

Administered By Highmark Blue Shield

Real-Time Member Liability Statement - Estimate

Provider Office: GENERAL HOSPITAL
Estimate Number: 11111111111
Patient: JOHN DOE
Patient Account Number: 111222333444

Processed Date: 05/23/2008
Member Responsibility: \$73.00
Member: JOHN DOE
Member ID: ABC111222333444

	Dates of Service Service Code Description	Provider Charge	Member Responsibility		
			Amount	Reason Code	Remark Codes
1.	05/27/2008- 05/27/2008 99213 - Office or outpatient visit	\$75.00	\$62.00	PR01	N506
2.	05/27/2008- 05/27/2008 87880 - Pathology test	\$30.00	\$11.00	PR01	N506
	Total:	\$105.00	\$73.00		

Reason Codes

PR01 Patient Responsibility - Deductible

Remark Codes

N506 Alert: This is an estimate of the member's liability based on the information available at the time the estimate was processed. Actual coverage and member liability amounts will be determined when the claim is processed. This is not a pre-authorization or a guarantee of payment.

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Real-Time Member Liability Statement

Provider Office: GENERAL HOSPITAL
Estimate Number: 1111111111
Patient: JOHN DOE
Patient Account Number: 111222333444

Processed Date: 05/27/2008
Member Responsibility: \$339.41
Member: JOHN DOE
Member ID: ABC111222333444

	Dates of Service Service Code Description	Provider Charge	Member Responsibility		
			Amount	Reason Code	Remark Codes
1.	05/27/2008- 05/27/2008 67108 - Retinal reattachment w/ vitrecto	\$2928 .00	\$330 .00	PR01	N14 N508
2.	05/27/2008- 05/27/2008 J1580 - garamycin,gentamicin,up to	\$24.00	\$9.41	PR01	N508
	Total:	\$2952 .00	\$339.41		

Reason Codes

PR01 Patient Responsibility - Deductible

Remark Codes

N14 Payment based on contractual amount of agreement, fee schedule, of maximum allowed amount.

N508 Alert: This real time claim adjudication response represents the member responsibility to the provider for services reported. The member will receive an Explanation of Benefits electronically or in the mail. Contact the insurer if there are any questions.

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