



SUBSCRIBER INFORMATION
THINK ANALYTIX LLC

Member ID#: XXXXXXXX8251 Group #: 000342222
 Customer Advocates are here to help! 1-800-521-2227

CLAIM DETAIL (1 of 2)

PATIENT: HARSHINI RAMASAHAYAM
PROVIDER: OBGYN ASSOCIATES OF MONTG
CLAIM #: 221660209W20H

DATE PROCESSED: 08/04/2022

Amount Billed	\$0.00
Discounts and Reductions	-\$0.00
Health Plan Responsibility	-\$0.00
You may owe your health care provider for these services	\$0.00

Service Description	Service Dates	Amount Billed	YOUR BENEFITS APPLIED			YOUR RESPONSIBILITY				Your Total Costs
			Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
Performance Measures	06/15/2022	0.00								0.00
CLAIM TOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CLAIM DETAIL (2 of 2)

PATIENT: HARSHINI RAMASAHAYAM
PROVIDER: OBGYN ASSOCIATES OF MONTG
CLAIM #: 221660223W40H

DATE PROCESSED: 08/04/2022

Amount Billed	\$165.00
Discounts and Reductions	-\$39.31
Health Plan Responsibility	-\$0.00
You may owe your health care provider for these services	\$125.69

Service Description	Service Dates	Amount Billed	YOUR BENEFITS APPLIED			YOUR RESPONSIBILITY				Your Total Costs
			Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
X-Ray Services	06/15/2022	165.00	(1) 39.31	125.69		125.69				125.69
CLAIM TOTALS		\$165.00	\$39.31	\$125.69	\$0.00	\$125.69	\$0.00	\$0.00	\$0.00	\$125.69

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

(1) The amount billed is more than what is allowed for this service. Your provider should not bill you for any balance over what is allowed.