

# ABC Company

This is an Explanation of Benefits (EOB)  
This is neither a payment, nor a payment advice

Employee Benefit Contact:  
Contact Phone Number:  
Claim Number: 1  
Notification Date: May 10, 2012

Smith, John S.  
123 ABC Way  
Anyplace, NY 11111

ABC Company  
Flex  
Plan Year: December 31, 2012  
Claim ID: 1

Date Incurred	Amount	SSN	Code	Provider	Status	Payments Made	Deductible Applied	Payments Pending	Amount Approved	Amount Denied
05/01/2012	600.00		Physician	Dr. John Smith	5	500.00	0.00	0.00	500.00	100.00

## Status Codes

5) Denied, Exceeds annual election

You may appeal any adverse claim adjudications (if any) by filing a formal, written appeal within 180 days of the date of this notice unless the denial is for insufficient information, in which case you must supply the requested information within 45 days. You may also include written documentation, records, and other information relating to the claim that supports your appeal.

Failure to appeal within the specified time will be considered a failure to exhaust all administrative remedies under the Plan. Additional information about the appeals process is contained in your Summary Plan Description.

In the event that the language concerning the appeals process is different in the SPD than in this Notice, the language of the SPD and Plan Document will supersede the language of this Notice.

If you have any other questions, please do not hesitate to call us.

Plan Administrator