

Understanding your health claim statement

Your health claim statement provides an at-a-glance summary as well as details explaining how your claim was processed.

Health claim summary

- Total amount claimed on this plan member's coverage.
- Total amount paid for entire statement.

Each family member's claims grouped together for handy reference

If Donna Customer is the Member under two plans, the assessment under both plans would be shown on this statement.

Understanding this statement section

provides additional helpful information.

ALBERTA BLUE CROSS

Direct deposit payment date: July 2, 2009
Health statement number: 44655860
PAYMENT MADE BY DIRECT DEPOSIT: 9575965

We're here to help!
Edmonton and area 789-498-3000
Calgary and area 403-234-9666
Toll-free 1-800-461-6965
8:30 a.m. - 5 p.m. MT
www.ab.bluecross.ca

Member: Donna Customer
ID number: 1234567-98
Group: 201 Section: A22

Health claim summary

Total amount claimed	\$375.08
Amount not covered	\$232.92
Total amount paid	\$442.10

Details

Each claim you submit is assessed according to the rules of your benefit plan. Please refer to the explanations near the end of this claim statement for descriptions of terms, and to your benefit information for plan details.

Patient name: Donna Customer
ID number: 1234567-98 **Group:** 47948 Section: A22 **Reference:** 20071012422

Service date (YYYYMMDD)	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
20090520	Specified health service	100.00	90.00	90%	0.00	50.00	3345
20090520	Specified health service	20.00	20.00	100%	0.00	0.00	790
Totals for Donna		\$120.00	\$110.00	92%	\$0.00	\$50.00	

Patient name: Paul Customer
ID number: 1234567-99 **Group:** 47948 Section: A22 **Reference:** 20071012422

Service date (YYYYMMDD)	Product or service	Claimed amount	Eligible amount	Percent covered	Other plan paid	This plan paid	Explanation number*
20090520	Specified health service	800.00	600.00	75%	0.00	300.00	3345
20090520	Specified health service	100.00	100.00	100%	0.00	0.00	790
Totals for Paul		\$900.00	\$700.00	78%	\$0.00	\$300.00	

Explanations

See the combined explanations below for details of how your claims were assessed. More than one reason explanation may apply to a claim and consider your benefit information for coverage specifics.

790 Your plan specified the maximum amount covered for this product. The remaining portion is not eligible for reimbursement.

3345 Payment has been reduced as the maximum amount allowed for this service has been reached. This service is limited to \$50 per occurrence.

4434 This product is not eligible under your plan.

Understanding this statement - Terms and explanations

Eligible amount: This is the portion of the Claimed amount (not including the amount claimed that is considered to be eligible for reimbursement) subject to the terms of your plan. It includes deductibles and co-payment amounts (if any apply). You are responsible for the remaining cost not covered by your plan(s).

Other plan paid: This is the amount another benefit plan has already paid for your claim. Through coordination of benefits (COB), eligible individuals, couples or families with more than one benefit plan can combine their benefit coverage to receive up to 100 percent of the amount charged. If you have other coverage and have not claimed through it, you may submit the claim as part of the claim to your other benefit carrier for coordination of benefits.

Please note: It is important to refer to your benefit information at all times when a claim is covered.

Note: Please retain this document for income tax purposes. If you lose the original statement, copies are available for a fee.

If you have questions or concerns about this statement, please contact our office by mail or phone **within 30 days** of receiving it. Phone numbers are listed on the first page of this statement.

If you are requesting a review of this claim, please clearly indicate the reason(s) on this statement. Obtain a photocopy for your records and mail it to the address below.

Our mailing address is Alberta Blue Cross, 10000-108 Street NW, Edmonton, Alberta T5J 3C5.

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Part of your healthy future.

Contact and reference information

- Statement/payment date and numbers.
- Clear notification of payment by direct deposit or cheque.
- Contact phone numbers, business hours and web site.
- Member name, group, section and ID number.

Other statement details

- **Product or service** refers to assessed health product or service. Description may differ from what was submitted.
- **Other plan paid** refers to amount paid by any other known coverage, such as the member's spouse's plan. If 100 per cent of the service was covered by the other plan, it would not be listed on this statement.

