

SEE FRONT SIDE FOR YOUR ACTUAL BENEFIT STATEMENT

IF YOU HAVE ANY QUESTIONS
PLEASE CALL CENTRAL RESERVE LIFE

Cleveland, Ohio
Toll Free

1-440-572-2400
1-800-321-3997

HOW TO READ YOUR EXPLANATION OF BENEFITS

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Ln	Type of Service	Date of Service	Charged Amount	PPO Adjustment	Repriced Amount	Co-Pay Amount	Ineligible Amount	Applied to Deductible	Msg	Allowed Amount	% Paid	Benefit Amount	Patient's Responsibility
13	OFFICE	11/01/95	38.00		38.00	15.00			534	23.00	100%	23.00	15.00
TOTALS FOR THIS CLAIM:			38.00									23.00	15.00
Services By: JOHN T. SMITH MD				Patient Name: ANDREANA DOE				Claim No.: 1234567					
14	OFFICE	11/16/95	30.00	3.00	27.00	15.00			150 534	12.00	100%	12.00	15.00
TOTALS FOR THIS CLAIM:			30.00									12.00	15.00
Services By: JOHN T. SMITH MD				Patient Name: ANDREANA DOE				Claim No.: 9876543 -> Refer to Claim Number when contacting your Customer Service Representative					
Message(s):													
534	CO-PAYMENT FOR THIS SERVICE IS PATIENT'S RESPONSIBILITY. THIS CO-PAYMENT WILL NOT BE USED TO SATISFY THE MAJOR MEDICAL DEDUCTIBLE.							Messages explaining benefits					
150	THESE CHARGES HAVE BEEN ADJUSTED BY YOUR PPO. YOU ARE NOT RESPONSIBLE FOR THE ADJUSTED AMOUNT.												
Checks Issued to: JANE DOE				Check Amount: 35.00		Issued On: 4/23/96		Summarized check information when applicable					
1995 Family Major Medical Deductible: \$1000.00 of \$1000.00 has been met.										Individual and family calendar year deductible information			
1995 Individual Major Medical Deductible for ANDREANA: \$500.00 of \$500.00 has been met.													

- A. LINE REFERENCE NUMBER
- B. TYPE OF SERVICE BILLED
- C. DATE OF SERVICE BILLED
- D. PROVIDER'S CHARGE BILLED
- E. PPO (PREFERRED PROVIDER ORGANIZATION) DISCOUNT
- F. COVERED CHARGE AFTER PPO DISCOUNT
- G. FIXED AMOUNT OF CHARGE FOR WHICH INSURED IS RESPONSIBLE
- H. CHARGE NOT COVERED
- I. COVERED CHARGE CREDITED TOWARD SATISFACTION OF YEARLY DEDUCTIBLE
- J. CODE NUMBER IDENTIFIES MESSAGE FOR A LINE AMOUNT
- K. AMOUNT ELIGIBLE FOR PAYMENT SUBJECT TO CO-INSURANCE
- L. PERCENTAGE USED TO CALCULATE BENEFIT
- M. BENEFIT PAID
- N. BALANCE OF CHARGE FOR WHICH INSURED IS RESPONSIBLE

Your right to file a complaint or grievance

You or your representative may file a written complaint or grievance according to the Appeal Process located in your policy or certificate booklet. Please address your written response to the "Appeal Department" to ensure your appeal is processed in a timely manner.

\$\$\$ HELP CONSERVE YOUR HEALTH CARE DOLLARS - PLEASE REVIEW

You may qualify for a \$Bonus under CRL's SAVE Program for bringing medical billing inaccuracies to our attention. For more information, please contact your Customer Service Representative at 1-800-321-3997.

Benefits paid as specified on this Explanation of Benefits do not waive any provisions of the Policy/Certificate of coverage or the Company's rights to any subsequent claim investigation or recovery of any resulting overpayments.