



Lucent Health
PO BOX 7020
APPLETON WI 54912-7020

20210308B03
JD7C
109913976



Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Forwarding Service Requested

*****SCH 5-DIGIT 28411
5744 1 AV 0 . 398 36
Jane Doe
806 N 23rd Street
Wilmington, NC 28405

Date claim was received by Lucent Health

Customer Service Information

If you have questions call
(920)968-4613 or (877) 236-0844

Group Name: ATLANTIC CORPORATION
Group#: B33
Dept Code: 9433

Employee or Adult Dependent:
JANE DOE

Patient: ~~CARA DOE~~

Prepared On: 02/24/2021

Date payment was made to provider

Claim#: **202102112743**
Patient: **CARA DOE**

Provider: BEACHCARE URGENT FAMILY MEDICA

Patient#: 18520

Insured Name: JANE DOE

Treatment Dates	Proc. Code	Description	Billed Amount	Not Covered	Reason Code	Claim Reductions	Penalty Amount	Covered Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
11/05-11/05/2020	99214	OFFICE VISIT	\$185.00	\$0.00	1	\$27.45	\$0.00	\$157.55	\$0.00	\$25.00	100%	\$132.55
11/05-11/05/2020	13132	SURGERY	\$749.00	\$0.00	1	\$166.41	\$0.00	\$582.59	\$0.00	\$0.00	100%	\$582.59
Column Totals			\$934.00	\$0.00		\$193.86	\$0.00	\$740.14	\$0.00	\$25.00		\$715.14

Co-pay Amount \$25.00
Deductible Amount \$0.00
Out Of Pocket Amount \$0.00
Over Reasonable and Customary \$0.00
Patient's Responsibility: **\$25.00**

Other Insurance Credits \$0.00
Total Payment Amount **\$715.14**

What you should pay to the provider. NEVER pay more than this amount!

Amount paid by insurance to your provider.

If you receive a bill that says you owe more than your EOB, this is a balance bill. Balance bills need to be sent to the concierge along with your EOB to concierge@narushealth.com They will work directly with the PAC at HST to resolve your balance bill. Continue to send in any bills you receive after you send in the bill initially. If you feel you are being left in the dust, reach out to Eryn Johnson before you get frustrated! Erynt@atlanticpkg.com or 910-398-6174