

# Blue Ridge Sans Mono



Blue Ridge Sans Mono Regular

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Blue Ridge Sans Mono Bold

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Proportional Regular

Visit [BlueCrossNC.com/Paperless](#) to enroll and learn about digital access to your claims, benefit booklet, and more. Blue Cross and Blue Shield of North Carolina  
PO Box 2291 Durham, NC 27703-2291 Forwarding Service Requested

This explanation of benefits (EOB) is not a bill. It shows what your provider charged, what Blue Cross NC paid, and what you may still owe. Log in at [Member.BCBSNC.com](#) for information about progress toward your deductible and out-of-pocket maximum.

Reason codes used in claim decisions

CDD – Claim service denied. Our records indicate that this claim service is a duplicate to either a previously finalized claim/service or a claim/service currently in review. E32 – Claim has been adjusted. The amounts in this adjusted claim are not reflected in the Overview Section on page 1 X83 – Service denied. Code intended for informational use only and does not warrant separate reimbursement. WV9 – Service denied. Code intended for informational use only and does not warrant separate reimbursement. I1120 – This is not a real code but is designed to show how the mono font will handle this scenario.

**Additional information**  
Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.

Blue Cross NC provides administrative services only for this plan. Your plan sponsor retains sole responsibility for funding the claim payments.

Monospace Regular

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Subscriber details

Name [Member name]	Plan [Plan Name]	Group number 14159324
Subscriber ID YHI10420434800	Group name [Group name]	Date September 15, 2026

# Your claims summary

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TOTAL BILLED  
\$552.00



TOTAL WE PAID  
\$0.00



TOTAL YOU MAY OWE<sup>1</sup>  
\$230.00

## Claim details

Provider	[Provider Name]		Date of service	September 10, 2027		Claim number 35104A769200	
Patient	[Member Name]						
Type of service	Billed	Allowed	We paid	Deductible	Coinsurance	Copay	Not covered
Laboratory/ Pathology (87086)	\$37.50	\$7.50	\$0.00	\$7.05	\$0.00	\$0.00	\$0.00
Office visit (#####)	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	
Total billed	\$ 37.50		You may owe <sup>1</sup>		\$7.05		

<sup>1</sup> Amount you may owe may not reflect recent payments you've made.  
<sup>2</sup> Refer to reason code definitions at the end of this EOB.

## Claim details continued

Provider	[Provider Name]		Date of service	September 10, 2027		Claim number 35104A769200	
Patient	[Member Name]						
Type of service	Billed	Allowed	We paid	Deductible	Coinsurance	Copay	Not covered
Office Visits (99213)	\$350.00	\$230.00	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00
Radiology (73562LT)	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Diagnostic Services (9392259)	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130.00
Office visit (#####)	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$130.00
Total billed	\$682.00		You may owe <sup>1</sup>		\$130.00		

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### Questions? Contact us

Send a message:  
[BlueCrossNC.com](#)  
Customer service / Servicio al cliente: 877-258-3334  
Available Monday to Friday (Lunes a Viernes) from 8 AM to 7 PM

TTY/TDD:  
800-442-7028

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