



BlueCross BlueShield of Texas

**CLAIM DETAIL** (1 of 1)

**PATIENT:** HARSHINI RAMASAHAYAM

**PROVIDER:** OBGYN ASSOCIATES OF MONTG

**CLAIM #:** 2256602700Q0H

**DATE PROCESSED:** 09/14/2022

**SUBSCRIBER INFORMATION**  
**THINK ANALYTIX LLC**

Member ID#: XXXXXXXX8251

Group #: 000342222

Customer Advocates are here to help! 1-800-521-2227

Amount Billed	\$220.00
Discounts and Reductions	- \$76.66
Health Plan Responsibility	- \$0.00
<b>You may owe your health care provider for these services</b>	<b>\$143.34</b>

Service Description	Service Dates	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				Your Total Costs
		Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	
X-Ray Services	09/07/2022	220.00	(1)76.66	143.34		143.34				143.34
<b>CLAIM TOTALS</b>		<b>\$220.00</b>	<b>\$76.66</b>	<b>\$143.34</b>	<b>\$0.00</b>	<b>\$143.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$143.34</b>

**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.

For your up-to-date Medical Spending summary, visit [Blue Access for Members](#) on our website, the [BCBSTX Mobile App](#) or call the phone number on the back of your ID card.