

STATEMENT

CHILDRENS EMERGENCY SERVICES INC
 PO BOX 751084
 DAYTON, OH 45475-1084

Account#: 31675790
 NO INS

937 853-0286 FEI: 310945273

- CHECK HERE For Address Change
- CHECK HERE For Insurance Change
- CHECK HERE For   

(See Reverse Side)

PATIENT NAME	BILLING DATE	PATIENT NUMBER	BALANCE DUE
Family Statement of Account DEBORAH M PRESTON 2172 PARKWYN DR MIAMISBURG, OH 45342	07/06/2012		680.00

WE HAVE ON FILE THE CONTRACT SIGNED AT TIME OF SERVICE AGREEING TO PAY FOR CARE. THIS BALANCE IS YOUR RESPONSIBILITY. PLEASE SUBMIT PAYMENT IN FULL BY 07/27/12 TO AVOID ADDITIONAL FEES AND/OR COLLECTION ACTIONS. THANK YOU.

DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT AMOUNT ENCLOSED \$ _____

PATIENT NAME		PATIENT NUMBER	YOUR PROVIDER		
Family Statement of Account					
DATE	CPT	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	NET DUE
Provider: FINANCE, CHARGE Patient: BROOKE Voucher: 8940670					
06/08/2012	FINCHRG	STATEMENT REPROCESSING FEE	10.50		10.50
Patient: BROOKE Voucher: 9012420					
07/06/2012	FINCHRG	STATEMENT REPROCESSING FEE	10.50		10.50
Subtotal for Patient: BROOKE PRESTON			\$21.00		
Provider: GARG, VIPUL K Patient: BROOKE Voucher: 8844630					
03/27/2012	99285	EVALUATION AND MANAGMENT LEVEL 5	659.00		659.00
Subtotal for Patient: BROOKE PRESTON			\$659.00		



TOTAL NOW DUE	INSURANCE PENDING	ACCOUNT TOTAL
		680.00

07/06/2012

WARNING! TO AVOID FURTHER COLLECTION ACTION SEND PAYMENT TODAY!



Children's Medical Center now offers convenient online bill pay. To securely pay your bill visit our website at:

www.childrensdayton.org

If you'd like to enroll to view your bills online choose

Create An Account

Need Assistance Paying Your Hospital Bills?

You may be eligible for financial assistance based on income. We provide assistance for individuals and families with income at or below the federal poverty guidelines. Please see the reverse side of this form for the financial assistance application.

DATE	DESCRIPTION	AMOUNT
	FROM DATE: 3/27/12 THROUGH DATE: 3/28/12	
	BEGINNING BALANCE:	2923.86
	PATIENT BALANCE DUE:	2923.86
	CLINIC: EMERGENCY DEPARTMENT	

Please send your payment today. We accept check, MasterCard, VISA and American Express.

Patient Accounts Location:
436 Valley Street
Dayton, OH 45404

Account #: 3167579

Previous Balance:	2923.86
New Charges:	0.00
Payments/Adjustments:	0.00
Current Account Balance:	2923.86
Agreement Amount:	0.00
PAY THIS AMOUNT:	2923.86

Your Quarterly Health Plan Status

For the Period from 01/01/2012 to 03/31/2012

Summary of Recent Health Plan Activity (01/01/2012 to 03/31/2012)

Claim Activity

Total Member Responsibility for Claims: \$ 296.47
 Incentives Earned: \$ 0.00

Amount Saved by Choosing
 Participating Network Providers: \$ 139.72

Health Plan Activity Details (01/01/2012 to 03/31/2012)

The following transactions were processed during the statement period. Additional detail is available at anthem.com.
 Once you log in, click on "Plans and Benefits" to view transactions.

Service Date	Posted Date	Member Name	Description	Claim Number	Amount (+/-)	Plan Paid*	Your Resp**
01/16/12	02/22/12	[Patient's View Only]***	[Patient's View Only]***	[Patient's View Only]***	\$16.82	\$0.00	\$16.82
01/22/12	01/22/12	Deborah Preston	Pharmacy	04054354	\$22.00	\$0.00	\$22.00
02/15/12	02/22/12	Brooke Preston	PriMed Centerville Pediatrics	12052FDD2B00	\$122.12	\$0.00	\$122.12
02/15/12	02/15/12	Brooke Preston	Pharmacy	21074650	\$25.36	\$0.00	\$25.36
03/26/12	03/31/12	Deborah Preston	Miamisburg Family Practice	12090E7CEB00	\$82.34	\$0.00	\$82.34
03/26/12	03/26/12	Deborah Preston	Pharmacy	48036155	\$8.21	\$0.00	\$8.21
03/26/12	03/26/12	Deborah Preston	Pharmacy	48656552	\$19.62	\$0.00	\$19.62
TOTAL This Period						\$0.00	\$296.47

* Is the amount paid toward coinsurance, preventative care and/or covered medical expenses.

** Is the amount you owe. The doctor or facility will bill you for this amount.

*** Due to medical privacy regulations, the notation [Patient's View Only] appears in place of the consumer name, description and claim number for covered dependents over the age of 17 years. If you want to allow others to see claims for you and your dependents, simply log on to anthem.com, click on "Profile", select "Access Rights" and select the correct access information.

Making the Most of My Plan



Our new Zagat Health Survey is an innovative way for you to provide feedback about your experiences with your doctors and benefit from others' experiences, too. To start sharing now:

- Log in to www.anthem.com
- Search for your provider or any provider in your area using the provider search tool.
- Select the doctor you are interested in from the Search Results by clicking on his or her name.
- Once the Provider Detail page appears, the Zagat Health Survey will be on the right side of the screen.
- Click on Add Your Review to provide ratings for your doctor.

Your Claim Recap

3. Claim Payment Details

Health Care Provider Information					Your Program Traditional Health Coverage		Your Responsible	Explanation**
Date of Service From: 03/26/2012 TO 03/26/2012					Amount Paid	Benefit Level	You Are Responsible for	
Service (Units)	Provider Charged	Provider Responsibility	Amount Allowed by Benefit*					
1 LAB MICROBIOLOGY - 1	\$111.39	\$101.23	\$10.16	\$0.00		\$10.16	OPM	
2 LAB MICROBIOLOGY - 1	\$80.57	\$71.03	\$9.54	\$0.00		\$9.54	OPM	
TOTAL	\$191.96	\$172.26	\$19.70	\$0.00		\$19.70		

*The "Amount Allowed by Benefit" is amount of the providers charge covered by your benefits, minus the providers discount; the sum of the amounts paid from your Account, your Traditional Health Coverage and Your Responsibility will equal this amount.

You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

** Explanations

OPM DEDUCTIBLE AND/OR COINSURANCE HAS BEEN APPLIED TO THIS CLAIM. THE INSURED IS RESPONSIBLE FOR THIS AMOUNT.

Your Claim Recap

3. Claim Payment Details

Health Care Provider Information				Your Program Traditional Health Coverage		Your Responsibility	Explanation**
Date of Service From: 03/26/2012 TO 03/26/2012				Amount Paid	Benefit Level	You Are Responsible for	
Service (Units)	Provider Charged	Provider Responsibility	Amount Allowed by Benefit*				
1 OFFICE VISIT - 1	\$113.00	\$36.85	\$76.15	\$0.00		\$76.15	OPH
2 LAB CHEMISTRY - 1	\$8.00	\$2.87	\$5.13	\$0.00		\$5.13	OPH
3 LAB UROLOGY - 1	\$28.00	\$26.94	\$1.06	\$0.00		\$1.06	OPH
TOTAL	\$149.00	\$66.66	\$82.34	\$0.00		\$82.34	

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** Explanations

OPH DEDUCTIBLE AND/OR COINSURANCE HAS BEEN APPLIED TO THIS CLAIM. THE INSURED IS RESPONSIBLE FOR THIS AMOUNT.

Claim Number: 12124I3E8900

Your Claim Recap

3. Claim Payment Details

Health Care Provider Information				Your Program Traditional Health Coverage		Your Responsibility	Explanation**
Date of Service From: 03/27/2012 TO 03/27/2012				Amount Paid	Benefit Level	You Are Responsible for	
Service (Units)	Provider Charged	Provider Responsibility	Amount Allowed by Benefit*				
1 MEDICAL SERVICE - 1	\$4,624.63	\$693.69	\$3,930.94	\$1,007.08		\$2,923.86	
TOTAL	\$4,624.63	\$693.69	\$3,930.94	\$1,007.08		\$2,923.86	

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Check Paid to: CHILDRENS MEDICAL CTR

Your Quarterly Health Plan Status

For the Period from 04/01/2012 to 06/30/2012

Summary of Recent Health Plan Activity (04/01/2012 to 06/30/2012)

Claim Activity

Total Member Responsibility for Claims: \$ 3,094.29
 Incentives Earned: \$ 0.00

Amount Saved by Choosing Participating Network Providers: \$ 1,262.66

Health Plan Activity Details (04/01/2012 to 06/30/2012)

The following transactions were processed during the statement period. Additional detail is available at anthem.com.
 Once you log in, click on "Plans and Benefits" to view transactions.

Service Date	Posted Date	Member Name	Description	Claim Number	Amount (+/-)	Plan Paid*	Your Resp**
03/20/12	06/15/12	Brooke Preston	Dayton Pediatric Imaging Inc	12166F3C4F00	\$409.70	\$409.70	\$0.00
03/26/12	04/03/12	Deborah Preston	Compunet Clinical Labs	12093F570900	\$19.70	\$0.00	\$19.70
03/27/12	05/04/12	Brooke Preston	Childrens Medical Ctr	12124I3E8900	\$3,930.94	\$1,007.08	\$2,923.86
04/12/12	04/21/12	Brooke Preston	PriMed Centerville Pediatrics	12111FBD4000	\$110.73	\$0.00	\$110.73
05/05/12	05/05/12	Deborah Preston	Pharmacy	76714528	\$11.73	\$1.73	\$10.00
05/10/12	05/17/12	Brittany Preston	PriMed Centerville Pediatrics	12137F89E200	\$174.87	\$174.87	\$0.00
05/18/12	05/24/12	Brooke Preston	PriMed Centerville Pediatrics	12144F6E1700	\$174.87	\$174.87	\$0.00
05/22/12	05/26/12	Brittany Preston	PriMed Centerville Pediatrics	12146FAB6400	\$154.12	\$154.12	\$0.00
05/22/12	05/23/12	Brittany Preston	Pharmacy	88006950	\$98.16	\$68.16	\$30.00
TOTAL This Period						\$1,990.53	\$3,094.29

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 ** Is the amount you owe. The doctor or facility will bill you for this amount.

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