



CLAIMS CENTER - Claim Detail

Member Information

Member name: SRUJAN SAMALA

Group number:

161797

ID number:

000000825520413

ID number:

Claim Information

Claim number: 02020286504D0570X

BCBS status: Paid

Last update date: 10/12/2020

Claim type: Medical

Claim group: [Add to Claim Group](#)

Create a Claim Group to better manage and view your claims.

Provider Information

Provider name: BIOADVANCE PROSTHETIC SOLUTIONS

Date of service: 10/10/2020

Service:

Create a Claim Group to better manage and view your claims.

Provider Information

Provider name: BIOADVANCE PROSTHETIC SOLUTIONS

Date of service: 10/10/2020

Service:

Service:

Claim Payment Summary

The amount shown under "Amount You May Owe" will reflect costs not covered by your plan.

Below is a summary that shows how your claim was billed. The rates you agreed on with your doctor or hospital may vary from the amount billed.

Questions about what your plan covers? Check your plan documents. Or call us at the number on your member ID card.

A table displaying your billed amount, BCBS Discount and 3rd Party Payments, coinsurance paid by plan, your responsibility, and the amount you may owe from top to bottom.

Billed Amount	£48,436.37
Not Covered (3rd party responsibility)	Â£20,833.91
BCBS Discount & 3rd Party Payments	- Â£20,833.91
Coinsurance Paid By Plan	- Â£26,504.25
Your Coinsurance	Â£1,098.21
Your Responsibility	Â£1,098.21
Amount You May Owe:	Â£1,098.21

Service Line Details

Below are the details for services performed that are related to this claim and any other details on record.

A table displaying the service date, service description, amount billed by provider, network discount, amount not covered, amount covered, amount paid by plan, and amount of your responsibility from left to right.

Service Date	Service Description	Billed by Provider	Network Discount	Not Covered	Covered Amount	Paid by Plan	Your Responsibility
10/10/2020	Prosthesis	Â£29,069.77	Â£0.00	Â£12,503.75 *	Â£16,566.02	Â£16,566.02	Â£0.00
10/10/2020	Prosthesis	Â£1,302.14	Â£0.00	Â£560.09 *	Â£742.05	Â£742.05	Â£0.00

10/10/2020	Prosthesis	Â£3,381.88	Â£0.00	Â£1,454.65 *	Â£1,927.23	Â£1,927.23	Â£0.00
10/10/2020	Prosthesis	Â£1,242.30	Â£0.00	Â£534.35 *	Â£707.95	Â£707.95	Â£0.00
10/10/2020	Prosthesis	Â£847.24	Â£0.00	Â£364.43 *	Â£482.81	Â£482.81	Â£0.00
10/10/2020	Prosthesis	Â£609.13	Â£0.00	Â£262.00 *	Â£347.13	Â£347.13	Â£0.00
10/10/2020	Prosthesis	Â£1,917.59	Â£0.00	Â£824.81 *	Â£1,092.78	Â£1,092.78	Â£0.00
10/10/2020	Prosthesis	Â£686.05	Â£0.00	Â£295.09 *	Â£390.96	Â£361.84	Â£29.12
10/10/2020	Prosthesis	Â£2,909.77	Â£0.00	Â£1,251.58 *	Â£1,658.19	Â£1,326.56	Â£331.63
10/10/2020	Prosthesis	Â£701.58	Â£0.00	Â£301.77 *	Â£399.81	Â£319.85	Â£79.96
10/10/2020	Prosthesis	Â£1,161.02	Â£0.00	Â£499.40 *	Â£661.62	Â£529.30	Â£132.32
10/10/2020	Prosthesis	Â£4,607.90	Â£0.00	Â£1,981.99 *	Â£2,625.91	Â£2,100.73	Â£525.18
	Totals	Â£48,436.37	Â£0.00	Â£20,833.91	Â£27,602.46	Â£26,504.25	Â£1,098.21

***NOTE:** If you would like more information on not covered amounts, please reference your EOB.

Explanation of Benefits

View your EOB document to see how this claim was processed, including expenses submitted by your provider, benefits approved, and any amount you may still owe.

My Notes

25 note maximum.

Enter a new note here. Up to 150 characters.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association.
© Copyright 2021. Health Care Service Corporation. All Rights Reserved.