

utual Health

OR 97208
555-8718

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Watertown, MA 02472

Member ID: CMH006638293

Group: 914582

Claim Number: 8007-63227667

Provider: Lawrence General Hospital

Date Processed: 12/30/2024

Service Date	Service Code	Amount Billed	Allowed Amount	Deductible	Co-insurance	Plan Paid	Remark
12/02/2024	99396	\$75.33	\$61.77	\$25.00	\$7.35	\$29.42	PR1
TOTALS		\$75.33	\$61.77	\$25.00	\$7.35	\$29.42	

You may owe the provider: \$32.35

Remark codes

45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. PR1: Deductible amount.

If you have other coverage, submit this statement to your other plan with the provider's bill. You have the right to appeal this decision within 180 days of the date you receive this notice. Call Member Services at the number above with questions about this explanation of benefits.