

My name is Lisa McHenry, and my husband, Jon, and I have owned and operated our small business in the Portland Metro Area since 1992. We reside in Happy Valley, District 024, represented by Rod Monroe, and District 048, represented by Jeff Reardon. We have a group health plan through PacificSource Health Plans, and offer 100% funded insurance benefits to all of our employees. We have four children, and in 2006, one of our children, Joseph, was diagnosed with autism. 2006 was the genesis of what has turned into 6 years of a constant struggle to access the benefits we pay for through our group health plan at PacificSource.

My landmark autism insurance case in Oregon, which was decided in federal court on September 28, 2010, established clear requirements for insurers to cover these medically necessary, evidence based treatments for autism. Unfortunately, PacificSource has continued to make it extremely difficult for us to provide consistent, on-going therapy for my son, due to their continued position of denying and/or delaying payment on our claims for ABA therapy. Since June of 2012, I've been working tirelessly through the internal appeals process, once again, with PacificSource. With no other remedy, I was forced to file another lawsuit against PacificSource in January of 2013, and just last week, on May 15, 2013 Clackamas County Circuit Court Judge Katherine E. Weber ruled in favor my favor in the 2nd Lisa McHenry v. PacificSource Health Plans ruling. It is true that now 2 judges have ruled that that under Oregon law PacificSource must cover ABA therapy.

We are speaking about real children, and I have attached a picture of our children to give you faces to the names I speak of. To give you an idea of how this has affected our family, our daughter Sofia (10) now constantly asks and worries about whether or not PacificSource is covering our son, Joseph's treatment, at any given time. There are many other things I had hoped for my 10 year old daughter to be concerned about, and this issue isn't one of them. Even though PacificSource would not pay for all the treatment prescribed by Joseph's pediatrician, and we could not afford what he needed, the intensive therapy we have been able to provide has done well for Joseph (8). At times, he is indistinguishable among his peers. My husband and I often say we have no idea where would be today without the intensive ABA therapy he has received for the past 6 years. Our two youngest Preston (7) and Dominic (5) often ask me as we're driving in the car what's wrong and why I'm upset. Often I'm trying to figure out how to pay for therapy, or I'm feeling guilty that I'm taking something away from my other children by using the money we have to pay for Joseph's therapy, while I fight PacificSource to pay the claims. As much as I have tried to shield all of my children from the anguish and worry that comes with what we have been through, they are well aware of the toll it has taken on our family. What if you had to make a choice like that for your children, or were witness to that gut wrenching decision with your grand-children, niece, nephew, good friend or neighbor?

No family should have to endure the burden and circumstances my family has been subject to for the last 6 years, and continues to be subject to, in trying to obtain autism insurance coverage. My intent isn't to continue to initiate legal action against PacificSource, but will continue to do so if that's what it takes to fight for access to the benefits I pay for in premiums each month through PacificSource Health Plans.

It is my hope that you are moved and inspired enough to be a part of a change that is crucial in the future of our children and the state of Oregon. If insurance companies continue putting families through what they've put me through for 6 years, these children will require costly support from the state of Oregon. If these children received the treatment they need now, covered by health insurance, there is a much higher chance of them overcome some of the most debilitating aspects of autism.

I prepared a timeline below illustrating the history of McHenry v. PacificSource Health Plans.

Timeline of McHenry v. PacificSource Health Plans

- 2007-2008 PacificSource denied all of our claims for treatment for our son, we appealed and appealed with no success.
- 2008 we met the criteria for external review in the State of Oregon, we were denied the opportunity by the external review organization, Imedics, as well as the Oregon Department of Insurance. It was later discovered in litigation, that PacificSource had a business relationship with IMEDICS, a conflict of interest that was not disclosed to me when I was denied my right to external review.
- 2008 we filed a Federal lawsuit against PacificSource, and fought through a 2 ½ year emotionally and financially exhausting litigation. During this 30 month legal process, we continued paying \$2-3K per month, out of pocket, for our son's treatment, in addition to thousands of dollars in attorney's fees.
- On January 6, 2010, a federal judge stating that she believed our son's treatment is not experimental in nature, and that it is not excluded as academic based social skills training. However, there was one piece that resulted in a ruling against us. Judge Stewart found that our BCBA (Board Certified Behavior Analyst) was not an approved provider through the Oregon Department of Human Services, and she determined this is a requirement under our insurance policy, which follows part of Oregon statutory law.
- I succeeded in getting Joseph's provider enrolled as a DHS approved provider, and our attorney filed a Motion for Reconsideration to the court, which in turn was granted in April of 2010. Five months later, on September 28, 2010, the

Judge Stewart, ruled in our favor. However, after a mere 4 weeks of following the judge's orders, PacificSource not only filed an appeal in the 9th Circuit Court of Appeals, but also decided to edit our group plan contract on our renewal date of November 1, 2010, and specifically excluded our provider.

- We found a new dual licensed provider, and even after PacificSource agreed to cover Joseph's treatment with his new LPC/BCBA from December 2010-September 2012, we had to spend well over \$12,000 in attorney's fees alone in 2011, to get PacificSource to agree to a "reasonable and customary" hourly rate to pay our new LPC/BCBA. PacificSource initially offered our non-contracted, out of network provider approximately 45% of her reasonable and customary hourly rate, which she was unable to accept as payment.

- In June of 2012 the battle with PacificSource ensued again. Denial after denial, I appealed and appealed and finally sued PacificSource, again, in small claims court, and just last week, on May 15, 2013 Clackamas County Circuit Court Judge Katherine E. Weber ruled in favor my favor in the second Lisa McHenry v. PacificSource Health Plans.

Thank you for your time and consideration.



*From
Lynn McHenry*

Member History Report

Service Date(s): 1/1/2012 to 12/20/2012

Member Pharmacy History

Script History For:

DOB:

Member:

Prescription

Date Filled

11/8/2012

Claim ID

[REDACTED]

Drug Name

RISPERIDONE

Qty

30

Charge Amount

\$98.74

Allowed Amount

\$98.74

Deductible Amount

\$0.00

Member Copay Amount

\$10.00

PacificSource Payment

\$88.74

Paid Date

11/10/2012

Prescription Count: 1

\$98.74 \$98.74 \$0.00 \$10.00 \$88.74



Member History Report
Service Date(s): 1/1/2012 to 12/20/2012

Member Claims History - Detail

Script History For	DOB	Member	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Svcs	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Co-pay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
120060012000		Miller Vogl, Joanna L.	1/4/2012	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$236.48	PROVIDER	2/5/2012
Claim Total								\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$236.48		
120160017100		Miller Vogl, Joanna L.	1/11/2012	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$236.48	PROVIDER	2/5/2012
120300045200		Miller Vogl, Joanna L.	1/13/2012	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$236.48	PROVIDER	2/5/2012
Claim Total								\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		
120230014400		Miller Vogl, Joanna L.	1/18/2012	3292493	3292493	Provider is not participating	16	\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.36	\$339.64	PROVIDER	2/5/2012
Claim Total								\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.36	\$339.64		
120300045200		Miller Vogl, Joanna L.	1/25/2012	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$236.48	PROVIDER	2/5/2012
120300045200		Miller Vogl, Joanna L.	1/27/2012	3292493	3292493	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	2/5/2012
Claim Total								\$780.00	\$592.54	\$0.00	\$70.00	\$0.00	\$257.46	\$522.54		
127014189400		Shah, Rupa K.	1/18/2012	3055671	3055671	Network Std Fee Sched	1	\$155.00	\$122.28	\$0.00	\$35.00	\$0.00	\$35.00	\$87.28	PROVIDER	2/5/2012
Claim Total								\$155.00	\$122.28	\$0.00	\$35.00	\$0.00	\$35.00	\$87.28		
127018596000		Green, John A.	1/25/2012	3075586	3075586	Provider is not participating	1	\$165.00	\$111.35	\$0.00	\$35.00	\$15.27	\$103.92	\$61.08	SUBSCRIBER	2/5/2012
Claim Total								\$165.00	\$111.35	\$0.00	\$35.00	\$15.27	\$103.92	\$61.08		
120320024200		Schaefer, Sarah	1/3/2012	3292065	3292065	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/5/2012	3292065	3292065	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/9/2012	3292065	3292065	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/10/2012	3292065	3292065	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/12/2012	3292065	3292065	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$236.48	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/16/2012	3292065	3292065	Provider is not participating	16	\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.36	\$339.64	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/17/2012	3292065	3292065	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	2/19/2012
120320024200		Schaefer, Sarah	1/19/2012	3292065	3292065	Provider is not participating	22	\$660.00	\$501.98	\$0.00	\$35.00	\$0.00	\$193.62	\$466.38	PROVIDER	2/19/2012



Member History Report
Service Date(s): 1/1/2012 to 12/31/2012

Claim ID	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Svcs	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To Provider	Payment Date
120320924200	1/23/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	2/19/2012
	1/24/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	2/19/2012
	1/26/2012	Schaefer, Sarah	3292085	Provider is not participating	19	\$570.00	\$433.01	\$0.00	\$35.00	\$0.00	\$171.99	\$396.01	PROVIDER	2/19/2012
	1/30/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	2/19/2012
	1/31/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$155.94	\$264.06	PROVIDER	2/19/2012
Claim Total						\$5,670.00	\$4,307.31	\$0.00	\$455.00	\$0.00	\$1,617.59	\$3,852.81		
120370932100	2/1/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	2/26/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
120450008600	2/8/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	2/26/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
120480033400	2/15/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	2/26/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
120650018600	2/29/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/11/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
120680021000	2/21/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.88	\$147.32	PROVIDER	3/18/2012
	2/22/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/18/2012
	2/23/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/18/2012
	2/24/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/18/2012
Claim Total						\$1,320.00	\$1,028.78	\$0.00	\$140.00	\$0.00	\$457.24	\$882.76		
120600015300	2/2/2012	Schaefer, Sarah	3292085	Provider is not participating	19	\$570.00	\$433.01	\$0.00	\$35.00	\$0.00	\$171.99	\$396.01	PROVIDER	3/18/2012
	2/6/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	3/18/2012
	2/7/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$126.73	\$261.27	PROVIDER	3/18/2012
	2/12/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	3/18/2012
	2/14/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$126.73	\$261.27	PROVIDER	3/18/2012
	2/16/2012	Schaefer, Sarah	3292085	Provider is not participating	17	\$510.00	\$387.43	\$0.00	\$35.00	\$0.00	\$157.37	\$352.43	PROVIDER	3/18/2012
	2/27/2012	Schaefer, Sarah	3292085	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/18/2012
	2/28/2012	Schaefer, Sarah	3292085	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/18/2012
Claim Total						\$3,660.00	\$2,734.48	\$0.00	\$350.00	\$0.00	\$1,215.24	\$2,444.76		



Member History Report
Service Date(s): 1/1/2012 to 12/20/2012

Claim ID	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Svcs	Billed Amount	Allowed Amount	Deductible: Patient Responsibility	Copay: Patient Responsibility	Coinsurance: Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
Claim Total						\$3,480.00	\$2,645.64	\$0.00	\$280.00	\$0.00	\$1,116.36	\$2,363.64	PROVIDER	3/18/2012
120690031500	3/7/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/18/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/25/2012
120750018100	3/14/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/25/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	3/25/2012
120870000100	3/21/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96	PROVIDER	4/1/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96	PROVIDER	4/1/2012
127057084300	3/21/2012	Shan, Rupa K.	3055671	Network Std Fee Sched	2	\$174.00	\$126.26	\$0.00	\$35.00	\$0.00	\$35.00	\$91.26	PROVIDER	4/1/2012
Claim Total						\$174.00	\$126.26	\$0.00	\$35.00	\$0.00	\$35.00	\$91.26	PROVIDER	4/8/2012
120940000200	3/1/2012	Schaefer, Sarah	3292085	Provider is not participating	16	\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.36	\$329.64	PROVIDER	4/8/2012
Claim Total						\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.36	\$329.64	PROVIDER	4/8/2012
3/2/2012		Schaefer, Sarah	3292085	Provider is not participating	4	\$120.00	\$91.16	\$0.00	\$35.00	\$0.00	\$63.84	\$56.16	PROVIDER	4/8/2012
3/5/2012		Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/8/2012
3/6/2012		Schaefer, Sarah	3292085	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	4/8/2012
3/8/2012		Schaefer, Sarah	3292085	Provider is not participating	19	\$570.00	\$433.01	\$0.00	\$35.00	\$0.00	\$171.99	\$398.01	PROVIDER	4/8/2012
3/12/2012		Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	4/8/2012
3/13/2012		Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/8/2012
3/19/2012		Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/8/2012
3/20/2012		Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/8/2012
3/22/2012		Schaefer, Sarah	3292085	Provider is not participating	17	\$510.00	\$387.43	\$0.00	\$35.00	\$0.00	\$157.57	\$352.43	PROVIDER	4/8/2012
3/23/2012		Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/8/2012
3/24/2012		Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/8/2012
Claim Total						\$4,800.00	\$3,645.40	\$0.00	\$420.00	\$0.00	\$1,573.60	\$3,226.40	PROVIDER	4/29/2012
120970029500	4/4/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/29/2012
Claim Total						\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	4/29/2012
121160000700	4/18/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	4/29/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	4/29/2012



Member History Report

Service Date(s): 1/1/2012 to 12/20/2012

Claim ID	Date of Service	Provider Name	Provider ID	Explanation of Service	Units of Service	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
121160000700	4/20/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	4/29/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$248.04	\$476.96	PROVIDER	5/6/2012
121800003900	4/25/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	5/6/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	5/6/2012
121600003900	4/2/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/3/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	5/13/2012
	4/5/2012	Schaefer, Sarah	3292085	Provider is not participating	17	\$510.00	\$387.43	\$0.00	\$35.00	\$0.00	\$157.57	\$352.43	PROVIDER	5/13/2012
	4/9/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/10/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/12/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/16/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/17/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/23/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/24/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	5/13/2012
	4/26/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	5/13/2012
	4/30/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	5/13/2012
Claim Total						\$4,890.00	\$3,714.77	\$0.00	\$420.00	\$0.00	\$1,595.23	\$3,294.77	PROVIDER	5/27/2012
121300004300	5/2/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	5/27/2012
	5/4/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	5/27/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$248.04	\$476.96	PROVIDER	5/27/2012
121370005600	5/9/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	5/27/2012
	5/11/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	5/27/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$248.04	\$476.96	PROVIDER	5/27/2012
121600010500	5/16/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	6/3/2012
	5/18/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	6/3/2012
	5/23/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	6/3/2012
Claim Total						\$1,140.00	\$866.02	\$0.00	\$105.00	\$0.00	\$376.98	\$761.02	PROVIDER	6/3/2012



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Claim ID	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Svcs	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
121570000500	5/30/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.46	PROVIDER	6/10/2012
	6/1/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.46	PROVIDER	6/10/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		
121570000700	5/1/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	6/10/2012
	5/3/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	6/10/2012
	5/7/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	6/10/2012
	5/8/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	6/10/2012
	5/15/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	6/10/2012
	5/17/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	6/10/2012
	5/21/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	6/10/2012
	5/22/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	6/10/2012
	5/29/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	6/10/2012
	5/31/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	6/10/2012
Claim Total						\$4,200.00	\$3,190.60	\$0.00	\$350.00	\$0.00	\$1,359.40	\$2,840.60		
121660009900	4/19/2012	Larsson, Eric	3339308	After review, service denied (prov w/o Per clinical edit, exceeds daily freq	1	\$889.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		6/17/2012
					6	\$1,600.00	\$236.08	\$0.00	\$35.00	\$40.22	\$75.22	\$160.66	PROVIDER	6/17/2012
Claim Total						\$2,489.60	\$236.08	\$0.00	\$35.00	\$40.22	\$75.22	\$160.66		
121700000900	6/6/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.46	PROVIDER	6/24/2012
	6/13/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.46	PROVIDER	6/24/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		
121710015300	6/15/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	16	\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.96	\$329.64	PROVIDER	6/24/2012
Claim Total						\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.96	\$329.64		
127113466900	6/8/2012	Fischer, Jenny	3340989	Provider not eligible	12	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		7/1/2012
Claim Total						\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		
127121481300	6/20/2012	Shah, Rupa K.	3055671	Network Std Fee Sched	1	\$318.00	\$248.88	\$0.00	\$35.00	\$0.00	\$35.00	\$213.88	PROVIDER	7/1/2012
Claim Total						\$318.00	\$248.88	\$0.00	\$35.00	\$0.00	\$35.00	\$213.88		



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Claim ID	Date of Service	Provider Name	Provider ID	Explanation of Svc	Units of Svc	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
121910002400	6/4/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/5/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/7/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/11/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/12/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/14/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/18/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/19/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	7/15/2012
	6/21/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/25/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	7/15/2012
	6/26/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
	6/28/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	7/15/2012
Claim Total						\$5,040.00	\$3,828.72	\$0.00	\$420.00	\$0.00	\$1,631.28	\$3,408.72		
121910002700	6/27/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	16	\$480.00	\$364.64	\$0.00	\$35.00	\$0.00	\$150.36	\$329.64	PROVIDER	7/15/2012
	6/29/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	7/15/2012
Claim Total						\$840.00	\$638.12	\$0.00	\$70.00	\$0.00	\$271.88	\$568.12		
122140006200	7/18/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	4	\$120.00	\$91.16	\$0.00	\$35.00	\$0.00	\$63.84	\$66.16	PROVIDER	8/5/2012
	7/2/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$120.00	\$91.16	\$0.00	\$35.00	\$0.00	\$63.84	\$66.16	PROVIDER	8/5/2012
	7/3/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	8/5/2012
	7/5/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	8/5/2012
	7/9/2012	Schaefer, Sarah	3292085	Provider is not participating	15	\$450.00	\$341.85	\$0.00	\$35.00	\$0.00	\$143.15	\$306.85	PROVIDER	8/5/2012
	7/12/2012	Schaefer, Sarah	3292085	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	8/5/2012
	7/16/2012	Schaefer, Sarah	3292085	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	8/5/2012
	7/17/2012	Schaefer, Sarah	3292085	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	8/5/2012
	7/19/2012	Schaefer, Sarah	3292085	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	8/5/2012
	7/23/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	8/5/2012



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Claim ID	Provider Name	Date of Service	Provider ID	Explanation Description	Units of Service	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Collisurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
12214006200	Schaefer, Sarah	7/24/2012	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	8/5/2012
	Schaefer, Sarah	7/26/2012	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	8/5/2012
	Schaefer, Sarah	7/30/2012	3292085	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	8/5/2012
	Schaefer, Sarah	7/31/2012	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	8/5/2012
Claim Total						\$4,710.00	\$3,576.03	\$0.00	\$455.00	\$0.00	\$1,886.97	\$8,123.03		
127134303900	Fischer, Jenny	7/9/2012	3340989	Not Assigned	8	\$240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		8/5/2012
	Fischer, Jenny	7/9/2012	3340989	Provider not eligible	4	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		8/5/2012
Claim Total						\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		
122200002000	MillerVogl, Joanna L	8/1/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	8/26/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
122260007200	MillerVogl, Joanna L	8/8/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	8/26/2012
	MillerVogl, Joanna L	8/10/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	8/26/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		
122330008400	MillerVogl, Joanna L	8/15/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	8/26/2012
	MillerVogl, Joanna L	8/17/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	8/26/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		
127154058000	Shah, Rupa K.	8/13/2012	3055671	Network Std Fee Sched	1	\$236.00	\$184.14	\$0.00	\$35.00	\$0.00	\$35.00	\$149.14	PROVIDER	8/26/2012
Claim Total						\$236.00	\$184.14	\$0.00	\$35.00	\$0.00	\$35.00	\$149.14		
127156326400	Fischer, Jenny	8/15/2012	3340989	Provider not eligible	12	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		8/26/2012
Claim Total						\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		
122410003300	MillerVogl, Joanna L	8/22/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	9/2/2012
	MillerVogl, Joanna L	8/24/2012	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	9/2/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		
122480004900	Schaefer, Sarah	8/2/2012	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$126.73	\$261.27	PROVIDER	9/9/2012
	Schaefer, Sarah	8/6/2012	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	9/9/2012
	Schaefer, Sarah	8/7/2012	3292085	Provider is not participating	7	\$210.00	\$159.53	\$0.00	\$35.00	\$0.00	\$85.47	\$124.53	PROVIDER	9/9/2012
	Schaefer, Sarah	8/9/2012	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$126.73	\$261.27	PROVIDER	9/9/2012
Claim Total						\$1,410.00	\$1,071.13	\$0.00	\$140.00	\$0.00	\$478.87	\$973.26		



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Claim ID	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Service	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To Provider	Payment Date
122480004900	8/13/2012	Schaefer, Sarah	3292085	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	9/9/2012
	8/14/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	9/9/2012
	8/15/2012	Schaefer, Sarah	3292085	Provider is not participating	6	\$180.00	\$136.74	\$0.00	\$35.00	\$0.00	\$78.26	\$101.74	PROVIDER	9/9/2012
	8/16/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	9/9/2012
	8/21/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	9/9/2012
	8/23/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	9/9/2012
	8/27/2012	Schaefer, Sarah	3292085	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	9/9/2012
	8/28/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	9/9/2012
	8/30/2012	Schaefer, Sarah	3292085	Provider is not participating	13	\$390.00	\$296.27	\$0.00	\$35.00	\$0.00	\$128.73	\$261.27	PROVIDER	9/9/2012
Claim Total						\$4,620.00	\$3,509.66	\$0.00	\$455.00	\$0.00	\$1,665.84	\$3,064.66	PROVIDER	9/16/2012
122560000100	8/29/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	4	\$120.00	\$91.16	\$0.00	\$35.00	\$0.00	\$63.84	\$56.16	PROVIDER	9/16/2012
	9/7/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	9/16/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$70.00	\$0.00	\$156.52	\$203.48	PROVIDER	9/30/2012
122700000100	9/12/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	9/30/2012
	9/19/2012	Miller Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	9/30/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96	PROVIDER	10/7/2012
122750000700	9/4/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/6/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/10/2012	Schaefer, Sarah	3292085	Provider is not participating	10	\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90	PROVIDER	10/7/2012
	9/11/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/13/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/17/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/18/2012	Schaefer, Sarah	3292085	Provider is not participating	10	\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90	PROVIDER	10/7/2012
	9/19/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/20/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/24/2012	Schaefer, Sarah	3292085	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
	9/25/2012	Schaefer, Sarah	3292085	Provider is not participating	10	\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90	PROVIDER	10/7/2012



Member History Report
Service Date(s): 1/1/2012 to 12/20/2012

Claim ID	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Service	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Co-pay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To Provider	Payment Date
122750008700	9/27/2012	Schaefer, Sarah	3292065	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
Claim Total						\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/7/2012
127181314900	9/19/2012	Fischer, Jenny	3242677	Provider not eligible	12	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		10/7/2012
Claim Total						\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$0.00		10/7/2012
122920044500	9/26/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	10/21/2012
10/5/2012	MillerVogl, Joanna L.	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	10/21/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		10/28/2012
122890022100	10/1/2012	Schaefer, Sarah	3292065	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/28/2012
10/2/2012	Schaefer, Sarah	3292065	3292065	Provider is not participating	9	\$270.00	\$205.11	\$0.00	\$35.00	\$0.00	\$99.89	\$170.11	PROVIDER	10/28/2012
10/8/2012	Schaefer, Sarah	3292065	3292065	Provider is not participating	4	\$120.00	\$91.16	\$0.00	\$35.00	\$0.00	\$66.84	\$56.16	PROVIDER	10/28/2012
Claim Total						\$660.00	\$501.38	\$0.00	\$105.00	\$0.00	\$263.62	\$396.38		10/28/2012
122990011000	10/16/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	4	\$120.00	\$91.16	\$0.00	\$35.00	\$0.00	\$63.84	\$56.16	PROVIDER	10/28/2012
10/17/2012	MillerVogl, Joanna L.	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	10/28/2012
Claim Total						\$480.00	\$384.64	\$0.00	\$70.00	\$0.00	\$185.36	\$294.64		11/11/2012
123110012200	10/16/2012	Fischer, Jenny	3340989	Provider not eligible	16	\$480.00	\$0.00	\$0.00	\$0.00	\$0.00	\$480.00	\$0.00		11/11/2012
Claim Total						\$480.00	\$0.00	\$0.00	\$0.00	\$0.00	\$480.00	\$0.00		11/11/2012
123110012500	10/24/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	11/11/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	11/11/2012
123110032600	10/31/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	11/11/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	11/11/2012
123110082800	11/2/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	12/2/2012
Claim Total						\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.68	\$147.32	PROVIDER	12/2/2012
123170024100	11/7/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	12/2/2012
11/9/2012	MillerVogl, Joanna L.	3292493	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	12/2/2012
Claim Total						\$720.00	\$546.96	\$0.00	\$70.00	\$0.00	\$243.04	\$476.96		12/2/2012
123260009200	11/14/2012	MillerVogl, Joanna L.	3292493	Provider is not participating	14	\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	12/2/2012
Claim Total						\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$135.94	\$284.06	PROVIDER	12/2/2012



Member History Report
Service Date(s): 1/1/2012 to 12/20/2012

Claim ID	Date of Service	Provider Name	Provider ID	Explanation Description	Units of Svcs	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Coinsurance Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
Claim Total						\$420.00	\$319.06	\$0.00	\$35.00	\$0.00	\$35.94	\$284.06		12/2/2012
123340001300	11/14/2012	Fischer, Jenny	3242677	Provider not eligible	14	\$420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	PROVIDER	12/2/2012
Claim Total						\$420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
127216365000	11/12/2012	Carter, Leslie E.	3097328	Provider is not participating	1	\$240.00	\$236.06	\$0.00	\$35.00	\$40.22	\$79.14	\$160.86	PROVIDER	12/2/2012
Claim Total						\$240.00	\$236.06	\$0.00	\$35.00	\$40.22	\$79.14	\$160.86		
127217436800	11/20/2012	Carter, Leslie E.	3097328	Provider is not participating	1	\$247.50	\$202.12	\$0.00	\$35.00	\$33.42	\$113.80	\$133.70	PROVIDER	12/2/2012
Claim Total						\$247.50	\$202.12	\$0.00	\$35.00	\$33.42	\$113.80	\$133.70		
123360000100	11/21/2012	Miller-Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	12/9/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
123360040900	11/29/2012	Miller-Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	12/9/2012
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
127230071400	12/3/2012	Hoyt, Emily	3293290	Manual fee calculation	8	\$600.00	\$456.80	\$0.00	\$70.00	\$0.00	\$214.20	\$385.60	PROVIDER	12/30/2012
Claim Total						\$600.00	\$456.80	\$0.00	\$70.00	\$0.00	\$214.20	\$385.60		
127252001400	12/5/2012	Hoyt, Emily	3293290	Manual fee calculation	12	\$360.00	\$360.00	\$0.00	\$35.00	\$0.00	\$35.00	\$325.00	PROVIDER	12/30/2012
Claim Total						\$360.00	\$360.00	\$0.00	\$35.00	\$0.00	\$35.00	\$325.00		
123520000400	12/6/2012	Miller-Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$960.00	\$0.00	\$105.00	\$0.00	\$105.00	\$855.00	PROVIDER	1/6/2013
Claim Total						\$360.00	\$960.00	\$0.00	\$105.00	\$0.00	\$105.00	\$855.00		
123520042200	12/13/2012	Miller-Vogl, Joanna L.	3292493	Provider is not participating	12	\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48	PROVIDER	1/6/2013
Claim Total						\$360.00	\$273.48	\$0.00	\$35.00	\$0.00	\$121.52	\$238.48		
127227363700	12/3/2012	Shah, Rupa K.	3055671	Network Std Fee Sched	1	\$236.00	\$195.65	\$0.00	\$35.00	\$0.00	\$35.00	\$160.65	PROVIDER	1/6/2013
Claim Total						\$236.00	\$195.65	\$0.00	\$35.00	\$0.00	\$35.00	\$160.65		
130020013300	12/20/2012	Miller-Vogl, Joanna L.	3292493	Provider is not participating	10	\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90	PROVIDER	1/6/2013
Claim Total						\$300.00	\$227.90	\$0.00	\$35.00	\$0.00	\$107.10	\$192.90		
127217436800	12/21/2012	Miller-Vogl, Joanna L.	3292493	Provider is not participating	8	\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.66	\$147.32	PROVIDER	1/6/2013
Claim Total						\$240.00	\$182.32	\$0.00	\$35.00	\$0.00	\$92.66	\$147.32		
Claim Total						\$540.00	\$410.22	\$0.00	\$70.00	\$0.00	\$199.76	\$340.22		



Member History Report

Service Date(s): 1/1/2012 to 12/20/2012

Claim ID	Provider Service Name	Date of Service	Provider ID	Explanation of Services	Units of Services	Billed Amount	Allowed Amount	Deductible Patient Responsibility	Copay Patient Responsibility	Collateral Patient Responsibility	Total Patient Responsibility	Claim Total Payable	Paid To	Payment Date
137007570100	Hoyt, Emily	12/19/2012	3293290	Provider not eligible	3	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		1/20/2013
	Hoyt, Emily	12/27/2012	3293290	Not Assigned	3	\$360.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		1/20/2013
Claim Total						\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$720.00	\$0.00		
137007570101	Hoyt, Emily	12/19/2012	3293290	Manual fee calculation	0	\$0.00	\$360.00	\$0.00	\$35.00	\$0.00	(\$685.00)	\$325.00	PROVIDER	2/10/2013
	Hoyt, Emily	12/27/2012	3293290	Manual fee calculation	0	\$0.00	\$360.00	\$0.00	\$35.00	\$0.00	\$35.00	\$325.00	PROVIDER	2/10/2013
Claim Total						\$0.00	\$720.00	\$0.00	\$70.00	\$0.00	(\$650.00)	\$650.00		
123110012201	Fischer, Jenny	10/16/2012	3340989	Provider is not participating	0	\$0.00	\$364.64	\$0.00	\$35.00	\$65.93	(\$263.71)	\$263.71	PROVIDER	2/17/2013
Claim Total						\$0.00	\$364.64	\$0.00	\$35.00	\$65.93	(\$263.71)	\$263.71		
12340001301	Fischer, Jenny	11/14/2012	3242677	Provider is not participating	0	\$0.00	\$319.06	\$0.00	\$35.00	\$56.81	(\$227.25)	\$227.25	PROVIDER	2/17/2013
Claim Total						\$0.00	\$319.06	\$0.00	\$35.00	\$56.81	(\$227.25)	\$227.25		
127113466901	Fischer, Jenny	6/8/2012	3340989	Provider is not participating	0	\$0.00	\$297.12	\$0.00	\$35.00	\$52.42	(\$209.70)	\$209.70	PROVIDER	2/17/2013
Claim Total						\$0.00	\$297.12	\$0.00	\$35.00	\$52.42	(\$209.70)	\$209.70		
127134303901	Fischer, Jenny	7/9/2012	3340989	Provider is not participating	0	\$0.00	\$281.36	\$0.00	\$35.00	\$49.28	(\$197.08)	\$197.08	PROVIDER	2/17/2013
Claim Total						\$0.00	\$281.36	\$0.00	\$35.00	\$49.28	(\$197.08)	\$197.08		
127156326401	Fischer, Jenny	8/15/2012	3340989	Provider is not participating	0	\$0.00	\$279.48	\$0.00	\$35.00	\$47.70	(\$190.78)	\$190.78	PROVIDER	2/17/2013
Claim Total						\$0.00	\$279.48	\$0.00	\$35.00	\$47.70	(\$190.78)	\$190.78		
127181514901	Fischer, Jenny	9/19/2012	3242677	Provider is not participating	0	\$0.00	\$273.48	\$0.00	\$35.00	\$47.70	(\$190.78)	\$190.78	PROVIDER	2/17/2013
Claim Total						\$0.00	\$273.48	\$0.00	\$35.00	\$47.70	(\$190.78)	\$190.78		
Grand Total:						\$72,951.10	\$54,264.43	\$0.00	\$6,825.00	\$448.97	\$23,445.33	\$46,980.46		



Member History Report
Service Date(s): 1/1/2012 to 12/20/2012

Member History Summary - Paid/Denied Claims

Script History For:	DOB:	Member:	Month/Year Paid	Billed Amount	Allowed Amount	Deductible Amount	Patient Responsibility	Paid Amount
			2/2012	\$9,410.00	\$7,139.00	\$0.00	\$3,093.55	\$6,283.73
			3/2012	\$6,240.00	\$4,740.32	\$0.00	\$2,059.68	\$4,180.32
			4/2012	\$6,804.00	\$5,162.85	\$0.00	\$2,223.41	\$4,532.85
			5/2012	\$6,690.00	\$5,082.17	\$0.00	\$2,202.83	\$4,487.17
			6/2012	\$9,749.60	\$5,751.26	\$0.00	\$2,450.04	\$5,046.04
			7/2012	\$6,558.00	\$4,715.72	\$0.00	\$2,298.16	\$4,190.72
			8/2012	\$7,586.00	\$5,220.73	\$0.00	\$3,013.41	\$4,520.73
			9/2012	\$6,420.00	\$4,877.06	\$0.00	\$2,207.94	\$4,212.06
			10/2012	\$5,550.00	\$3,942.67	\$0.00	\$2,272.33	\$3,277.67
			11/2012	\$1,200.00	\$546.96	\$0.00	\$723.04	\$476.96
			12/2012	\$4,207.50	\$3,175.82	\$0.00	\$1,525.32	\$2,682.18
			1/2013	\$2,516.00	\$1,380.73	\$0.00	\$1,304.92	\$1,170.73
			2/2013	\$0.00	\$2,529.14	\$0.00	(\$1,929.30)	\$1,929.30
Total Amounts:				\$72,931.10	\$54,264.43	\$0.00	\$23,445.33	\$46,990.46



Member History Report

Service Date(s): 1/1/2012 to 12/20/2012

Report Parameters:	Parameter Values:
Claim Status	Paid/Denied Claims Only
Member Script History Pharmacy Report	No
Member Pharmacy History Report	Yes
Member History Claims Report - CPT & Dx Codes	No
Member History Claims Report - Detail	Yes
History Summary Report	Yes
Member Number	[REDACTED]
Service Date Start	[REDACTED]
Service Date End	[REDACTED]
Claim Number	~All
Claim Type	Both