

RIVERSIDE WOMEN'S CARE
P. O. BOX 100459
ATLANTA GA 30384-0459

Account Information

Account Number: 2699
Statement Date: 12/30/14
Due Date: upon receipt
Amount Due: \$211.52



Patient Statement

Payment is due.

Date	Description	Provider	Patient	Amount	Insurance Balance	Patient Balance
12/10/14	PREVENTIVE MED ESTABLISHED PT 40-64YRS	GLENN L WERNER M.D.	CAROL	\$252.00	\$0.00	\$211.52
12/23/14	P101 - Ins / BCBS			-\$40.48		
12/23/14	A103 - Ins / BCBS (Contracted)			\$0.00		
12/23/14	P101 - Ins / BCBS			\$0.00		
12/23/14	A103 - Ins / BCBS (Contracted)			\$0.00		
12/10/14	CYTOPATH CERV/VAG AUTO THIN LAYER PREP MNL SCREEN			\$0.00	\$0.00	\$0.00
	Visit Total			\$211.52	\$0.00	\$211.52

Total Patient Balance: \$211.52

FOR PAYMENT AND BILLING QUESTIONS

Phone: 888-650-3117

Business Hours: 9:00 AM to 5:00 PM EST

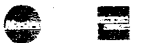
IF PAYING BY MAIL, PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

RIVERSIDE WOMEN'S CARE
P. O. BOX 100459
ATLANTA GA 30384-0459



Please call 888-650-3117 to pay by phone.
We accept these credit cards.

VISA DISCOVER



Account Number: 2699
Statement Date: 12/30/14
Due Date: upon receipt

Amount Due
\$211.52

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on the back of this form.

PLEASE PRINT YOUR NAME AND ADDRESS
ON THE BACK OF THIS CHECK

AMOUNT PAID \$

MAKE CHECKS PAYABLE TO AND MAIL TO:



01-N 20141230 P138 S 03430



CAROL HORTON
PO BOX 1651
RIDGELAND SC 29936-2628

RIVERSIDE WOMEN'S CARE
PO BOX 100459
ATLANTA, GA 30384-0459





SUMMARY EXPLANATION OF BENEFITS CLAIM(S) DETAIL

This is important information about services CAROL C HORTON received. The following information shows how much we covered and how much you may owe your provider for services received.

Patient: CAROL C HORTON	ID: ZCS39936080	Patient Relationship to Policyholder: SELF
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Claim Number: 4F4749282-00-00							Provider: LABCORP		Date(s) of Service: 12/10/14		Amount Provider May Bill You 12.10		
Your Provider Charged		Amount Not Covered *		Deductible		Copayment		Allowed Amount		Coinsurance		Amount We Paid	
54.33	45.83 (1)	0.00	0.00	0.00	0.00	8.50	1.70	6.80				6.80	
106.33	97.33 (1)	0.00	0.00	0.00	0.00	9.00	1.80	7.20				7.20	
240.34	197.34 (1)	0.00	0.00	0.00	0.00	43.00	8.60	34.40				34.40	
TOTAL: 401.00	340.50	0.00	0.00	0.00	60.50	12.10	48.40	48.40					48.40
To date, you have satisfied 420.00 of the 420.00 deductible for the benefit period that began 01/01/2014. This claim contributed 12.10 toward your out-of-pocket maximum. You have satisfied 696.99 of the 2,400.00 out-of-pocket maximum for this benefit period. We paid a total of 2,788.10 for this person this benefit period.													

Claim Number: 4F4940926-00-00		Provider: TRICIA ETHERIDGE MD P		Date(s) of Service: 12/08/14		Amount Provider May Bill You 23.01	
Your Provider Charged	Amount Not Covered *	Deductible	Copayment	Allowed Amount	Coinsurance	Amount We Paid	Amount Paid to Your Provider
85.00	17.93 (1)	0.00	12.00	55.07	11.01	44.06	44.06
To date, you have satisfied 420.00 of the 420.00 deductible for the benefit period that began 01/01/2014. This claim contributed 11.01 toward your out-of-pocket maximum. You have satisfied 708.00 of the 2,400.00 out-of-pocket maximum for this benefit period. We paid a total of 2,832.16 for this person this benefit period.							

Claim Number: 4F4957029-00-01									
This is an ADJUSTMENT to a claim we processed previously									
Provider: RIVERSIDE WOMEN'S CAR			PARTICIPATING PROVIDER		Date(s) of Service: 12/10/14		Amount Provider May Bill You 211.52		
Your Provider Charged	Amount Not Covered *	Deductible	Copayment	Allowed Amount	Coinsurance	Amount We Paid	Amount Paid to Your Provider		
252.00	211.52 (1)	0.00	0.00	40.48	0.00	40.48	40.48	40.48	

State Health Plan
P.O. Box 100605
Columbia, SC 29260



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association*

STATE HEALTH PLAN

This is not a bill. Any amounts you may owe your provider should not be sent directly to us.

CAROL C HORTON
PO BOX 1651
RIDGELAND SC 29936

SUMMARY EXPLANATION OF BENEFITS

Claims Processed from 12/05/14 to 12/25/14

December 26, 2014

This summary information is for claims processed for patients covered under your Member ID **ZCS39936080**. You will also find claim(s) details. We produce this report every three weeks. If you have questions about your claims, please visit our website at www.SouthCarolinaBlues.com or call Customer Service at 800-868-2520 or locally at 803-736-1576 Monday - Friday 8:00 a.m. - 6:00 p.m.

This document outlines your share of the charges for services. You should use this to determine how much you need to pay. If there is a discrepancy, use this summary to discuss the charges with your provider.

Name: CAROL C HORTON

Patient Relationship to Policyholder:

SELF

Amount We Paid Your Provider(s):

LABCORP	98.40
TRICIA ETHERIDGE MD P	44.06
RIVERSIDE WOMEN'S CAR	40.48

Amount Your Provider(s) May Bill You:

LABCORP	19.10
TRICIA ETHERIDGE MD P	23.01
<u>RIVERSIDE WOMEN'S CAR</u>	<u>211.52</u>

B/D-8-19-56

136002 001540
0001 of 0003

2-12-15

As soon as it may concern:
Enclosed please find copies of
my EOB and Doctor bill for Riverside
Woman's Care, located in Beaumont, SC.
I am appealing this due to the
fact that the deductible had been
met and this was for a Pap smear,
which is considered (preventive).
This is the same OB-GYN who gave
the for thirty years and has always
been covered up to last year.
As you can see, I'm paying
80% and B/C B/S 20%. Unacceptable!
I did not work and receive from the
state of SC to see my daughter
stripped away!
Copies of this appeal are being
sent to others in hopes they can
investigate this injustice.
Your prompt attention to this
matter would be appreciated.

Carol C. Horton

P.O. Box 1651

Ridgeland, SC 29936

Hortons
Ridgeland, SC 29936