


How to Read the Explanation of Benefits Statement (PPO Plan)

The Explanation of Benefits statement (also called an "EOB") was designed to provide you with detailed information in an easy to read format. In general terms the format is:

- Identifying who we are and how to contact us.
- Identifying the member, patient and claim number.
- Claim handling summary.
- A statement indicating how much was paid and to whom.

Details:

- Claim number
- Provider name
- Service dates
- Service code given to us by your provider tells us what was done.
- Billed amount
- Excluded amount
- Remark code that indicates a more detailed explanation further below.
- PPO Discount
- Deductible that was applied on this claim
- If a nonPPO deductible was applied, it would show in this column.
- Amount paid to you or your provider of service.



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
 P.O. BOX 10546
 SPRINGFIELD, MO 65808-0546
 TOLL-FREE NUMBER: (800) 899-6520
 LOCAL NUMBER: (409) 766-6609
 visit our website at www.anico.com

Check Number #

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EXPLANATION OF BENEFITS

Your name
123 Any Street
My Town, USA 00000

INSURED: John Doe
PATIENT: Jane Doe
PLAN NUMBER: 99999999
CLAIM NUMBER: 199999999-01
DATE: 06/15/2010

PROVIDER: Your Doctor

PATIENT ACCT #: 123456789

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SERVICE FROM THRU	SERVICE CODE	TYPE OF COVERAGE /DESCRIPTION	TOTAL CHARGE	* INELIGIBLE	REMARK CODE	** PPO DISCOUNT	* DEDUCTIBLE	* CO-PAY	*nonPPO DEDUCTIBLE	ELIGIBLE AMOUNT	PERCENT %	PAID AMOUNT
04/29-04/29/10	63030	SURGERY	734.00			451.80				282.20	80	225.76
04/29-04/29/10	00000	OPB RDR			BC					70.55	80	56.44
TOTALS										352.75		282.20

*** YOU HAVE MET YOUR 2010 CALENDAR YEAR DEDUCTIBLE ***

* PATIENT IS RESPONSIBLE FOR ALL INELIGIBLE, DEDUCTIBLE, CO-PAY AND COINSURANCE AMOUNTS.
 ** YOU ARE NOT RESPONSIBLE FOR ANY DISCOUNTS APPLIED BY YOUR PPO NETWORK MIDLANDS CHOICE

EXPLANATION OF REMARK CODES
 BC BENEFITS WERE COORDINATED WITH YOUR BASE PLAN OR BETWEEN TWO RIDERS.
 *** IMPORTANT NOTICE ***

If you have any questions, please contact our Customer Service Department at the toll-free number above between 8:00 a.m. and 4:30 p.m. Central Time. If you disagree with this determination, please state your reasons in writing and include all supporting information to the address above.
 HELP STOP FRAUD: Fraud is a false representation by a person or business to obtain money. Fraud may include offers of goods, free services or items and money in exchange for your plan number. Fraud can also be claims filed for services or items you did not receive. Report fraud to our Customer Service department at the toll-free number above between 8:00 a.m. & 4:30 p.m. Central Time.

*
NAME/ADDRESS
Your Doctor
123 Medical Blvd
Any Town, USA 00000

CHECK INFORMATION * AMOUNT PAID TO PROVIDER FOR SERVICES *
CHECK# 61 AMOUNT *****282.20 DATE 06/15/2010

GK30AC 01/04 OUR HANDLING OF THIS CLAIM DOES NOT WAIVE OUR RIGHTS OR OFFENSES UNDER THE TERMS OF THE CONTRACT

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