



Significa Benefit Services, Inc
 P.O. Box 7777
 Lancaster, PA 17604-7777

Questions? Call us at 800-433-3746
 or 717-581-1300
 Visit Us at www.significabenefits.com

Jane Doe
 123 Test Street
 Test MD 20886

Sample Group
 Group Number 05333
 Member ID XXX-XX-1234
 Processing Date December 10, 2016

Monthly Explanation of Benefits

This is not a Bill

Jane Doe Page 1 of 2

Patient's Name Type of Service	Service Date(s)	Billed Charges	Discount Amount	Other Adjust- ments	Other Plan Payment	Patient Responsibility After Payments					Benefit Paid	Reason Codes
						Ineligible	Co-Pay	Deductible	Co-Insurance			
									%	Amount		

John

Claim Number: TestCim#123 Adjuster Code: 128 Provider: Dr. Eliza Doolittle Patient Account Number: XXX-XX-1234

OFFICE VISIT	07/12/2016	124.93	0.00	61.78	0.00	0.00	0.00	0.00	100%	0.00	63.15	063
Totals:		124.93	0.00	61.78	0.00	0.00	0.00	0.00		0.00	63.15	
Patient Obligation											0.00	

Reason Code Descriptions:

063 PROCESSED ACCORDING TO COORDINATION OF BENEFITS PROVISION OF YOUR PLAN.

December 2016 Statement Summary

Service Provider Date Benefit Paid	Patient Name	Total Billed Charges	Total Discount	Total Ineligible	Total Other Adjustments	Total Other Plan	Total Benefit Paid	Total Patient Obligation
Dr. Eliza Doolittle Date Benefit Paid 12/8/2016	John	124.93					63.15	
Totals:		124.93					63.15	0.00