



# SAMPLE

YOUR DESIGNATED PLAN MANAGER IS YOUR CONTACT AT IGA. YOUR PLAN MANAGER IS ALWAYS AVAILABLE TO DISCUSS ALL FACETS OF COVERAGE AND ANSWER ANY QUESTION YOU MAY HAVE.

SUCH AS:

WHAT BENEFITS ARE PROVIDED FOR UNDER YOUR PLAN  
 REVIEW EOB,S (EXPLANATION OF BENEFITS) TOTAL  
 CHARGES, INELIGIBLE AMOUNTS, ( COPAYS / DEDUCTIBLES  
 etc. )

TOTAL PAYMENTS MADE, STATUS OF PENDING CLAIMS etc.

PLAN NAME

CLIENT NAME  
 EMPLOYEE HEALTH BENEFIT PLAN  
 PARTICIPANT CLAIM FORM

PLAN PARTICIPATE

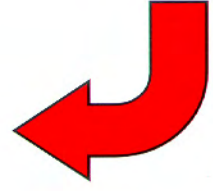
JOHN SMITH  
 14 PAKE ST  
 SAYVILLE, NY 11741

RECIPIENT OF BENEFITS

INSURED  
 DEPENDENT  
 SPOUSE

PLAN MANAGER: **KEN BARCZAK**

ISLAND GROUP ADMINISTRATION, INC.  
 3 TOILSOME LANE  
 EAST HAMPTON, NY 11937  
 631-324-2306 OR 800-926-2306



PATIENT: GAL SMITH

SERVICES PROVIDED  
 BY AND SUBMITTED  
 FOR PAYMENT BY

Provider	Dates of Service Start End	Total Charged	Ineligible Amount	Benefit Code	Allowable Amount
EASTERN SUFFOLK CARD	8/25/98- 8/25/98	850.00	252.00	1 PP RADIOLOGY	598.00(100)
EASTERN SUFFOLK CARD	8/25/98- 8/25/98	300.00	68.00	2 P P TESTING	232.00(100)
EASTERN SUFFOLK CARD	8/25/98- 8/25/98	100.00	70.00	3 PP OFFICE VISIT	30.00(100)
EASTERN SUFFOLK CARD	8/25/98- 8/25/98	86.40	17.28	4 PP DURABLE MED EQUI	69.12(100)
EASTERN SUFFOLK CARD	9/17/98- 9/17/98	225.00	110.00	5 PP CONSULTATION	115.00(100)
TOTAL AMOUNTS :		1561.40	517.28		1044.12

AMOUNT BILLED

INELIGIBLE AMOUNT  
 DEDUCTIBLE  
 COPAYS  
 ADJUSTMENTS FOR  
 AGREED RATE  
 PLAN LIMITATIONS  
 MAY APPLY

SERVICES RECEIVED

TOTAL PAYMENT MADE

PAYMENT RELEASED TO

CHECKS PAYABLE TO	DATES OF SERVICE	AMOUNT
EASTERN SUFFOLK CARD		\$1044.12

LESS DEDUCTIBLE  
 BALANCE REMAINING  
 FOR PERCENTAGE OF PAYMENT  
 SEE () ABOVE  
 TOTAL BENEFITS PAYABLE  
 AMOUNT PAID BY OTHER PLANS  
 PAYMENT AFTER ADJUSTMENT  
 FOR OTHER COVERAGE (COB)

0.00  
 1044.12  
 1044.12  
 0.00  
 1044.12

PAYMENT REQUIRED BY EMPLOYEE

PAYMENT REQUIRED BY PLAN

TOTAL BENEFITS PAYABLE BY PLAN

AUTO / WORKER COMP etc.

TOTAL PAYMENTS

AMOUNT OF PAYMENT

CLAIM NO (S):  
 NUMERIC REFERENCE  
 IGA COMPUTER SYSTEM

CLAIM NO(S) : 500872 500941

REMARKS AND INELIGIBLE CODES

- |   |  |
|---|--|
| 1 | SEE COMMENT BELOW  |
| 2 | SEE COMMENT BELOW  |
| 3 | SEE COMMENT BELOW  |
| 4 | THIS PAYMENT REPRESENTS THE AGREED RATE LESS THE \$10 COPAY. |
| 5 | THIS PAYMENT REPRESENTS THE AGREED RATE LESS THE \$10 COPAY. |

TO HAVE ANY PORTION OF THIS CLAIM RECONSIDERED, WRITE TO PLAN MANAGER WITHIN 60 DAYS

REMINDER: CLAIMS REPRESENTATIVES ARE AVAILABLE FOR CLAIMS QUESTIONS  
 MONDAY THRU FRIDAY 10:00 AM - 12:00 NOON AND 3:00 PM - 5:00 PM

**IF YOU ARE NOT SURE ABOUT ANY FACET OF COVERAGE ALWAYS CALL YOUR DESIGNATED PLAN MANAGER AT 800-926-2306.**