



Explanation of Benefits

Please retain for your records.
 It is the only copy you will receive.

Forwarding Service Requested



*****SCH 3-DIGIT 618

 John Doe
 123 Main Street
 Decatur, IL 62526

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Customer Service

Group Name:	Team USA Outfitters
Case No:	C1400107
Division:	Gold Medalists
Date:	12/24/13
Website:	www.consociate.com
Phone:	(800) 798-2422
Fax:	(217) 423-4575
Email:	customerservice@consociate.com
Mail to:	Consociate P.O. Box 1068 Decatur, IL 62525 Payor ID: 37135

Document No: 1334700648

Patient: John Doe

Provider: MARY C MARTINI

Dates of Service	Service Type	Billed Amount	Provider Discount	Ineligible Amount	Message Code	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount	
12/06-12/06/2013	SPECIALIST	\$295.00	\$221.00	\$0.00	321	\$74.00	\$0.00	\$50.00	\$24.00	100%	\$24.00	
Column Totals		\$295.00	\$221.00	\$0.00		\$74.00	\$0.00	\$50.00	\$24.00		\$24.00	
Patient Responsibility:			\$50.00						Other Credits or Adjustments		\$0.00	
										Total Net Payment		\$24.00

2013 Accumulators

You have met \$626.06 of your \$1,000.00 In-network medical deductible
 You have met \$626.06 of your \$3,000.00 Family in network medical deductible
 You have met \$0.00 of your \$2,000.00 In-network medical out of pocket
 You have met \$0.00 of your \$6,000.00 Family in network medical out of pocket
 You have met \$0.00 of your \$4,000.00 Out of network medical out of pocket
 You have met \$0.00 of your \$12,000.00 Family out of network medical out of pocket

Payment Details

Paid To	Amount
MARY C MARTINI	\$24.00

You Should Know

Visit us online at www.consociate.com and Click on VIVO Online Claims Access (under employees)

Customer Service receives more calls on Monday than any other day. To avoid delays, please call us between Tuesday and Friday. Our customer service hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday.

This is not a Bill

Appeal Rights

In cases where a claim for benefits is denied in whole or in part, and you believe eligibility has been denied in error, you may appeal the decision. You, your beneficiary, or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for review to the plan administrator within 180 days after receipt of written notice of a denial of a claim. You have a right to seek resolution via civil action in accordance with the Section 502(a) of the Employee Retirement Income Security Act of 1974. Please refer to your summary plan document for additional information including but not limited to exclusions, limitations, appeal process, etc. For a written copy of the appeals procedures, please contact our office at the above referenced number. Appeals may be sent to: Consociate, PO Box 1068, Decatur, IL 62525.

Additional Information

321 DISCOUNT THROUGH PRIVATE HEALTHCARE SYSTEMS.