

# This is NOT a Bill



**Explanation of Benefits Statement**  
This document shows how benefits were applied to claims during the time span 02/14/2016-02/27/2016. It also calculates member responsibility.

Print Date: \_\_\_\_\_  
 Plan Subscriber: \_\_\_\_\_  
 Subscriber ID: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Group ID: \_\_\_\_\_

**THIS IS NOT A BILL.**

**Claims Summary**

We processed 1 claim on your behalf.  
 Contact the provider(s) to arrange payment, if not already paid.

**Total Member Responsibility To Provider(s):**

Total: \_\_\_\_\_ Paid: \_\_\_\_\_

Save a tree. Go paperless at \_\_\_\_\_

**Claims Detail - How your benefits were used to calculate these claims.**

Patient: _____									
Patient Year of Birth: _____									
Patient Account with Provider: _____									
<b>Claim ID:</b> _____									
Date of Service	Service Description	Amount Charged By Provider	Amount Not Covered	Regional Member Rate	Copay	Deductible	Remaining Amount	Member's Contribution	Amount Reimbursed to Provider
02/20/16	Laboratory								
PKN Pricing is based on maximum allowance for the service billed by this provider.									
<b>Totals for this claim:</b>									

Have questions? Contact your provider if you need to arrange payment. To learn more about your benefits, contact Regence:

<p style="text-align: center; font-weight: bold;">Customer Service</p> <p style="text-align: center; font-size: x-small;">TTY 711 6:00 a.m. - 6:00 p.m. MT</p>	<p style="text-align: center; font-weight: bold;">Mailing Address (including apostle)</p> <p style="text-align: center; font-size: x-small;">REGENCE, 10000 W. WASHINGTON AVE., SUITE 1000, BOULDER, CO 80501</p>	
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Help keep health care costs down. If you suspect fraud related to your claim, please call 1-800-368-3673

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# This is a Bill



**BILLING QUESTIONS: 888.496.2391**  
**FAX: 888.605.6294**

Dept CH 16854  
Palatine, IL 60055-6854

PATIENT NAME:	PATIENT ACCT NO.	REFERRING PHYSICIAN: DR.	CLIENT NAME:	STATEMENT DATE	PAGE
JOHN Q. PATIENT	0000000		CLINIC ABC	07/17/2017	1

Date	Units	CPT Code	Description	Charges	Payment or Adjustment	Total Due
03/21/17		11111	CYP2C19 GENE COM VARIANTS			
06/13/17			Insurance Provider			
06/13/17		11111	CYP2D6 GENE COM VARIANTS			
06/13/17			Insurance Provider			
06/13/17		11113	CYP2C9 GENE COM VARIANTS			
06/13/17			Insurance Provider			
06/13/17		11112	MTHFR GENE			
06/13/17			Insurance Provider			
06/13/17		11115	ZbZv6			
06/13/17			Insurance Provider			
06/30/17			PAYMENT Check#			
04/04/17			PATIENT ADJUSTMENT			
<b>Total Amount Due :</b>						

**Message:**  
 Thank you for your payment. Your statement reflects your remaining balance due. Our Customer Service Team is here to serve you Monday through Friday from 8:00a.m. to 8:00p.m. Eastern time zone by calling 888.496.2391



**Patient No: 0000000**

Patient Statement

**PAYMENT OPTIONS**

- To pay online, please visit [GeneSight.com/payments](http://GeneSight.com/payments)
- To pay by phone, call 888.496.2391
- To pay by check, please make check payable to **Assurex Health** and mail back with bottom half of this statement to:

**BILLING QUESTIONS: 888.496.2391**  
**FAX: 888.605.6294**

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ASSUREX HEALTH  
 DEPT CH 16854  
 PALATINE, IL 60055-6854

GSBL 007176



## ASSUREX HEALTH PROMISE

Insurance can be complicated, and we want you to feel comfortable knowing what you'll owe. We promise that if your cost is going to be more than \$330, we'll call you before we process your test.

If you have any questions regarding your insurance Explanation of Benefits or your Assurex bill, please contact:

**888-496-2391 or visit us  
 online at [GeneSight.com/billing](http://GeneSight.com/billing)**