



PAID CLAIMS/EXPENSES SUMMARY
Product/Sub Group-8 Digit

INVOICE NUMBER: 230711585895
 BILL ACCOUNT NUMBER: CN02401002
 BILL ACCOUNT NAME: Admiral Peary
 CLIENT NUMBER: 0240
 CLIENT NAME: Admiral Peary

PAGE: 1 of 3
 PAID CLAIMS MONTH: July 2023
 CLAIMS PAID THRU: 07/07/2023
 BILL CYCLE: 1 of 4
 PREPARED DATE: 07/11/2023

Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
Drug					
014267-01	\$36.93	\$0.00	\$0.00	\$0.00	\$36.93
014267-03	\$7,084.58	\$0.00	\$0.00	\$0.00	\$7,084.58
014267-05	\$21,512.71	\$0.00	\$0.00	\$0.00	\$21,512.71
014267-06	\$1,477.91	\$0.00	\$0.00	\$0.00	\$1,477.91
014267-07	\$1,530.45	\$0.00	\$0.00	\$0.00	\$1,530.45
014267-08	\$955.33	\$0.00	\$0.00	\$0.00	\$955.33
014267-12	\$714.81	\$0.00	\$0.00	\$0.00	\$714.81
014267-13	(\$240.46)	\$0.00	\$0.00	\$0.00	(\$240.46)
014267-15	\$1,444.79	\$0.00	\$0.00	\$0.00	\$1,444.79
014267-19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
014267-34	(\$27.44)	\$0.00	\$0.00	\$0.00	(\$27.44)
014267-36	(\$795.18)	\$0.00	\$0.00	\$0.00	(\$795.18)
014267-37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
014267- Total	\$33,694.43	\$0.00	\$0.00	\$0.00	\$33,694.43
Drug Total	\$33,694.43	\$0.00	\$0.00	\$0.00	\$33,694.43
Facility					
053264-01	\$39,591.51	\$0.00	\$0.00	\$0.00	\$39,591.51
053264- Total	\$39,591.51	\$0.00	\$0.00	\$0.00	\$39,591.51
Facility Total	\$39,591.51	\$0.00	\$0.00	\$0.00	\$39,591.51
HDHP PPO					
014267-54	\$18,676.08	\$0.00	\$0.00	\$0.00	\$18,676.08
014267- Total	\$18,676.08	\$0.00	\$0.00	\$0.00	\$18,676.08
017697-00	\$8,133.28	\$0.00	\$0.00	\$0.00	\$8,133.28
017697-01	\$4,641.03	\$0.00	\$0.00	\$0.00	\$4,641.03

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Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
017697-10	\$2,522.52	\$0.00	\$0.00	\$0.00	\$2,522.52
017697-70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
017697- Total	\$15,296.83	\$0.00	\$0.00	\$0.00	\$15,296.83
017728-00	\$189.56	\$0.00	\$0.00	\$0.00	\$189.56
017728- Total	\$189.56	\$0.00	\$0.00	\$0.00	\$189.56
104272-02	\$42,291.07	\$0.00	\$0.00	\$0.00	\$42,291.07
104272-09	\$29,632.45	\$0.00	\$0.00	\$0.00	\$29,632.45
104272-12	\$188.90	\$0.00	\$0.00	\$0.00	\$188.90
104272- Total	\$72,112.42	\$0.00	\$0.00	\$0.00	\$72,112.42
HDHP PPO Total	\$106,274.89	\$0.00	\$0.00	\$0.00	\$106,274.89
Major Medical					
053264-01	\$4.80	\$0.00	\$0.00	\$0.00	\$4.80
053264- Total	\$4.80	\$0.00	\$0.00	\$0.00	\$4.80
Major Medical Total	\$4.80	\$0.00	\$0.00	\$0.00	\$4.80
PPO					
014267-01	\$912.70	\$0.00	\$0.00	\$0.00	\$912.70
014267-03	\$22,732.26	\$0.00	\$0.00	\$0.00	\$22,732.26
014267-05	\$21,551.86	\$0.00	\$0.00	\$0.00	\$21,551.86
014267-06	\$1,073.42	\$0.00	\$0.00	\$0.00	\$1,073.42
014267-07	\$9,292.45	\$0.00	\$0.00	\$0.00	\$9,292.45
014267-08	\$19,951.26	\$0.00	\$0.00	\$0.00	\$19,951.26
014267-13	\$697.04	\$0.00	\$0.00	\$0.00	\$697.04
014267-15	\$717.44	\$0.00	\$0.00	\$0.00	\$717.44
014267-26	\$565.29	\$0.00	\$0.00	\$0.00	\$565.29
014267-36	\$4,354.03	\$0.00	\$0.00	\$0.00	\$4,354.03
014267-37	\$863.14	\$0.00	\$0.00	\$0.00	\$863.14
014267- Total	\$82,710.89	\$0.00	\$0.00	\$0.00	\$82,710.89
PPO Total	\$82,710.89	\$0.00	\$0.00	\$0.00	\$82,710.89
Professional					

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Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
053264-01	\$183.66	\$0.00	\$0.00	\$0.00	\$183.66
053264- Total	\$183.66	\$0.00	\$0.00	\$0.00	\$183.66
Professional Total	\$183.66	\$0.00	\$0.00	\$0.00	\$183.66
Paid Claims/Expenses Summary Total					\$262,460.18

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