



**BlueCross BlueShield
of Texas**

Group # 021185

Settlement ID:

Processed Date

Period

HIDALGO COUNTY

TX433010006

05/27/2017 to 05/31/2017

SECTION			
0001-0011	HIDALGO COUNTY	\$	250.82
0002-0012	HEAD START	\$	494.19
0003-0013	APPRAISAL DISTRICT	\$	222.06
0004-0014	COMMUNITY SERVICE AGENCY	\$	-
0005-0015	DRAINAGE DISTRICT NO.1	\$	-
0006-0016	RETIREEES	\$	-
9001-9002	COBRA	\$	774.02
	STOP LOSS	\$	-
	TOTAL	\$	1,741.09

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service			Fee			Case Nbr		
																				Date	Gross Amt	Net Amt	Percent	Fee Amt	Nbr			
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	842711216	1932124849	00002017143508981X0X	Family Member	6/1/2016	\$ 161.86	\$ 161.86	0%	\$0.00				
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842698525	1073508545	00002016267508410B0X	Family Subscriber	9/21/2016	\$ 19.36	\$ 19.36	0%	\$0.00				
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842698525	1073508545	00002016267508410B0X	Family Subscriber	9/21/2016	\$ 15.65	\$ 15.65	0%	\$0.00				
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842698525	1073508545	00002016267508410B0X	Family Subscriber	9/21/2016	\$ 20.96	\$ 20.96	0%	\$0.00				
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842698525	1073508545	00002016267508410B0X	Family Subscriber	9/21/2016	\$ 16.68	\$ 16.68	0%	\$0.00				
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842698525	1073508545	00002016267508410B0X	Family Subscriber	9/21/2016	\$ 16.31	\$ 16.31	0%	\$0.00				
																				BASIC PLAN:				\$ 250.82	\$ 250.82			
																				TOTAL:			\$	250.82	\$ 250.82			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvPerFrDt	InvPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	839385554	1053317362	0000201629850F62810X	Single	10/20/2016	\$ 210.09	\$ 210.09	0%	\$0.00	
																				BASIC PLAN:	\$ 210.09	\$ 210.09			
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	833067830	1548549066	00002016337502W6370X	Family Member	11/28/2016	\$ 284.10	\$ 284.10	0%	\$0.00	
																				BUY-UP PLAN:	\$ 284.10	\$ 284.10			
																				TOTAL:	\$ 494.19	\$ 494.19			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvPerFrDt	InvPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr																			
HIDALGO COUNTY																																												
21185	TX1	618139	700568	5/27/2017	6/2/2017	5/27/2017	5/31/2017	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Cross	Basic Coverage	822555485	1831520360	0000201707450629V00X	Single	11/7/2016	\$ 774.02	\$ 774.02	0%	\$0.00																				
																					BASIC PLAN:			\$ 774.02	\$ 774.02																			
																					TOTAL:			\$ 774.02	\$ 774.02																			