**Account Summary**

Lists your account information with details like the patient’s name, date/s, and claim number.

**Claim Details**

A list of the dates we provided the service and a description of the service.

**Amounts**

- **Amount billed**: Cost of the services provided
- **Allowed amount**: The amount your insurance has agreed to pay per their contract with the provider/facility, this reflects any money you saved by accessing care or medical products from within your plan’s network of providers. This can usually be seen in section 4 as well.
- **Amount not covered**: What costs your health plan did not cover
- **Copayment/Deductible/Coinsurance amounts**: What you are responsible to pay toward these service, according to your plan.
- **Reason Code**: Describes the type of payment made or a reason for a denial.

**Amount of Responsibility**

You may be responsible to pay a portion of the charges/service costs to the provider or facility. This may include copay, coinsurance, deductible or non-covered charges.