REMITTANCE ADVICE

Health Net Health Plan of Oregon, Inc.

Mar 8, 2001

[1] JOHN M. SMITH, DO
1234 SE STATE AVE
PORTLAND OR 97202-6103

Remittance No: BAOR -0001111111
Payee No: 33-3333333 A

[2] Patient Name	[3] Member ID#	[4] Your Acct#	[5] Claim #	[6] Receipt Date
DOE, JOHN P	123-45-6789	DOEJO000	2001061-01-055	02/05/2001

[7] Svc Date	[8] CPT	[9] Billed	[10] Allowed	[11] Cont. Adj	[12] Pat. Resp.	[13] Ben. Payable	[14] Ex
01/27/01	99212	50.00	31.50	18.50		25.51	23
				2.84			75
01/27/01	J0780	15.00	8.36	6.64		7.52	23
01/27/01	J2300	12.00	3.98	8.02		3.58	23
X2E2	TOTAL	77.00	43.84	33.16	4.39	36.61	

[15] Claim Withhold Amount 2.84

JONES, SALLY H		987-65-4321	JONSA000	2001061-ZT1-107		02/05/2001	
01/29/01	99214	90.00	68.04	21.96		52.24	23
							21
				5.80			75
X4N1	TOTAL	90.00	68.04	21.96	10.00	52.24	

Claim Withhold Amount 5.80

WINTER, RALPH E		111-22-3333	WINRA000	2001061-ZT1-108		02/05/2001	
01/24/01	99213	64.00	44.94	19.06		31.45	23
							21
				3.49			75
X4N1	TOTAL	64.00	44.94	19.06	10.00	31.45	

Claim Withhold Amount 3.49

GREEN, MARY L		333-11-2222	GREMA000	2001065-Z29-056		02/06/2001	
01/26/01	99203	120.00	78.96	41.04		62.06	23
							21
				6.90			75
x491	TOTAL	120.00	78.96	41.04	10.00	62.06	

Claim Withhold Amount 6.90

[16] Total Withhold Amount	19.03
[17] Total Claims Payable	182.36
[18] Total Check Amount	182.36

[19] Explanation Code Description

23 - The billed amount exceeds Health Net's contractual agreement, non-allowable amount is not the responsibility of the member.
75 - Provider Withhold
21 - Copayment is the member's responsibility.