

**Maksin Management Corp**  
Two Aquarium Drive, Suite 200  
Camden, NJ 08103

If you have any questions  
please call:  
(877) 775-5430

*The top portion of this box shows basic information about the claim including: The Claim number assigned by the insurance company, the insured's name, and the claimant's (patient) name.*

Forwarding Service Requested

John Doe  
1010 College Blvd. #201  
Anywhere, KY 41001

*The bottom portion of this box indicates the insured's account number with their provider, the date that the statement was mailed, the group that the insured participates, and the Group, sub, and account numbers associated with the carrier.*

Claim No: 052365597-3 RB  
Insured: John Doe  
  
Claimant: James Doe  
Patient#: Doe5157889-1  
Date: 01/01/2005  
Group: United States University  
  
Group# AIH00000002  
Subgroup#: 000008686  
Account#: 07226

*This box represents the type of service that was performed.*

*This box represents the copay amount or your deductible amount that was applied to this claim.*

*This box represents the amount that was covered after your deductible, co-payment, and excluded charges were subtracted.*

**EXPLANATION OF BENEFITS**

Line No.	Provider	Service Description	Date(s) of Service	Total Charges	Excluded Charges	Co-Pay/Deductible	Covered Expense	Paid At	Balance Paid By Plan	
1	Dr. Jones	Med Services	10/11- 10/11/2004	84.00	15.80	5.00	63.20	80%	50.56	
<b>TOTALS</b>				<b>84.00</b>	<b>15.80</b>	<b>5.00</b>	<b>63.20</b>		<b>50.56</b>	
									Provider Payment Amount	50.56
									Amount Payable	50.56
									Patient Responsibility	17.64

*This box represents the name of the physician or facility where services were performed.*

*This box represents the date the services were performed.*

*This box represents the amount the provider charged.*

*This box represents the percentage of the covered charges that were paid.*

**Accumulators**

<b>Check Issued To:</b>	<b>Amount</b>
Dr. Jones	50.56

**Claim Remarks**

**Explanation**

1 (Line 01-\$15.80) Beechstreet PPO Network discount

Claimant is not liable for this amount.

*This section explains the line numbers above and the reason the charges were excluded. This is mainly used as an explanation of a discount that is not the patient's responsibility.*

*This box represents the amount that is excluded or not covered. Further explanation is shown to the left.*