Lone Star Health Plan

P.O. Box 90210 · Austin, TX 78709 · Member services (800) 555-0190 · lonestarhealthplan-sample.example

Explanation of Benefits

Processed 09/10/2026 · Claim LSHP-2026-4471902 · Group DISD-0007

THIS IS NOT A BILL

MEMBER

Jordan A. Sample
22 Elmwood Lane
Katy, TX 77034
Member ID: SAMPLE-XJ4471

PATIENT / PROVIDER

Patient: **Jordan A. Sample**
Provider: Houston Regional Medical Center (sample)
Date of service: 08/30/2026

DATE OF SERVICE	SERVICE	PROVIDER	AMOUNT BILLED	PLAN DISCOUNT	PLAN PAID	YOUR RESPONSIBILITY
08/30/2026	Emergency department visit — level 3	Houston Regional Medical Center	$1,240.00	-$540.00	$560.00	$140.00
08/30/2026	Radiology — chest x-ray, 2 views	Houston Regional Medical Center	$180.00	-$96.00	$84.00	$0.00

Amount billed	$1,420.00
Plan discount	-$636.00
Plan paid	$644.00
Deductible applied	$100.00
Coinsurance	$40.00
What you may owe the provider	**$140.00**

This is not a bill. It explains how your plan processed this claim. It shows the patient, provider, date of service, the service, the amount billed, the plan discount and payment, and the amount you may owe. An EOB that contains all of these substantiates an FSA claim on its own.