



Blue Cross and Blue Shield of North Carolina
PO Box 2291
Durham, NC 27703-2291
Forwarding Service Requested



Go paperless

Visit BlueCrossNC.com/Paperless to enroll and learn about digital access to your claims, benefit booklet, and more.

Joe Member
50150 Ilona Parkway
Lizard Lick, NC 27591

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

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.



TOTAL BILLED

\$552.00



TOTAL WE PAID

\$0.00



TOTAL YOU MAY OWE¹

\$230.00

Claim details

Provider **[Provider Name]**

Patient **[Member Name]** Date of service September 10, 2027 Claim number 35104A769200

Type of service	Billed	Allowed	We paid	Deductible	Coinsurance	Copay	Not covered	Reason code ²
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 owe¹ **\$7.05**

¹Amount you may owe may not reflect recent payments you've made.

²Refer to reason code definitions at the end of this EOB.

Claim details continued

Provider [Provider Name]
Patient [Member Name] Date of service September 10, 2027 Claim number 35104A769200

Type of service	Billed	Allowed	We paid	Deductible	Coinsurance	Copay	Not covered	Reason code ²
Office Visits (99213)	\$350.00	\$230.00	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	CDD E32
Radiology (73562LT)	\$202.00	\$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	X83
Office visit (#####)	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX		
Total billed	\$682.00			You may owe ¹			\$130.00	

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.

Questions? Contact us

Log in to 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