



**Explanation of Benefits**  
 This statement shows how we applied your coverage  
 To claim(s) submitted to us.  
 This is **NOT** a Bill.

6006 N Mesa Street  
 Suite 108  
 El Paso, TX 79912

**Explanation of Benefits (EOB)**

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Patient Name: [REDACTED]

Issue Date: 03/28/2019

Member I.D.# [REDACTED]

Date of Service	CPT CODE/ Service	Total Charges	Allowed Charges	Discounts/ Not Covered	Remark Code	Deductible/ Other INS.	Co-Pay/ Coinsurance	Payment Responsibility	
								PLAN	MEMBER
03/06/2019	67108 RT	\$24,500.00	\$4,593.75	\$19,906.25	PF	\$0.00	\$0.00	\$0.00	\$4,593.75

PROVIDER: **EL PASO, DAY SURGERY**  
 BILLING: **1300 MURCHISON DR**  
 ADDRESS: **EL PASO, TX 79902**

Plan Responsibility	\$0.00
Patient Responsibility	\$4,593.75

Client Address: [REDACTED]

Notes regarding the claim(s) submitted to us:

Remark Code	Description:
PF	CLAIM PAID IN FULL: The client is responsible for 40% of the original amount and after repricing through the First Health Network, Five Points Benefit Plan is responsible for the remaining 60% after the clients portion is paid. Preventive visit covered 100%.

**Member I.D. Number-** your account # with our health plan.  
**Charged-** The total amount charged by a health care provider for services you received, whether or not the services are covered under your health plan.  
**First Health Network Discount-** The amount saved receiving services from First Health Network provider within the network provider PPO.  
**Amount Paid-** The amount paid to you or your health care provider.  
**Co- Insurance 40%-** The amount calculated using a fixed percentage you pay.  
**Amount not covered-** The portion of the charges not covered under your health plan. Examples of Amount Not Covered include any of the following:  
 \*Amount for services that are not medically necessary.  
 \*Amount for services that are not covered by your health plan.  
**Patient Responsibility-** Your share for the services shown on this Explanation of Health Care Benefits (EOB). You may have already paid this amount to your health care provider

*Thank you for choosing Five Points Benefit Plans*

Have questions?

Check our website at <https://www.fivepointsbenefitplans.com/> Order your I.D. Cards, check claims status, review benefits, verify family members covered on your policy. Find a participating provider or call our customer service department at: 800-231-0475.

Mail all inquiries or claims to 6006 N Mesa Street, Suite 108, El Paso, TX 79912

English: If you need assistance in Spanish to understand this document, you may request it for free by calling customer service at the number on your identification card or in your enrollment booklet.