



**BlueCross BlueShield  
of Texas**

**Group # 021185**  
**Settlement ID:**  
**Processed Date**  
**Period**

**HIDALGO COUNTY**  
**TX433010006**  
  
**08/26/2017 to 08/31/2017**

<b>SECTION</b>			
0001-0011	<b>HIDALGO COUNTY</b>	<b>\$</b>	<b>(74.49)</b>
0002-0012	<b>HEAD START</b>	<b>\$</b>	<b>635.96</b>
0003-0013	<b>APPRAISAL DISTRICT</b>	<b>\$</b>	<b>-</b>
0004-0014	<b>COMMUNITY SERVICE AGENCY</b>	<b>\$</b>	<b>-</b>
0005-0015	<b>DRAINAGE DISTRICT NO.1</b>	<b>\$</b>	<b>-</b>
0006-0016	<b>RETIREEES</b>	<b>\$</b>	<b>-</b>
9001-9002	<b>COBRA</b>	<b>\$</b>	<b>-</b>
	<b>STOP LOSS</b>	<b>\$</b>	<b>-</b>
	<b>TOTAL</b>	<b>\$</b>	<b>561.47</b>



Account	Entity	Corporate Profile	Invoice Number	Invoice InvcPerFrDt	Invoice 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 Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr												
21185	TX1	618139	723785	8/26/2017	8/31/2017	8/26/2017	8/31/2017	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	843598214	1275745150	0000201720859J06830X	Family Member	10/16/2014	\$ 635.96	\$ 635.96	0%	\$0.00													
																					<b>BUY-UP PLAN:</b>		\$	<b>635.96</b>	\$	<b>635.96</b>											
																					<b>TOTAL:</b>		\$	<b>635.96</b>	\$	<b>635.96</b>											\$0.00