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007615 0002 0006 000
549833-005-0

H2007649
01/09/2024

ANDREW SHARP
212 THOMPSON SQ
MOUNTAIN VIEW, CA 94043

Summary

Total Billed:	\$10,558.00
Total Provider Responsibility:	\$149.00
Total Benefits Approved:	\$596.00
Amount You Owe Provider:	\$9,813.00

Preventive visits may detect certain conditions before they become serious and are often covered when you use a provider in your network. Visit bluecrossmn.com/preventivecare for more information.

Go Green: To receive paperless EOB Delivery, register at your member website and select 'Your Account/Account Settings/Contact Preferences' for you and your dependents under the age of 12.





Explanation of Health Care Benefits

Claim Information

H2007649
01/09/2024

Subscriber Name ANDREW SHARP
Patient Name ANDREW SHARP

THIS IS NOT A BILL. This is an explanation of the claim processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Claim Number: 22401270232 Patient ID: 136067170001 Patient Control Number: P1736167590 Group Number: 10545125

Group Name: PERFORCE SOFTWARE INC

Provider: PALO ALTO MED FOUNDATION

Your original claim has processed as follows:

Dates of Service/Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
01/23/2023 - 01/23/2023 ADVANCED IMAGING - PET	9,813.00	.00	.00	9,813.00	.00	.00	.00	.00	.00	9,813.00	T6587
01/23/2023 - 01/23/2023 GENERAL NUCLEAR MEDICINE	745.00	149.00	596.00	.00	.00	.00	.00	.00	596.00	.00	
TOTAL	10,558.00	149.00	596.00	9,813.00	.00	.00	.00	.00	596.00	9,813.00	

Claim Number: 22401270232 Patient ID: 136067170001 Patient Control Number: P1736167590 Group Number: 10545125
 Group Name: PERFORMANCE SOFTWARE INC
 Provider: PALO ALTO MED FOUNDATION

We have adjusted your original claim as follows:

Dates of Service/ Description	Charges	Provider Responsibility Amount	Allowed Amount	Patient Non-covered Amount	Amount Pd/Adj by Other Ins	Deductible Amount	Co-pay Amount	Co-insurance Amount	Paid Amount	Amount You Owe	Notes ID
01/23/2023 - 01/23/2023 ADVANCED IMAGING - PET	9,813.00	.00	.00	9,813.00	.00	.00	.00	.00	.00	9,813.00	T6587 J7091
01/23/2023 - 01/23/2023 GENERAL NUCLEAR MEDICINE	745.00	149.00 J4053	596.00	.00	.00	.00	.00	.00	596.00	.00	J7091
TOTAL	10,558.00	149.00	596.00	9,813.00	.00	.00	.00	.00	596.00	9,813.00	

ADJUSTED PAYMENT AMOUNT: \$596.00
 MINUS ORIGINAL PAYMENT AMOUNT: \$596.00
 CLAIM TOTAL: \$.00

Note:

- J4053 This is the difference between the provider's charge and our allowance.
- J7091 We are making this adjustment to a previously processed claim.
- T6587 The precertification review determined this service was not medically necessary. Therefore, no payment can be made.





Patient Benefit Summary

Patient: ANDREW SHARP

Benefit Period: 01/01/2023 - 12/31/2023

\$3,000.00 has been applied to your \$3,000.00 individual in network out-of-pocket limit.

Please refer to your benefit booklet or agreement for further information. Amount(s) shown may include totals from claims which are still being processed and for which you have not been notified.