

EXPLANATION OF MEDICAL BENEFITS (EOMB)

State of Minnesota

EXPLANATION OF MEDICAL BENEFITS (EOMB)

MARCH 14, 2009

** REMEMBER YOU MUST SHOW YOUR ID CARD EACH TIME YOU GET SERVICES. **

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RECIPIENT NAME AND ID NUMBER/ PROVIDER NAME	DATE OF SERVICE		DESCRIPTION OF SERVICE	AMOUNT PAID	AMOUNT YOU	MAJOR	CLAIM CONTROL
	START	END		BY PROGRAM	OWE	PROGRAM NUMBER	
MARVIN MALADY	0000PMI#						
APOTHECARIES PLUS	02/10/09	02/10/09	PRESCRIBED DRUG	\$ 0.00	\$ 6.32	M	800010000200262
APOTHECARIES PLUS	02/10/09	02/10/09	PRESCRIBED DRUG	\$ 541.52	\$ 49.68	M	800010000200534
APOTHECARIES PLUS	02/10/09	02/10/09	PRESCRIBED DRUG	\$ 5.11	\$ 0.00	M	800010000200580
APOTHECARIES PLUS	02/10/09	02/10/09	PRESCRIBED DRUG	\$ 250.00	\$ 0.00	M	800010000200619

MAJOR PROGRAM

M MEDICAID

THIS IS NOT A BILL