

How to Read Your Explanation of Payment

Facets check version

- 1 General claim information** – Contains subscriber, patient and plan information related to the claim.
- 2 Claim summary** – Provides a general overview of costs related to the claim.
 - **Amount billed** – The health care professional’s (provider) fee for the service received.
 - **Savings (discount)** – The savings applied by the plan.
 - **Patient owes** – The amount that needs to be paid by the covered individual.
 - **Total plan payment** – The amount payable on the claim.
 - **Other insurance paid** – Any amount that may have been paid by other coverage the patient has.
 - **Prior payment made** – Any previous payment made by the plan on the claim.
 - **What plan paid on this EOP** – The total amount plan paid for this claim.
- 3 Payment summary** – A brief explanation of what the plan paid to the health care professional (provider).
- 4 Check** – If a payment is due, this is the live check that is attached.
- 5 Claim details** – Important information regarding the claim. (Please see next page for details.)
- 6 For more information** – This is the contact information for CIGNA for any questions about claim or explanation of payment.

GREAT-WEST HEALTHCARE
1000 GREAT-WEST DR.
KENNETT MO 63857-3749

Great-West®
HEALTHCARE

000001

KENNETH TOWER M.D.
1856 NORTH ST.
ST. LOUIS, MO 63128

Your explanation of payment
for a claim received for FAITH SAMPLE, Patient # 25484

2 Claim summary

Amount billed	\$174.84
Patient owes	-\$81.21*
Total plan payment	\$93.63
What the plan paid on this EOP	\$93.63

*This does not reflect any payments that may have been made to the provider.

3 Payment summary

Amount paid:	\$93.63
Paid to:	KENNETH TOWER M.D.
Payment reference:	2008080510100338

6 FOR MORE INFORMATION:
866-GWH-2111
WWW.MYGREATWEST.COM
GREAT-WEST HEALTHCARE
1000 GREAT-WEST DR
KENNETT MO 63857-3749

1 DATE: August 5, 2008
CLAIM NUMBER: 09222222299
MEMBER: FERD SAMPLE
MEMBER ID: 199999991
GROUP NAME: FACETS GROUP
GROUP NUMBER: 3333333

PROVIDER COPY - THIS IS NOT A BILL

4 GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
8505 E. ORCHARD RD
GREENWOOD VILLAGE, CO 80111

PAY: NINETY THREE AND 63/100

TO THE ORDER OF: KENNETH TOWER M.D.
1856 NORTH ST
ST. LOUIS, MO 63128

U.S. BANK
OH

56-503
422

CHECK NUMBER: **103211675**
DATE: August 5, 2008
PAYMENT REF #: 2008080510100338

*****\$93.63

Void after six months

VOID

*****VOID * VOID * VOID*****
AUTHORIZED SIGNATURE



GREAT-WEST HEALTHCARE
1000 GREAT-WEST DR
KENNETT MO 63857-3749

CLAIM NUMBER: 092222222299
MEMBER ID: 199999991
GROUP NUMBER: 3333333

DATE: August 5, 2008
MEMBER: FERD SAMPLE
GROUP NAME: FACETS GROUP

5

Claim details

Patient: FAITH SAMPLE **Provider:** TOWER, KENNETH M.D.
Patient number: 25484

DATE(S) OF SERVICE	SERVICE DESCRIPTION	AMOUNT BILLED	NOT COVERED	SAVINGS (PLAN DISCOUNT)	SEE NOTES	COVERED EXPENSES	COPAY	DEDUCTIBLE	COINSURANCE	TOTAL PLAN PAYMENT	PATIENT OWES
05/27/08	OFFICE VISIT	174.84	41.08	0.00	XS1	133.76	0.00	0.00	40.13	93.63	81.21
Total		\$174.84	\$41.08	\$0.00		\$133.76	\$0.00	\$0.00	\$40.13	\$93.63	\$81.21

Notes

XS1 - THIS IS NOT A COVERED EXPENSE OF THE PLAN.

5 **Claim details** – Important information regarding the claim.

- **Date(s) of service** – The date the appointment or medical procedure took place.
- **Service description** – The type of medical service rendered.
- **Amount billed** – The total amount billed by the health care professional.
- **Not covered** – Any amount that is not covered by the plan.
- **Savings (plan discount)** – The savings amount applied by the plan.
- **See notes** – Read the notes section below for any pertinent details.
- **Covered expenses** – The portion of services that are covered by the plan.
- **Copay** – The copay amount applied to a service as required by the plan.
- **Deductible** – The amount of deductible applied to an expense.
- **Total plan payment** – The amount payable on the claim by the plan (covered expense minus copay minus deductible minus coinsurance).
- **Patient owes** – The amount to be paid to the health care professional by the patient (amount billed minus savings minus total plan payment).

We reference CIGNA and Great-West Healthcare to accommodate all covered individuals. CIGNA covered individuals, please disregard Great-West Healthcare references.

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