

Date: 07/31/2007

Insured:

ID Number:

Claimant:

Control Number:

Below is an example of in network discounting.

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	COVERED SUPPLEMENTAL
06/05-06/05/07	WARREN HOSPITA	14695.20	1357.06	1357.06	01		1357.06	
06/05-06/05/07	WARREN HOSPITA	465.00	42.94	42.94	01		42.94	
TOTALS		15160.20	1400.00	1400.00			1400.00	

----- REMARK SECTION -----

\$2500.00 OF YOUR 01/01/2007 THROUGH 12/31/2007 PLAN YEAR DEDUCTIBLE HAS BEEN MET. \$1.00 IS LEFT TO BE SATISFIED.
 01 THE REPRICED AMOUNT REFLECTS A NEGOTIATED FEE FROM A NETWORK PROVIDER.

LESS DEDUCTIBLE OR COPAYMENT AMOUNT

1385.76

BALANCE

14.24

PAYABLE AT:

100%

14.24

TOTAL AVAILABLE BENEFIT:

14.24

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE:

14.24

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated. Provider drafts are mailed weekly. Insured drafts are mailed daily.

PROVIDER NAME
 WARREN HOSPITA

DRAFT AMOUNT
 14.24

TOTAL DRAFTS PAYABLE:

14.24

If you have any questions about this claim or additional information you wish us to review please contact.

Golden Rule Insurance
 7440 Woodland Drive
 Indianapolis, Indiana 46278-1719
 Telephone (800) 657-8205
 7:00 am - 6:00 pm (CST)
 To Report Fraud (866) 283-7354

PLEASE RETAIN THIS WORKSHEET FOR YOUR TAX PURPOSES.
 EOB1-45

