

Explanation of Benefits

Processed claim summary for services received on March 12, 2027

THIS IS NOT A BILL

Do not pay from this statement. Your provider may send a separate bill. Compare that bill with the “You may owe” column below before you pay.

MEMBER NAME Jordan A. Lee	PATIENT Jordan A. Lee (Self)	PLAN Northstar Choice PPO 1500	PLAN YEAR 01/01/2027 – 12/31/2027
PROVIDER Riverbend Family Medicine, PA	PROVIDER NPI 1234567893	NETWORK STATUS In network	CLAIM RECEIVED March 18, 2027

HOW THIS CLAIM WAS PROCESSED											
DATE OF SERVICE	SERVICE DESCRIPTION AND PROCEDURE CODE	AMOUNT BILLED	PLAN DISCOUNT	ALLOWED AMOUNT	APPLIED TO DEDUCTIBLE	COPAY	CO-INSURANCE	NOT COVERED	PLAN PAID	YOU MAY OWE	NOTES
03/12/2027	99214 — Office/ outpatient visit, established patient, moderate complexity	\$318.00	\$96.40	\$221.60	\$221.60	\$0.00	\$0.00	\$0.00	\$0.00	\$221.60	A1
03/12/2027	36415 — Collection of venous blood by venipuncture	\$29.00	\$18.75	\$10.25	\$10.25	\$0.00	\$0.00	\$0.00	\$0.00	\$10.25	A1
03/12/2027	80061 — Lipid panel	\$146.00	\$83.10	\$62.90	\$62.90	\$0.00	\$0.00	\$0.00	\$0.00	\$62.90	A1
03/12/2027	83036 — Hemoglobin A1c	\$74.00	\$40.55	\$33.45	\$5.25	\$0.00	\$5.64	\$0.00	\$22.56	\$10.89	A1, D7
03/12/2027	99406 — Smoking cessation counseling, 3–10 minutes	\$42.00	\$22.60	\$19.40	\$0.00	\$0.00	\$0.00	\$19.40	\$0.00	\$19.40	P2
03/12/2027	G0439 — Annual wellness visit, subsequent	\$196.00	\$0.00	\$196.00	\$0.00	\$0.00	\$0.00	\$0.00	\$196.00	\$0.00	N4
CLAIM TOTALS		\$805.00	\$261.40	\$543.60	\$300.00	\$0.00	\$5.64	\$19.40	\$218.56	\$325.04	
Columns follow the order your plan uses to process a claim: billed → network discount → allowed amount → your cost share → plan payment. The “You may owe” total is the sum of deductible, copay, coinsurance, and non-covered amounts.											

NOTES AND REMARK CODES

A1	Paid at the in-network allowed amount under your plan's negotiated rate.
D7	Deductible was satisfied during processing of this claim; remaining balance processed at the plan coinsurance rate of 20%.
P2	Service is not covered under this plan's benefit schedule. Member is responsible for the allowed amount unless a provider agreement says otherwise.
N4	Preventive service covered at 100% of the allowed amount with no member cost share when billed by an in-network provider.

YOUR 2027 AMOUNTS TO DATE

ACCUMULATOR	PLAN LIMIT	MET TO DATE	REMAINING
Individual deductible	\$1,500.00	\$1,500.00	\$0.00
Family deductible	\$3,000.00	\$1,860.00	\$1,140.00
Individual out-of-pocket max	\$6,350.00	\$1,830.64	\$4,519.36
Family out-of-pocket max	\$12,700.00	\$2,245.05	\$10,454.95

Accumulators reflect claims processed through the statement date only. Claims still in process are not included.

WHAT TO DO NEXT

1. Wait for the bill from Riverbend Family Medicine. Do not pay from this statement.
2. Compare the provider bill line by line with the "You may owe" column. The amounts should match.
3. Check whether you already paid at the time of service. A copay or payment made at check-in may not appear on this statement.
4. If the amounts do not match, call member services at 1-800-555-0142 before paying and have this claim number ready.
5. Keep this statement with your tax and health records for the plan year.

IF YOU DISAGREE WITH HOW THIS CLAIM WAS PROCESSED

You have the right to ask Northstar Health Plan to review this decision. A request for internal review must be submitted within 180 days of the date of this statement. If the internal review upholds the original decision, you may have the right to an independent external review.

APPEALS ADDRESS

**Northstar Appeals, P.O. Box 41990,
Riverbend, ST 58021**

APPEALS FAX

1-888-555-0177

FILING DEADLINE

180 days from March 26, 2027

Free help: Language assistance and alternate formats, including large print and audio, are available at no cost. Call 1-800-555-0142 (TTY 711).

FICTIONAL SPECIMEN. Northstar Health Plan, the member, provider, group, claim number, procedure amounts, accumulators, and appeal addresses shown here are invented for demonstration only. This document is not a real Explanation of Benefits, coverage determination, bill, or notice of appeal rights, and it must not be used to make a coverage, payment, or clinical decision.