Explanation of Benefits (EOB)

LIFEX RESEARCH CORP

customersupport@benefithealthplan.com
844-580-2474

THIS IS A DUPLICATE COPY, NOT A BILL

[redacted]

Member Name : [redacted]
Member No : [redacted]
Group Name : MVP
Group No : 212025
Patient Name : [redacted]
Claim # : [redacted]

SUMMARY :

Check Date : 04/30/2025
Check Payable To : [redacted]
Check No :

Total Billed :	$150.00
Total Benefits Approved :	$97.88
Amount You May Owe Provider :	$0.00

SERVICE INFORMATION :

Type Of Service : Annual Wellness Exam (covered at 100%)

Service Date	Provider Name	Days Unit	Billed By Provider	PPO Reduction	Covered Amt
04/16/2025		1	150.00	52.12	97.88
	TOTALS :		$150.00	$52.12	$97.88

EOB Desc	EOB Note
CIGNA HEALTHCARE DISCOUNT, CIGNA HEALTHCARE DISCOUNT	Batch ID - 1 & Batch Date - [redacted] Claim No [redacted]

COVERAGE INFORMATION :

Totals	$150.00	$52.12	$97.88
Deductions			
Your Copayment Amount		$0.00	
Your Coinsurance Amount		$0.00	
Your Deductible Amount		$0.00	
Total Deductions			-$0.00
Total Benefits Approved			$97.88
Amount You May Owe Provider			$0.00

IMPORTANT INFORMATION ABOUT YOUR BENEFITS

It is a requirement to notify us if you or any covered dependents have any other insurance coverage. Failure to do so may result in delay or denial of processing claims.

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Member No : [redacted]
Group Name : MVP
Group No : 212025
Patient Name : [redacted]
Claim # : [redacted]

SUMMARY :

Check Date :
Check Payable To :
Check No :

Total Billed :	$44887.85
Total Benefits Approved :	$24465.89
Amount You May Owe Provider :	$9200.00

SERVICE INFORMATION :

Type Of Service : Ambulatory (Outpatient) Surgical Facility

Service Date	Provider Name	Days Unit	Billed By Provider	PPO Reduction	Covered Amt
04/08/2025		1	20346.00	5086.50	15259.50
04/08/2025		1	13080.00	3270.00	9810.00
04/08/2025		1	8000.00	2000.00	6000.00
04/08/2025		2	3461.85	865.46	2596.39
	TOTALS :		$44887.85	$11221.96	$33665.89

EOB Desc	EOB Note
Deductible Amount, Coinsurance Amount	Batch ID - [redacted] Batch Date - [redacted]

COVERAGE INFORMATION :

Totals	$44887.85	$11221.96	$33665.89
Deductions			
Your Copayment Amount		$0.00	
Your CoInsurance Amount		$4300.00	
Your Deductible Amount		$4900.00	
Total Deductions			-$9200.00
Total Benefits Approved			$24465.89
Amount You May Owe Provider			$9200.00

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