

EXPLANATION OF BENEFITS

This is not a bill

Plan Address
QuikTrip Corp. Attn: Benefits P O Box 2009 Tulsa, OK 74101-2009

If you have any questions, please write or call
Corporate Benefits: Employees in Oklahoma (918) 615-7933 Employees out of Oklahoma (800) 544-5749 Provider Contact: (918) 615-7972

Member Name
Van Arsdale, Abby L. 1315 South New Florissant Rd Florissant, MO 63031

Claim Identification
Patient: Van Arsdale, Abby L.
Member ID: XXXXX9792-1
Claim: 2409523-1
Date: 01/20/2020
Provider: SPELL, DAWN M
Policy: QuikTrip Emp Ben

Type of Service	Service Date(s)	Charge Amount	Prov. Disc./ Not Allowed	Not Covered Amount	Considered Amount	#	Deductible	Copay Coinsurance	Total Patient Cost	Plan Pays
URGENT CARE FACILITY	01/05/2020	\$318.00	(\$246.75)	\$0.00	\$71.25	01	\$0.00	\$0.00	\$0.00	\$71.25
XRAY/RADIOLOGY	01/05/2020	\$213.18	(\$165.42)	\$0.00	\$47.76	02	\$0.00	\$0.00	\$0.00	\$47.76
DIAGNOSTIC SERV	01/05/2020	\$73.71	(\$57.20)	\$0.00	\$16.51	03	\$0.00	\$0.00	\$0.00	\$16.51
MEDICINES	01/05/2020	\$40.00	(\$31.03)	\$0.00	\$8.97	04	\$0.00	\$0.00	\$0.00	\$8.97
		\$644.89	(\$500.40)	\$0.00	\$144.49		\$0.00	\$0.00	\$0.00	\$144.49

Payment has been made to	Check #	Amount
TOTAL ACCESS URGENT CARE	1112091	\$144.49

Accumulations
05/01/19-04/30/20 \$251.34 of \$4,500.00 QT HMO and QT PPO
05/01/19-04/30/20 \$251.34 of \$10,500.00 Family QT HMO and QT PPO
05/01/19-04/30/20 \$251.34 of \$2,500.00 In Network Deductible HD
05/01/19-04/30/20 \$251.34 of \$7,500.00 Family In Network Deductible HD

Messages:		
Line #	Reason Codes	Reason Code Key
01	R207,R211,R212,R218	R207 Applied to Medical individual fiscal year deductible.
02	R207,R211,R212,R218	
03	R207,R211,R212,R218	R211 This claim has been applied to the Individual Out of Pocket. This amount may be more if the expenses are considered ineligible or the expense is considered above the usual, reasonable, and customary for the area. Please refer to the Health Plan document for additional information.
04	R207,R211,R212,R218	R212 This claim has been applied to the Family Out of Pocket. This amount may be more than the maximum if the expenses are considered ineligible or if the expenses are considered above the usual, reasonable, and customary for the area. Please refer to the Health Plan document for additional information.
		R218 The allowable amount reflects the First Health contract rate and the patient is not responsible to pay the difference between billed charges and the allowable amount. Services not covered by the benefit plan should be identified as member's responsibility.