

BCBSVT Member Resource Center - Claims Screenshot



The signs of a healthier Vermont

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Claim Status Search Criteria

Patient

Claim Status Search Results For  [Help](#)

<a href="#">View EOB</a>	<a href="#">View EOP</a>	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid	Payment Date	Coinsurance Amount	Copay Amount	Deductible Amount	Patient Disallow Amount
<a href="#">View</a>	<a href="#">View</a>		Finalized			15 Jan 2018		\$394.00	\$0.00	7 Feb 2018	\$0.00	\$0.00	\$324.33	\$39.00
<a href="#">View</a>	<a href="#">View</a>		Finalized			14 Feb 2018		\$250.00	\$0.00	30 Mar 2018	\$0.00	\$0.00	\$99.20	\$0.00
<a href="#">View</a>	<a href="#">View</a>		Finalized			14 Feb 2018		\$275.00	\$0.00	21 Feb 2018	\$0.00	\$0.00	\$189.01	\$0.00
<a href="#">View</a>	<a href="#">View</a>		Finalized			16 Mar 2018		\$310.00	\$162.66	4 Apr 2018	\$0.00	\$0.00	\$87.21	\$0.00
<a href="#">View</a>	<a href="#">View</a>		Finalized			20 Mar 2018		\$44.20	\$35.36	18 Apr 2018	\$8.84	\$0.00	\$0.00	\$0.00

## MEDICAL

<b>Patient Name:</b> <input style="width: 150px; height: 20px;" type="text"/>		<b>Date of Birth:</b> <input style="width: 150px; height: 20px;" type="text"/>		<b>Group Name:</b> <input style="width: 150px; height: 20px;" type="text"/>	
<b>Date Range:</b> <input style="width: 150px; height: 20px;" type="text"/>		<b>Claim Number:</b> <input style="width: 150px; height: 20px;" type="text"/>		<b>Group Number:</b> <input style="width: 150px; height: 20px;" type="text"/>	
<b>Provider Practice:</b> NORTHERN VALLEY EYEC AR			<b>Provider Name:</b> <input style="width: 150px; height: 20px;" type="text"/>		<b>Date Processed:</b> 02/07/2018

  

Date of Service	Service	Billed Charges	Not Covered-Due From Patient	Amount You Saved	Allowed Amount	Other Insurance Payments	Co-Pay	Deductible	Co-Insurance	Amount Your Plan Paid	Amount You Owe
01/15/2018-01/15/2018	MEDICAL	\$180.00	\$0.00	\$29.84	\$150.16	\$0.00	\$0.00	\$150.16	\$0.00	\$0.00	\$150.16
<b>Message Code:</b> Z013											
01/15/2018-01/15/2018	SURGERY	\$175.00	\$0.00	\$.83	\$174.17	\$0.00	\$0.00	\$174.17	\$0.00	\$0.00	\$174.17
<b>Message Code:</b> Z013											
01/15/2018-01/15/2018	MEDICAL	\$39.00	\$39.00	\$0.00	\$39.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39.00
<b>Message Code:</b> Z011											
<b>Total for Claim</b>		\$394.00	\$39.00	\$30.67	\$363.33	\$0.00	\$0.00	\$324.33	\$0.00	\$0.00	\$363.33

The \$39.00 charge was not a covered service and will not move on to DataPath. You could use FSA dollars to pay this amount.