HOW TO READ YOUR "EXPLANATION OF BENEFITS" (EOB) Monthly Statement

The following example highlights the various components of Allied's comprehensive Monthly Statement which provides you with detail on claims paid for each family member during the prior month. A check will be attached to the lower portion if payment is applicable (not shown in this example). Please note that if you have no financial responsibility for a claim that was processed, the claim detail will still be shown on the statement

Allied Benefit Systems, Inc.
208 S. LaSalle Street, Suite 1300
Chicago, IL 60604-1104

Electronic Service Requested

SINGLE PIECE

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JOHN DOE
208 S LASALLE ST
CHICAGO, IL 60604

Please Submit Claims Electronically To
Emdeon: Payor Number 37308

If you have questions, please visit us at www.alliedbenefit.com
Or contact us at (312) 906-8080
or (800) 288-2078 (Outside of Illinois)

Easy to locate customer service phone number.

Enrollee: JOHN DOE
Group #: 9584
Group #: IQI, INC (DEMO ACCOUNT)
Date: 06/17/2009

Enrollee , group information and date of statement.

Explanations of Benefit statements for members owing providers zero dollar amounts are only available through www.alliedbenefit.com.

Member Consolidated Statement - THIS IS NOT A BILL

Patient Name: John Doe **Patient #**: ZZ00012345
Services Provided by: Dr. James Brown **Claim #:** 123456789

Dates of Service	Service Code	Total Charge	Ineligible	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Copay Amount	Balance	Paid At	Payment Amount
1/12/2010	34	45.00	0	49	10.00	35.00	0.00	20.00	15.00	100%	15.00
1/12/2010	39	75.00	0	49	34.00	41.00	0.00	0.00	41.00	100%	41.00
	TOTALS	120.00	0		44.00	76.00	0.00	20.00	56.00		56.00

Other Credits or Adjustments 0.00
Total Net Payment 56.00
Patient Responsibility 20.00

Each claim line flows from the total charge of the claim to patient's responsibility, including insurance credits or adjustments and patient's deductible or copay.

Statement includes claim detail for all covered family members.

Patient Name: Jane Doe **Patient #:** ZZ00012345
Services Provided by: Dr. James Brown **Claim #:** 123456987

Dates of Service	Service Code	Total Charge	Ineligible	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Copay Amount	Balance	Paid At	Payment Amount
1/23/2010	34	100.00	0	49	10.00	90.00	0.00	20.00	70.00	100%	70.00
	TOTALS	100.00	0		10.00	90.00	0.00	20.00	70.00		70.00

Other Credits or Adjustments 0.00
Total Net Payment 70.00
Patient Responsibility 20.00

Separate Discount column reflects discounts secured by Allied and negotiated PPO discounts.

Shows checks paid to your doctors and medical facility.

Payment To:	Check No.	Amount:
BROWN MD, JAMES	182900	15.00
BROWN MD, JAMES	183002	41.00
BROWN MD, JAMES	183003	70.00

Separate Deductible and Copayment amounts are clearly separated to provide added detail.

Code definitions and descriptions are grouped together on one line.

Service Code Description
34 Office Visit
39 Laboratory & X-ray

Reason Code Description
49 Bill has been discounted by your PPO/EPO Network.

Comments

Claim messages are centralized in a separate section of the EOB.

Charges have been discounted by Private Health Care Systems, Inc., (PHCS) PPO plan.
If this Explanation of Benefits reflects an adverse benefit determination, you may appeal the determination; submit written comments, documents, records or other information relating to the claim; and, upon requset and free of charge, receive copies of all documents, records and other information relevant to the claim. Your appeal must be submitted in writing to the Plan Administrator within 180 days after receipt of this notice. You will be notified of the determination within 60 days after receipt of your appeal. Also, you have a right to bring a civil action under Section 502(a) of ERISA following the determination of your appeal.