

Date: 04/26/2007  
 Insured: STEPHEN BROWN  
 ID Number: 058323037  
 Claimant:   
 Control Number:

STEPHEN BROWN  
 4012 LANDISBURG TRL  
 KELLER TX 76248-1748

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	COVERED SUPPLEMENTAL
03/30-03/30/07	CLINICAL PATHO	5.25	.01	.00	01			
03/30-03/30/07	CLINICAL PATHO	229.75	19.99	.00	01			
03/30-03/30/07	CLINICAL PATHO	90.75	8.42	.00	01			
03/30-03/30/07	CLINICAL PATHO	191.50	13.66	.00	01			
03/30-03/30/07	CLINICAL PATHO	227.25	16.24	.00	01			
<b>TOTALS</b>		<b>744.50</b>	<b>58.32</b>	<b>.00</b>				

----- REMARK SECTION -----

THIS EXPENSE MAY BE ELIGIBLE FOR REIMBURSEMENT FROM YOUR HSA OR MSA.

01 YOUR PLAN DOES NOT COVER PREVENTIVE CARE, INCLUDING ROUTINE PHYSICAL EXAMINATIONS AND ROUTINE IMMUNIZATIONS.

LESS DEDUCTIBLE OR COPAYMENT AMOUNT

BALANCE

PAYABLE AT:

**TOTAL AVAILABLE BENEFIT:** .00

**ADJUSTMENTS:**

**TOTAL BENEFIT PAYABLE:** .00

**SUMMARY OF PAYMENT**

Drafts have been prepared for the following payees as indicated. Provider drafts are mailed weekly. Insured drafts are mailed daily.

PROVIDER NAME

DRAFT AMOUNT

**TOTAL DRAFTS PAYABLE:**

If you have any questions about this claim or additional information you wish us to review please contact:

Golden Rule Insurance  
 7440 Woodland Drive  
 Indianapolis, Indiana 46278-1719  
 Telephone (317) 297-4189  
 7:00 am - 6:00 pm (CST)  
 To Report Fraud (317) 388-8469

PLEASE RETAIN THIS WORKSHEET FOR YOUR TAX PURPOSES.  
 EOB1-45



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