

Maxor Administrative Services LLC
320 S. Polk Ste 900
Amarillo, TX 79101



Forwarding Service Requested

Please visit our website at www.maxortpa.com
to view claims and plan information
For question please call 855-629-6787

18003 0 8502 AT 0 371
3-DIGIT 785
JOHNNY DOE
123 MAIN STEET
HAPPYVILLE TX 79989-9023

Employee Name JOHNNY DOE
Claimant LINDI DOE
Patient Account 188553p232200
Claim Number 2012-352090021-0000
Provider: RALPH FEELGOODLY
Address: 365 N SAMMY STREET BLVD
City/State/Zip: HAPPYVILLE, TX 79999-0000

Patient's Name

| Claim Summary | |
|-----------------------------|--------|
| Total Amount Covered | 100.05 |
| Paid by Other Insurance Co. | 0.00 |
| Total Paid by Plan: | 85.05 |
| Employee's Responsibility: | 15.00 |

Discount taken by the Health Plan.

Amount for services not covered by the Health Plan.

Amount billed by the provider

Remark Codes are described below.

Patient's copy, deductible and coinsurance total (plus any amount not covered)

Explanation of Benefits - This is NOT a Bill
Keep for your records. This is the only copy you will receive.

| Type of Service | Dates of Service | Total Charges | Not Covered | Discount | Eligible Expense | Remark Code | Deductible Applied | Paid at % | Benefits Paid |
|-------------------|-----------------------|---------------|-------------|----------|------------------|-------------|--------------------|-----------|---------------|
| Office Visit | 10/10/2012-10/10/2012 | 95.00 | 0.00 | 28.08 | 66.92 | 13, 15 | 0.00 | 100 | 51.92 |
| Lab - Dr's Office | 10/10/2012-10/10/2012 | 50.00 | 0.00 | 27.91 | 22.09 | 13 | 0.00 | 100 | 22.09 |
| Lab - Dr's Office | 10/10/2012-10/10/2012 | 50.00 | 0.00 | 38.96 | 11.04 | 13 | 0.00 | 100 | 11.04 |
| TOTALS | | 195.00 | 0.00 | 94.95 | 100.05 | | 0.00 | | 85.05 |

Accumulators
DEDUCTIBLE REMAINING - PLAN
OUT OF POCKET REMAINING - PLAN

Payment To
Feel Good Medical Associates Amount 85.05 Check # 00201536 Date 12/28/2012

Remarks
13 PPO/Contracted Benefits Applied
15 Co-Payment Applied
** Adverse Benefit Determinations may be appealed in accordance with the terms of the applicable Plan Document
** Assignment of Benefits from a participant in this plan is permitted only if accepted as consideration in full for services and treatment rendered. Any Provider accepting payment from the Plan must agree to be bound by all of the rules and provisions in the Plan Document, and payment of benefits from the Plan is specifically conditioned upon such agreement.
** The Plan may not issue benefits in excess of Permitted Payment Levels/Plan Allowables as set forth in the terms of the applicable Plan Document.

The amount remaining for this patient to pay before they meet their annual deductible and maximum out of pocket.

Details about the check paid by the Health Plan to the provider.