



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

INVOICE NUMBER: 250729587807
 BILL ACCOUNT NUMBER: CN02401002
 BILL ACCOUNT NAME: Admiral Peary
 CLIENT NUMBER: 0240
 CLIENT NAME: Admiral Peary

PAGE: 1 of 3
 PAID CLAIMS MONTH: July 2025
 CLAIMS PAID THRU: 07/25/2025
 BILL CYCLE: 4 of 4
 PREPARED DATE: 07/29/2025

Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
Drug					
014267-01	\$13.69	\$0.00	\$0.00	\$0.00	\$13.69
014267-03	\$14,177.36	\$0.00	\$0.00	\$0.00	\$14,177.36
014267-05	\$11,033.90	\$0.00	\$0.00	\$0.00	\$11,033.90
014267-06	\$283.99	\$0.00	\$0.00	\$0.00	\$283.99
014267-07	\$1,833.23	\$0.00	\$0.00	\$0.00	\$1,833.23
014267-08	\$2,461.20	\$0.00	\$0.00	\$0.00	\$2,461.20
014267-12	\$958.06	\$0.00	\$0.00	\$0.00	\$958.06
014267-13	\$96.28	\$0.00	\$0.00	\$0.00	\$96.28
014267-15	\$27.14	\$0.00	\$0.00	\$0.00	\$27.14
014267-26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
014267-34	\$6.57	\$0.00	\$0.00	\$0.00	\$6.57
014267-36	\$1,390.80	\$0.00	\$0.00	\$0.00	\$1,390.80
014267-37	\$985.14	\$0.00	\$0.00	\$0.00	\$985.14
014267- Total	\$33,267.36	\$0.00	\$0.00	\$0.00	\$33,267.36
Drug Total	\$33,267.36	\$0.00	\$0.00	\$0.00	\$33,267.36
Facility					
053264-01	\$451.75	\$0.00	\$0.00	\$0.00	\$451.75
053264- Total	\$451.75	\$0.00	\$0.00	\$0.00	\$451.75
Facility Total	\$451.75	\$0.00	\$0.00	\$0.00	\$451.75
HDHP PPO					
014267-54	\$44,496.09	\$0.00	\$0.00	\$1,178.13	\$45,674.22
014267- Total	\$44,496.09	\$0.00	\$0.00	\$1,178.13	\$45,674.22
017697-00	\$29,176.21	\$0.00	\$0.00	\$1,423.39	\$30,599.60
017697-01	\$8,921.86	\$0.00	\$0.00	\$206.68	\$9,128.54

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Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
017697-10	\$0.00	\$0.00	\$0.00	\$17.44	\$17.44
017697- Total	\$38,098.07	\$0.00	\$0.00	\$1,647.51	\$39,745.58
017728-00	\$10,474.43	\$0.00	\$0.00	\$428.65	\$10,903.08
017728- Total	\$10,474.43	\$0.00	\$0.00	\$428.65	\$10,903.08
104272-02	\$40,148.29	\$0.00	\$0.00	\$2,862.19	\$43,010.48
104272-09	\$12,529.32	\$0.00	\$0.00	\$122.40	\$12,651.72
104272-12	\$1,943.75	\$0.00	\$0.00	\$123.23	\$2,066.98
104272-19	\$2,203.68	\$0.00	\$0.00	\$65.33	\$2,269.01
104272- Total	\$56,825.04	\$0.00	\$0.00	\$3,173.15	\$59,998.19
HDHP PPO Total	\$149,893.63	\$0.00	\$0.00	\$6,427.44	\$156,321.07
Major Medical					
053264-01	\$1,587.23	\$0.00	\$0.00	\$0.00	\$1,587.23
053264- Total	\$1,587.23	\$0.00	\$0.00	\$0.00	\$1,587.23
Major Medical Total	\$1,587.23	\$0.00	\$0.00	\$0.00	\$1,587.23
PPO					
014267-01	\$72,440.96	\$0.00	\$0.00	\$170.51	\$72,611.47
014267-03	\$9,276.54	\$0.00	\$0.00	\$2,198.32	\$11,474.86
014267-05	\$9,477.20	\$0.00	\$0.00	\$1,592.96	\$11,070.16
014267-06	\$1,586.65	\$0.00	\$0.00	\$316.83	\$1,903.48
014267-07	\$17,956.96	\$0.00	\$0.00	\$1,137.24	\$19,094.20
014267-08	\$35,195.83	\$0.00	\$0.00	\$649.11	\$35,844.94
014267-12	\$530.98	\$0.00	\$0.00	\$35.88	\$566.86
014267-13	\$640.54	\$0.00	\$0.00	\$105.15	\$745.69
014267-15	\$447.77	\$0.00	\$0.00	\$93.46	\$541.23
014267-19	\$0.00	\$0.00	\$0.00	\$7.78	\$7.78
014267-26	\$439.78	\$0.00	\$0.00	\$59.40	\$499.18
014267-34	\$0.00	\$0.00	\$0.00	\$39.90	\$39.90
014267-36	\$11,374.48	\$0.00	\$0.00	\$470.77	\$11,845.25
014267-37	\$102.73	\$0.00	\$0.00	\$119.76	\$222.49
014267- Total	\$159,470.42	\$0.00	\$0.00	\$6,997.07	\$166,467.49

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Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims /Expenses
PPO Total	\$159,470.42	\$0.00	\$0.00	\$6,997.07	\$166,467.49
Paid Claims/Expenses Summary Total					\$358,094.90

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