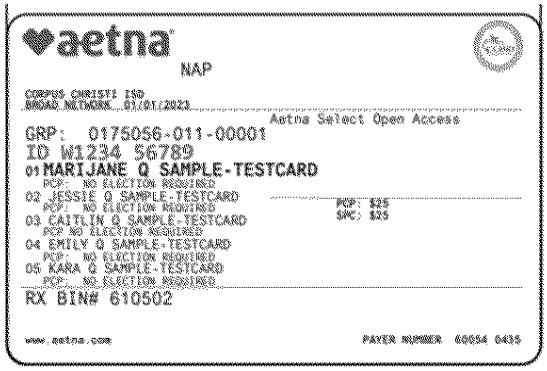
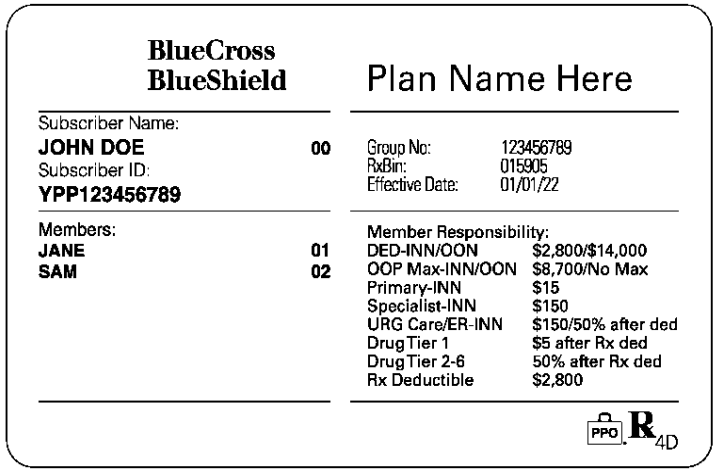

aetna
NAP
CORPUS CHRISTI ISD
BROAD NETWORK 01/01/2023
Aetna Select Open Access
GRP: 0175056-011-00001
ID W1234 56789
01 MARIJANE Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
02 JESSIE Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
03 CAITLIN Q SAMPLE-TESTCARD
PCP NO ELECTION REQUIRED
04 EMILY Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
05 KARA Q SAMPLE-TESTCARD
PCP: NO ELECTION REQUIRED
PCP: $25
SPC: $25
RX BIN# 610502
www.aetna.com
PAYER NUMBER 60054 0435


BlueCross
BlueShield
Plan Name Here
Subscriber Name:
JOHN DOE
00
Subscriber ID:
YPP123456789
Members:
JANE
01
SAM
02
Group No: 123456789
RxBin: 015905
Effective Date: 01/01/22
Member Responsibility:
DED-INN/OON $2,800/$14,000
OOP Max-INN/OON $8,700/No Max
Primary-INN $15
Specialist-INN $150
URG Care/ER-INN $150/50% after ded
Drug Tier 1 $5 after Rx ded
Drug Tier 2-6 50% after Rx ded
Rx Deductible $2,800
PPO
R
4D

DoseSpotClinic
N Washington Ave Dune, NJ 57106
Phone: (302) 673-8492

RECEIPT

Patient Name:	Lucas Test
Patient MRN:	264208
Date:	12/10/2025 06:40 AM
Amount:	$500.00
Method:	CASH
Reference:	f8777b1b-248c-4f54-9a64-af3687140c7c
Notes:	