



## REPORT TO MEMBER

**1** JOHN H MEMBER  
123 SAMPLE AVE  
HONOLULU HI 96818

**2** NO: R000012345678

**3** 00

PATIENT SERVICE DATES	PROVIDER TYPE OF SERVICE/DRUG	CHARGE/ RETAIL COST	PROVIDER ADJUSTMENT	ELIGIBLE CHARGE	YOUR BENEFIT	YOU MAY OWE	MESSAGE CODES
<b>4</b> JOHN 03/06/23	<b>5</b> KATHY ANYDOC MD OFFICE VISIT TAX	<b>6</b> CLMID:09000E000000 <b>7</b> 153.64 <b>8</b> 7.24 TOTAL CLAIM \$160.88	<b>9</b> -110.39	<b>10</b> 43.25	<b>11</b> 31.25	<b>12</b> 12:00	<b>13</b> 998
				\$43.25	\$31.25	\$12.00	
			<b>14</b> PAYMENT MADE TO PROVIDER				

**15** MESSAGE CODE EXPLANATIONS (S)  
998 - TAX IS THE MEMBERS RESPONSIBILITY. PARTICIPATING PROVIDERS WILL BASE TAX ON HMSA'S ELIGIBLE CHARGE.

- 1** Name and Mailing Address: Member or subscriber's name and mailing address (even if the member or dependent listed has a different address).
- 2** HMSA Subscriber ID Number
- 3** Dependent Number: This indicates if the member is the subscriber or a dependent.
- 4** Patient and Service Dates: Name of the member who received the service, drug, or supply, and date the service was received, the prescription filled, or the product purchased.
- 5** Provider and Type of Service/Drug: The provider of the service, drug, or product and a brief description of it. Most HMSA plans won't pay the tax, which is the member's responsibility.
- 6** Claim Identification Number
- 7** Charge/Retail Cost: The amount that the provider charged for the service, drug, or supply.
- 8** Tax: Excise tax amount charged by the provider.
- 9** Provider Adjustment: The portion of the provider's charge that exceeds HMSA's eligible charge. A participating provider cannot collect this amount from HMSA or the member.
- 10** Eligible Charge: HMSA's eligible charge. Amount used to calculate HMSA's payment and your share for covered services.
- 11** Your Benefit: The portion of the eligible charge that HMSA paid the provider.
- 12** You May Owe: The portion of the eligible charge that the member owes the provider. Also called "copayment" or "coinsurance."
- 13** Message Codes: Represent information about the claim or a line of the claim. Explanation of the codes is at the bottom of the Report to Member.
- 14** Payment: Specifies who HMSA paid.
- 15** Message Code Explanation(s): Description of the payment or benefit.



**hmsa.com**  
Oahu **948-6372**  
Hilo **935-5441** Maui **245-3393**  
Kona **329-5291** Maui **871-6295**  
TTY **1 (877) 298-4672**  
Toll-free **1 (800) 776-4672**  
For emergency care away from home call:  
Blue Card **1 (800) 810-BLUE**

For Prescription Drug Benefit claims, mail to:  
Pharmacy Claims  
P.O. Box 52136  
Phoenix, AZ 85072-2136  
For all other services rendered in Hawaii,  
mail claims to:  
HMSA - CLAIMS  
P.O. Box 860  
Honolulu, HI 96808-0860  
Services rendered out-of-state, mail claims to:  
The local Blue Cross/Blue Shield of the  
service area.

**Blue Cross Blue Shield of Hawaii**  
818 Keeaumoku St.  
Honolulu, HI 96814-2365  
An Independent Licensee of the  
Blue Cross and Blue Shield Association  
**Business hours:** Monday through Friday  
8 a.m. to 4 p.m.

For help or support, call a number on the back of  
your membership card or visit [members.hmsa.com](https://members.hmsa.com).