


How to Read the Explanation of Benefits Statement (nonPPO 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.
- Deductible that was applied on this claim
- Amount paid to you or your provider of service.



AMERICAN NATIONAL INSURANCE COMPANY
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



PAGE 001 OF 001

EXPLANATION OF BENEFITS

INSURED: John Doe
PATIENT: Jane Doe
PLAN NUMBER: 99999999
CLAIM NUMBER: I99999999-01
DATE: 06/15/2010

61

1

PROVIDER: Your Doctor

PATIENT ACCT #: 123456789

G17

SERVICE FROM THRU	SERVICE CODE	TYPE OF COVERAGE /DESCRIPTION	TOTAL CHARGE	REMARK	ELIGIBLE AMOUNT	PERCENT %	PAID AMOUNT
05/03-05/03/10	78452	RADIOLOGY	1501.00	319.96 48	1181.04	80	944.83
05/03-05/03/10	93015	LAB	300.00		300.00	80	240.00
05/03-05/03/10	96374	MEDICAL SVCS	85.00		85.00	80	68.00
05/03-05/03/10	J2785	INJECTIONS	410.00		410.00	80	328.00
05/03-05/03/10	A9502	RADIOLOGY	400.00		400.00	80	320.00
TOTALS			2696.00	319.96	2376.04		1900.83

* PATIENT IS RESPONSIBLE FOR ALL INELIGIBLE, DEDUCTIBLE, CO-PAY AND COINSURANCE AMOUNTS.

EXPLANATION OF REMARK CODES
48 CHARGES EXCEED REASONABLE AND CUSTOMARY ALLOWANCE FOR SERVICES RENDERED IN THIS GEOGRAPHICAL AREA.
*** 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 ***1900.83

DATE
06/15/2010

GA2LAB 06/07 OUR HANDLING OF THIS CLAIM DOES NOT WAIVE OUR RIGHTS OR DEFENSES UNDER THE TERMS OF THE CONTRACT