

**AmeriHealth**  
ADMINISTRATORS  
P.O. Box 21545  
Eagan, MN 55121-0545

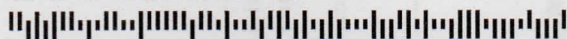


2 OF 4 F  
ENV 8294

**Electronic Service Requested**

ALL FOR AADC 080

8294 0.9555 AB 0.416



GLENN H HANN 65  
283 AMBERFIELD DR  
MOUNT LAUREL, NJ 08054-5128

**This is not a bill.**

Your health care professional may bill you directly for any amount that you owe.

**Questions?**

Visit [www.myahabenefits.com](http://www.myahabenefits.com).  
Email a Customer Experience Advocate:  
[customerservice@ahatpa.com](mailto:customerservice@ahatpa.com).  
To reach a Customer Experience Advocate, please call the number on the back of your ID card.

**Summary of a claim for GLENN H HANN, claim number: 2019345012726**

For services on December 06, 2019 through December 06, 2019

For services provided by Ra Pain Services Pa

<b>Billed amount</b>	\$240.00	This is the amount that was billed for your health care services.
<b>Allowed amount</b>	\$92.76	This is the billed amount <b>less</b> the amount you saved by using a <b>network doctor or hospital</b> . AmeriHealth Administrators negotiates lower rates with network doctors and hospitals to help you save money.
<b>What your plan paid</b>	\$67.76	This is the amount your plan paid to Ra Pain Services Pa.
<b>Amount not covered</b>	\$0.00	This is the portion of the allowed amount that your plan did not pay. You may need to pay this amount. The Explanation of Benefits included with this summary gives more information.
<b>What you owe or what you have paid</b>	<b>\$25.00</b>	This amount is your responsibility. It may include: your deductible; coinsurance; copayments; any amount over the maximum your plan pays; or fees for products or services that your plan does not cover.*

**So far in this plan year, you have paid.**

**For in-network/out-of-network services**

- \$295.00 toward your \$5,720.00 in-network individual out-of-pocket limit
- \$1,238.17 toward your \$11,440.00 in-network family out-of-pocket limit
- \$0.00 toward your \$100.00 out-of-network individual deductible
- \$0.00 toward your \$2,000.00 out-of-network individual out-of-pocket limit
- \$250.00 toward your \$250.00 out-of-network family deductible
- \$970.00 toward your \$5,000.00 out-of-network family out-of-pocket limit

Visit [www.myahabenefits.com](http://www.myahabenefits.com) for your Summary of Benefits and Coverage (SBC) and for more information about your health plan. You can also download the **myahabenefits app** from the Apple Store<sup>SM</sup> or Google Play<sup>TM</sup>.

**Please see the back of this page and your enclosed Explanation of Benefits for more information.**