

Claim Number: [REDACTED]

Received: 02/09/26

Lab: LABORATORY CORPORATION OF (In your plan)

Going to this lab uses in-network benefits. That's your best value.

You pay \$74.46.
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Lab charges	Your discounts	Due to your lab (max allowed)	Wellpoint paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
				-	=	-	+	+	+	+	
01/12/26	Laboratory	066	24.00	18.64	5.36	0.00	0.00	5.36	0.00	0.00	=5.36
01/12/26	Laboratory	066	33.00	25.71	7.29	0.00	0.00	7.29	0.00	0.00	=7.29
01/12/26	Laboratory	066	63.00	50.31	12.69	12.69	0.00	0.00	0.00	0.00	=0.00
01/12/26	Laboratory	066	63.00	50.31	12.69	12.69	0.00	0.00	0.00	0.00	=0.00
01/12/26	Laboratory	066	87.00	71.66	15.34	0.00	0.00	15.34	0.00	0.00	=15.34
01/12/26	Laboratory	066	91.26	73.45	17.81	0.00	0.00	17.81	0.00	0.00	=17.81
01/12/26	Laboratory	066	83.00	70.64	12.36	0.00	0.00	12.36	0.00	0.00	=12.36
01/12/26	Laboratory	066	17.00	12.54	4.46	0.00	0.00	4.46	0.00	0.00	=4.46
01/12/26	Laboratory	066	42.00	32.60	9.40	0.00	0.00	9.40	0.00	0.00	=9.40
01/12/26	Venipuncture	066	10.00	7.56	2.44	0.00	0.00	2.44	0.00	0.00	=2.44
Totals:			513.26	413.42	99.84	25.38	0.00	74.46	0.00	0.00	=\$74.46

What They Paid for

What they did not pay

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.