



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 →

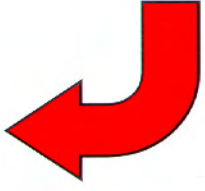
CLIENT NAME
EMPLOYEE HEALTH BENEFIT PLAN
PARTICIPANT CLAIM FORM

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



**SERVICES PROVIDED
BY AND SUBMITTED
FOR PAYMENT BY**

PATIENT: GAL SMITH

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 0.00
| BALANCE REMAINING 1044.12
| FOR PERCENTAGE OF PAYMENT
| SEE () ABOVE
| TOTAL BENEFITS PAYABLE 1044.12
| AMOUNT PAID BY OTHER PLANS 0.00
| PAYMENT AFTER ADJUSTMENT
| FOR OTHER COVERAGE (COB) 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.