

Day you got care	Services received	Reason code	Amount charged by your provider	Your discounts -	Amount due to your provider =	Your health benefits paid	You pay				Total you pay (or may have paid) =
						Anthem Blue Cross paid --	Copay +	Deductible +	Coinsurance +	Services not covered +	
1/18/18	Therapeutic Services	038	202.00	0.00	202.00	0.00	0.00	202.00	0.00	0.00	202.00
1/18/18	Therapeutic Services	038	108.00	0.00	108.00	0.00	0.00	108.00	0.00	0.00	108.00
<b>Subtotal</b>			<b>310.00</b>	<b>0.00</b>	<b>310.00</b>	<b>0.00</b>	<b>0.00</b>	<b>310.00</b>	<b>0.00</b>	<b>0.00</b>	<b>310.00</b>
<p><i>This provider is in your plan's network. This lets us use your in-network benefits to pay for covered services. Look for the "You pay" section above for what you owe.</i></p> <p><i>038: This amount has been applied to the member's medical deductible.</i></p>											

<b>Total for PHILIPPE</b>	<b>310.00</b>	<b>0.00</b>	<b>310.00</b>	<b>0.00</b>	<b>0.00</b>	<b>310.00</b>	<b>0.00</b>	<b>0.00</b>	<b>310.00</b>
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