

Advantek Benefit Administrators
 Plan Administrator
 P.O. Box 45007
 Fresno, CA 93718
 866-556-7655 ← Service Center Telephone Number

EXPLANATION OF BENEFITS
 Date: : 01/02/2008
 Page: : 1
 EOB No: : 0801029999

Group ID: 99999
 PETER PARKER ← Employee Name & Address
 12345 N. MAIN ST
 CLOVIS, CA 93612

Group : THE DAILY BUGLE
 Division : 100A
 Div Desc : PHOTOGRAPHY
 Ident. : SM99999999

Dear Mr. PARKER:

This is an explanation of benefits for the medical claim we received for services rendered to PETER PARKER, DOB: 02/19/1971.

CLAIM 2007-12-24-9999 BREAKDOWN

You paid the provider \$0.00 toward these expenses.

Provider	Date of Service	Procedure	Charge	Inelig.	Ref	Deductible	Paid %	Payment	Paid To
Otto Octavious	12/14/07	PHYSICAN VISITS	\$114.08	\$38.12	1	\$50.00	90%	\$14.36	Doctor

BENEFIT SUMMARY FOR CLAIM 2007-12-24-9999

Charges	Ineligible	Deductibles	Co Payment	Benefit Ded	PPO Disc	Balance	Plan Pays	Mbr Liability
\$114.08	\$0.00	\$50.00	\$10.00	\$0.00	38.12	\$0.00	\$14.36	\$61.60

References	
Ref #	Explanation
1	Services paid at the Blue Cross Prudent Buyer contracted rate. Member not liable.

If you disagree with this determination, you may file a written appeal to Advantek Benefit Administrators within 60 days of your receipt of this letter. Objective information in support of your position should accompany your appeal. Your appeal should be mailed to:
 Advantek Benefit Administrators
 P.O. Box 45007
 Fresno, CA 93718
 Please refer to your Summary Plan Description handbook

Description of Denial Reason(s) or Other Informational Message(s)

