductions	\mathcal{O}	
Your Copayment Amount Total Deductions	$\langle \mathcal{L} \rangle = \frac{1}{2} \frac$	-\$15.00
		\$24.75
Total Benefits Approved		
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

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





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: Total Benefits Approved: Amount You May Owe Provider:

\$150.00 \$24.75 \$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			\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00 \$110.25	\$39.75
Deductions		
Your Copayment Amount Total Deductions	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.

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

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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



\$150.00 \$24.75 \$96.00 Customer Service: 1-888-802-8776

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

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

SUMMARY	
Total Billed:	
- Total Benefits Approved:	
Amount You May Owe Provider:	

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	(IID)	£15.00	
Your Copayment Amount Total Deductions	(NP	\$15.00	-\$15.00
Total Benefits Approved			\$24.75
Amount You May Owe Provider			\$96.00
Total covered benefits approved for this claim: \$24.75 to CAI	RL on 06-14-13	K	

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.





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

Member Name:

Patient Name:

\$95.25

Group No.: **Identification No.:** Claim No.:

****THE IMPORTANT UPDATE SECTION IS NOT**

MICHAEL S LAHAM

\$39.75

ELANA LAHAM

APPLICABLE TO ALL POLICIES OR PLANS**

Claim Information

MICHAEL S LAHAM PO BOX 9761 SEATTLE WA 98109-0761

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 39.75 05-31-13 69.00 29.25 (1) 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

\$135.00

Totals

1073543

COVERAGE INFORMATION

Totals	\$135.00	\$95.25		\$39.75
Deductions Your Copayment Amount	(NP	\$15.00	<u>\</u>	
Total Deductions	Ľ.)	-\$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 c	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

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(turn over)





BlueCross BlueShield

300 East Randolph Chicago, Illinois 60601-5099

of Illinois

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**

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

SUMMARY Total Billed: •Total Benefits Approved: Amount You May Owe Provider:



SERVICE INFORMATION

5-22-13	69.00	29.25 (1)	39.75
5-22-13	31.00	15.13 (1)	15.87
5-22-13	35.00	6.02 (1)	28.98
	5-22-13 5-22-13 5-22-13	5-22-13 31.00	5-22-13 31.00 15.13 (1)

COVERAGE INFORMATION

Totals	\$135.00 \$50.40 \$84.60	
Deductions		
Your Copayment Amount	() (\$15.00)	
Your Copayment Amount 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

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(turn over)





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



\$135.00

\$24.75

\$81.00

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	

SERVICE INFORMATION

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY Total Billed:

	Service Date	Amount Billed	Not Covere	d	Covered
CARL BAZE					
Manipulation	06-26-13	69.00	29.25	(1)	39.75
	06-26-13		31.00	(2)	0.00
Physio/Mech Therapy	06-26-13	35.00	35.00	(2)	0.00

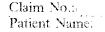
COVERAGE INFORMATION

Totals	\$135.00 \$95.25	\$39.75
Deductions	$\langle \rangle$	
Your Copayment Amount Total Deductions	\$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	m: \$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



FLANA LAHAM

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LI	

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
	06-29-13	35.00	35.00 (2)	0,00
Physic Mech Therapy	06-29-13	15.00	15.00 (2)	0.00
•				
Totals		\$197.00	\$144.12	\$52.88

COVERAGE INFORMATION

Fotals	\$197.00 \$144.12 \$52.88
Deductions Your Copayment Amount	ACP (arrow)
Total Deductions	
Total Benefits Approved	
Amount You May Owe Provider	
Total covered benefits approved for this claim: \$37.38 to CAR	L 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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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



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			승규는 물건을 가지 않는 것이 같이 많이	
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
			\$110.25	\$39.75

COVERAGE INFORMATION

Totals	\$150.00 \$1 <u>10.25</u>	\$39.75
Deductions	· · · · · ·	\mathcal{A}
Your Copayment Amount Total Deductions	\$15.00	
Total Deductions	(NV)	-\$15.00
Total Benefits Approved		\$24.75
Amount You May Owe Provider		\$96.00
Total covered benefits approved for this claim: \$24.75	5 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.

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





300 East Randolph Chicago, Illinois 60601-5099

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

MICHAEL S LAHAM Po Box 9761 Seattle WA 98109-0761



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

SERVICE INFORMATION

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	

	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

COVERAGE INFORMATION

Totals	\$197.00 \$144.12 \$52.88	
Deductions		
Your Copayment Amount Total Deductions	\$15.00	
i otal 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 CAR	L on 07-15-13.	

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



668715 20063 0304 SUMMARYTotal Billed:\$150.00Total Benefits Approved:\$24.75Amount You May Owe Provider:\$96.00

Claim No.: Patient Name:

ELANA LAHAM



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	\$15.00
Your Copayment Amount Total Deductions	√ V J\$15.00
Total Benefits Approved	\$24.75
Amount You May Owe Provider	\$96.00
Total covered benefits approved for this claim: \$24.75 to CA	RL 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

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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668722 002573 HH 8 of 12



300 East Randolph Chicago, Illinois 60601-5099 Explanation of Benefits (EOB). This is not a bill.* **BOEING TRADITIONAL MEDICAL PLAN** 07-19-13

Customer Service: 1-888-802-8776

MICHAEL S LAHAM PO BOX 9761 SEATTLE WA 98109-0761

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

SERVICE INFORMATION

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

Claim Information

Member Name: Group No.: **Identification No.:** Claim No.: Patient Name:

MICHAEL S LAHAM

ELANA LAHAM

	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	9.75
Deductions		
Your Copayment Amount	∧/]> / \$15.00	
Your Copayment Amount Total Deductions	/ V /	5.00
Total Benefits Approved	\$22	4.75
Amount You May Owe Provider	\$90	5.00
Total covered benefits approved for this claim: \$24.75	5 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.

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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



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	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

COVERAGE INFORMATION

Totals	\$135.00 \$95.25 \$39.75
Deductions	
Your Copayment Amount	, , , , , , , , \$15.00)
Your Copayment Amount Total Deductions	N1 -\$15.00
Total Benefits Approved	\$24.75
Amount You May Owe Provider	\$81.00
Total covered benefits approved for this claim: \$24.75 t	o 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

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





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



\$150.00

\$24.75

\$96.00

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		

Page 1 of 2

Amount You May Owe Provider: SERVICE INFORMATION

Total Benefits Approved:

SUMMARY Total Billed:

	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

COVERAGE INFORMATION

Totals	\$150.00 \$110.25	\$39.75
Deductions Your Copayment Amount	\$15.00	
Total Deductions		-\$15.00
Total Denents Approved		\$24.75
Amount You May Owe Provider	1 07 22 12	\$96.00
Total covered benefits approved for this claim: \$24.75 to CAR	L 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.

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