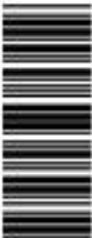


05/20/2005



Kaiser Foundation Health Plan, Northwest
500 NE Multnomah St, Suite 100
Portland OR 97232-2099

EXPLANATION OF PAYMENT



000006-0002-000012 KNP2 0520051
ANYNAME VENDOR
36 ANYWHERE AVE
PORTLAND OR 55555

Page 1 of 1
Check No 478
Check Date 05/20/2005
Check Amount \$154.00
Vendor ID 539825277000003

Service Dates From	To	Service	Billed Amount	Other Insurance Amount	Allowed Amount	Not Deductible/ Covered Amount	Inpatient Copay	Copay/ Coinsurance	Plan Pays	Remark Code
Insured JOHN DOE			Provider JOHN DOE, MD			Provider ID 112986				
Patient JOHN DOE			Patient Account # BEL38000			Patient ID 12345678-00		Claim # 651100007650		
03/02/05	03/02/05	98940	40.00	0.00	40.00	0.00	0.00	5.00	35.00	PA001 BC002
03/02/05	03/02/05	97140	30.00	0.00	27.00	0.00	0.00	0.00	27.00	PA001
03/02/05	03/02/05	97035	15.00	0.00	15.00	0.00	0.00	0.00	15.00	PA001
03/04/05	03/04/05	98940	40.00	0.00	40.00	0.00	0.00	5.00	35.00	PA001 BC002
03/04/05	03/04/05	97140	30.00	0.00	27.00	0.00	0.00	0.00	27.00	PA001
03/04/05	03/04/05	97035	15.00	0.00	15.00	0.00	0.00	0.00	15.00	PA001
Claim Total			170.00	0.00	164.00	0.00	0.00	10.00	154.00	

Total Paid To Provider by the Plan 154.00

Remarks:
PA001 ALLOWED AMOUNT
BC002 MEMBER RESPONSIBLE, SPECIALIST COPAY