



**Explanation of Benefits**  
RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

Forwarding Service Requested

**Customer Service**

Date Prepared: 03/25/25

If you have any questions regarding this claim, please call (800) 628-4664 or (317) 655-4500.

Color Key: **Plan Responsibility** **Amount You Pay**

Member ID: [REDACTED]

Claim#: [REDACTED]

Provider: [REDACTED]  
Patient: ANH NGUYEN  
HOANG

Group Name: [REDACTED]  
Patient #: [REDACTED]

Dates of Service	Service Code	Total Charge	Not Covered	Remark Code	Discount Amount	Covered by Plan	Less Deductible	Less Co-Pay	Amount Subject to Coins	Paid At	Less Patient Share of Coins	Payment Amount
03/14-03/14/2025	99392	\$378.00	\$378.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90460	\$62.00	\$62.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90460	\$62.00	\$62.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90460	\$62.00	\$62.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90461	\$99.00	\$99.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90461	\$99.00	\$99.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90661	\$35.00	\$35.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90696	\$313.00	\$313.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
03/14-03/14/2025	90710	\$1,422.00	\$1,422.00	ANC UHI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00	\$0.00
Column Totals		\$2,532.00	\$2,532.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Patient's Responsibility			\$2,532.00	Other Credits or Adjustments							\$0.00	
				Total Payment							\$0.00	