

[Insert logo image here]

[Fund name  
Address  
City, State, Zip Code]

JAMES F WALTER JR  
313 POTOMAC AVENUE  
ROSEDALE, MD 21237-3226

Explanation of Medical Benefits

Page 1 of 1

Check Date:	03/10/2021
Check Number:	572186
Check Amount:	\$681.30

RIGHT TO APPEAL: If your claim is denied, in whole or in part, you have the right to appeal the denial. Please refer to the Plan's appeal procedure (Article XVI of Plan Regulations)

MEMBER NAME	MEMBER ID	PATIENT	RELATION	PROVIDER NAME	PROVIDER NUMBER	CLAIM NUMBER
JAMES F WALTER JR	XXX-XX-1443*0	JAMES F WALTER JR	M	ADVANCED RADIOLOGY	522055746	MT3290

FROM DATE - THRU DATE	BENEFIT DESCRIPT.	AMOUNT BILLED	AMOUNT EXCLUDED	PLAN ALLOWED	LESS DEDUCT/ COPAY APPLIED	%	PLAN COVERED	COB ADJUST	PLAN BENEFIT	PATIENT LIABILITY	COMMENTS
10/01-10/01/20	VISION EXAM	\$250.00	\$0.00	\$120.00	\$0.00	80	\$96.00		\$96.00	\$154.00	
10/15-10/15/20	LENSES & FRAMES	\$250.00	\$0.00	\$0.00	\$0.00	80	\$0.00		\$0.00	\$250.00	
11/01-11/01/20	OFFICE VISIT	\$200.00	\$200.00	\$0.00	\$0.00		\$0.00		\$0.00	\$200.00	A, B
TOTALS		\$700.00	\$200.00	\$120.00	\$0.00		\$96.00	\$0.00	\$96.00	\$604.00	

Comment/Denial:

A. YOU HAVE REACHED YOUR MAXIMUM VISION BENEFIT.

B. PATIENT IS NOT ELIGIBLE FOR BENEFITS FOR THIS DATE OF SERVICE.

[Fund name  
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M&T Bank  
Buffalo, NY  
VOID AFTER 90 DAYS

7-11/520

CHECK DATE: 03/10/2021  
CHECK NO: 572186

PAY SIX HUNDRED AND EIGHTY-ONE AND 30/100

AMOUNT  
\$681.30

TO THE  
ORDER  
OF JAMES F WALTER JR  
313 POTOMAC AVENUE  
ROSEDALE, MD 21237-3226

[Signature Here]

⑈00572186⑈ ⑆052000113⑆ 07590834⑈