PriorityHealth
THINK SMART. LIVE SMART.
1231 East Beltline NE
Grand Rapids, MI 49525-4501

NAME	
Statement date	06/29/2022
ID	XXXXXXX-XX
Customer service	800.446.5674

ENV 2105

5-DIGIT 49417

NAME 6
ADDRESS
GRAND HAVEN, MI 49417

This is an explanation of benefits (EOB) for NAME. This is not a bill.
This EOB shows what we will pay for the following services and what you should owe your provider. Your provider will send you a separate bill with the amount you owe. Keep this EOB so that you can compare it to the bill from your provider.

PROVIDER: NAME

Priority Health paid on 06/12/2022
Claim# XXXXXXXXXX

Bill amount	Discount	Priority Health paid	Other Insurance paid	Your share
The bill we received from your health care provider.	*Discounts Priority Health negotiated on your behalf.*	*The amount Priority Health paid for your services.*	*If applicable, the amount your other insurance (Other Ins.) paid for your services.*	*Your combined copayment, deductible and/or coinsurance amount. You may have already paid all or part of this.*
$250.00	$26.17	$0.00	$0.00	$223.83

CLAIM DETAILS:

Date of service	Medical service	Bill amount	Discount	Priority Health paid	Other Ins. Paid	Your share				Notes
						Deductible	Coinsurance	Copay	Other*	
06/03/22-06/03/22	99244 PHYSICIAN VISIT-OFFICE	250.00	26.17	0.00	0.00	223.83	0.00	0.00	0.00	A
Totals		**$250.00**	**$26.17**	**$0.00**	**$0.00**	**$223.83**	**$0.00**	**$0.00**	**$0.00**	

A - PXN Charge exceeds the allowable rate for the service. Member cannot be balance billed.

* Other amount includes services that are not a listed benefit or additional charges from your provider

Your deductible balances after this claim has been paid:

For the most up-to-date balances, log in to your member account at *priorityhealth.com*

After this claim balances for Benefit Year: 2022	Met	Total
INDIVIDUAL HSA DEDUCTIBLE COMBINED MEDIC	327.20	1,500.00
INDIVIDUAL OOP DOLLAR HSA MEDICAL/RX COM	342.20	4,000.00