

**SUKI ELEUTERIO (POLICY HOLDER)**

Service Date: 10/09/2017 - 10/09/2017

Claim Number: Q100000629193016  
Member Number: XJBH80088760 10/19/2017  
Claim Type: Medical  
Claim Status: Processed on  
Diagnosis Code: Z3141  
Description: Fertility testing  
Provider Name: UNILAB OF DADE  
• This Provider is not ratable.

Total Billed: \$303.68  
Member Discount: \$255.64  
Florida Blue Paid: \$28.82  
Member Responsibility \$274.86

**Services Under This Claim**

On 10/09/2017 -10/09/2017 there was a **ASSAY OF ARSENIC** (82175) performed by UNILAB OF DADE

Provider Billed	\$92.60
Member Discount	-\$79.59
Net Amount Charged	\$13.01
Florida Blue Paid	\$7.81
<b>Member Responsibility</b>	<b>\$84.79</b>

On 10/09/2017 -10/09/2017 there was a **ASSAY OF PROGESTERONE** (83498) performed by UNILAB OF DADE

Provider Billed	\$132.58
Member Discount	-\$113.94
Net Amount Charged	\$18.64
Florida Blue Paid	\$11.18
<b>Member Responsibility</b>	<b>\$121.40</b>

On 10/09/2017 -10/09/2017 there was a **ASSAY OF MERCURY** (83825) performed by UNILAB OF DADE

Provider Billed	\$28.50
Member Discount	-\$17.35
Net Amount Charged	\$11.15

Florida Blue Paid  
**Member Responsibility**

\$6.69  
**\$21.81**

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On 10/09/2017 -10/09/2017 there was a **ASSAY RBC PROTOPORPHYRIN** (84202) performed by UNILAB OF DADE

Provider Billed	\$50.00
Member Discount	-\$44.76
Net Amount Charged	\$5.24
Florida Blue Paid	\$3.14
<b>Member Responsibility</b>	<b>\$46.86</b>

MEM MBS 068 072012