

Preferred Network Discounts*

Sample doctor visit EOB

JEFF BAECHLE

\$125.00

45%
Discount*

EXPLANATION
OF BENEFITS

\$68.69

SERVICE DETAIL

PATIENT/RELAT CLAIM NUMBER	PROVIDER/ SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
AUSTIN 0828154201	CH S PENNAL OFFICE VISITS DIAGNOSTIC SERVICES	05/12/05	49.00		39.12	39.12		0.00*	UG
		05/12/05	76.00		29.57	29.57		0.00*	UG
		TOTAL	125.00		68.69	68.69		0.00	QN
								PLAN PAYS	0.00
								** PATIENT PAYS	68.69
MORGAN 0828154301	CH S PENNAL OFFICE VISITS DIAGNOSTIC SERVICES	05/12/05	49.00		39.12	39.12		0.00*	UG
		05/12/05	76.00		29.57	29.57		0.00*	UG
		TOTAL	125.00		68.69	68.69		0.00	QN
								PLAN PAYS	0.00
								** PATIENT PAYS	68.69
ANNETTE 0746383801	SP MID AMERICA CLINICAL LABORATORY SERVICES	05/10/05	26.25		3.31	3.31		0.00*	UG
		05/10/05	112.35		14.20	14.20		0.00*	UG
		05/10/05	104.00		6.85	6.85		0.00*	UG
		05/10/05	115.15		9.93	9.93		0.00*	UG
	TOTAL	357.75		34.39	34.39		0.00	QN	
								PLAN PAYS	0.00
								** PATIENT PAYS	34.39

(*) INDICATES PAYMENT ASSIGNED TO PROVIDER

Golden Rule®

A UnitedHealthcare Company

*Discounts vary by provider, geographic location, and service provided

Health plans for individuals and families

Preferred Network Discounts*

Sample doctor visit EOB

JEFF BAECHLE

EXPLANATION OF BENEFITS

SERVICE DETAIL

PATIENT/RELAT CLAIM NUMBER	PROVIDER/ SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
AUSTIN 0828154201	CH S PENNAL OFFICE VISITS DIAGNOSTIC SERVICES	05/12/05	39.12		39.12	39.12		0.00*	UG
		05/12/05	29.57		29.57	29.57		0.00*	UG
		TOTAL	68.69		68.69	68.69		0.00	
					PLAN PAYS	0.00			
					** PATIENT PAYS	68.69			
JAN 1154301	CH S PENNAL OFFICE VISITS DIAGNOSTIC SERVICES	05/12/05	39.12		39.12	39.12		0.00*	UG
		05/12/05	29.57		29.57	29.57		0.00*	UG
		TOTAL	68.69		68.69	68.69		0.00	QN
					PLAN PAYS	0.00			
					** PATIENT PAYS	68.69			
ANNETTE 0746383801	SP MID AMERICA CLINICAL LABORATORY SERVICES	05/10/05	26.25		3.31	3.31		0.00*	UC
		05/10/05	112.35		14.20	14.20		0.00*	UG
		05/10/05	104.00		6.95	6.95		0.00*	UG
		05/10/05	115.15		9.93	9.93		0.00*	UC
		TOTAL	357.75		34.39	34.39		0.00	QN
					PLAN PAYS	0.00			
					** PATIENT PAYS	34.39			

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\$357.75

90%
Discount*

\$34.39

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Health plans for individuals and families

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Sample hospital visit EOB

SI-05628*03*016419-BO-05060-40793-APN 12SCS
CFEB02-980817

UNITED HEALTHCARE INSURANCE COMPANY
GREENSBORO SERVICE CENTER
P O BOX 740800
ATLANTA, GA 30374-0800
PHONE: (800) 357-1371
VISIT WWW.MYUHC.COM FOR SELF-SERVICE

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PAGE: 3 OF 8
DATE: 03/01/05
SSN/ID #:
EMPLOYEE:
CONTRACT:
BENEFIT PLAN:

JOSEPH GILBERT

76% Discount*

EXPLANATION OF BENEFITS

\$202.55

\$875.00

SERVICE DETAIL									
PATIENT ID/CLASS NUMBER	PROVIDER SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPY DENYABLE	PLAN COVERABLE	BENEFIT AVAILABLE	PLAN CODE
JAMES 4922401901	CH APRIA HEALTHCARE INC MEDICAL SUPPLIES	01/24/05- 01/28/05	875.00 0.00		202.55	202.55		0.00*	UG
	TOTAL		875.00		202.55	202.55		0.00	QN K8
PLAN PAYS								0.00	
** PATIENT PAYS								202.55	

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