



540 N. Dearborn #10873  
Chicago, IL 60610

# Explanation of Benefits

✉ claims@insurefigo.com

☎ (844) 738-3446

This document shows how benefits were applied to your claim. **This is not a bill.**

## Claim Summary

<b>1</b>	<b>Total Billed</b>	\$150.00
<b>2</b>	<b>Non-Covered Charges</b>	\$0.00
<b>3</b>	<b>Co-Pay</b>	\$30.00
<b>4</b>	<b>Deductible</b>	\$100.00
<b>5</b>	<b>We Pay</b>	\$20.00

\*Please see last page for a detailed Explanation of Non-Covered charges.

<b>6</b>	<b>Print Date</b>	10/21/2015	<b>7</b>	<b>Claim Number</b>	123459789
	<b>Policyholder</b>	Jane Doe		<b>Plan Name</b>	Preferred
	<b>Policy Number</b>	FGO10000000000	<b>8</b>	<b>Service Dates</b>	10/14/2015 - 10/16/2015
	<b>Pet Name</b>	Test Dog			

## Claim Details

<b>9</b>	<b>10</b>	<b>11</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Date of Service (s)	Condition / Procedures	Reason Code	Total Billed	Non-Covered Charges	Co-Pay	Deductible	We Pay
10/14/2015	PRESCRIPTION MEDICATIONS; Prescription Medications		\$50.00	\$0.00	\$10.00	\$40.00	\$0.00
10/21/2015	AURAL (EARS); Otitis Externa		\$75.00	\$0.00	\$15.00	\$60.00	\$0.00
10/21/2015	DIAGNOSTIC TESTS; Other		\$25.00	\$0.00	\$5.00	\$0.00	\$20.00
Claim Summary			\$150.00	\$0.00	\$30.00	\$100.00	\$20.00

1. Total amount paid on the submitted veterinary invoice.
2. Invoice charges not covered by your policy.
3. Portion of the invoice for which you are responsible based on your selected reimbursement percentage. Ex: 80% reimbursement would leave you with a 20% co-pay.
4. Amount of the invoice that goes toward your annual deductible (after the co-pay has been calculated).
5. Amount that Figo will reimburse you for a claim.
6. Date that the explanation of benefits was completed.

7. Claim number associated with each specific invoice submitted for reimbursement.
8. Date range your pet received treatment according to your veterinary invoices and your pet's medical records.
9. Individual service dates for each type of charge.
10. Conditions, procedures, treatments, and other items listed on the invoice related to your claim are each broken down in their own line.
11. Refers to a key on the following page for an explanation of non-covered charges.