

Bulletin 2017-02**EXHIBIT A****COMMON SUMMARY OF PAYMENTS (SOP) FORMS**

The following elements must appear on the SOP in a format that is substantially similar to the chart shown.

Billing and disposition information

Health care service provider name
Date of service
Type of service (high level description e.g., "office visit" not specific e.g., "cardiology visit" or "mental health visit")
Service (provider) charge
Health plan allowed amount and/or health plan discount
Health plan covered
Co-payment
Coinsurance
Applied to deductible
Not covered by health plan
Notes (denial code with explanation)
Your share (insured's responsibility or amount provider will bill insured)

SUMMARY OF HEALTH PLAN PAYMENT

Health Care Service Provider			Health Plan Share			Your Cost Share					
Date of Service	Type of Service	Service Charge	Health Plan Discount	Health Plan Allowed Amount	Health Plan Covered	Copay-ment	Co-insurance	Applied to Deductible	Not Covered	Notes	Your Share
Dr. Smith											
01/01/2014	Office Visit	\$200.00	\$40.00	\$160.00	\$140.00	\$20.00	\$0.00	\$0.00	\$0.00	EX	\$20.00
1/1/2014	Lab	\$100.00	\$20.00	\$80.00	\$80.00	\$0.00	\$0.00	\$0.00	\$0.00	RS	\$0.00
Subtotal		\$300.00	\$60.00	\$240.00	\$220.00	\$20.00	\$0.00	\$0.00	\$0.00		\$20.00
Dr. Jones											
01/01/2014	Office Visit	\$200.00	\$40.00	\$160.00	\$140.00	\$20.00	\$0.00	\$0.00	\$0.00	EX	\$20.00
1/1/2014	Lab	\$100.00	\$20.00	\$80.00	\$80.00	\$0.00	\$0.00	\$0.00	\$0.00	RS	\$0.00
Subtotal		\$300.00	\$60.00	\$240.00	\$220.00	\$20.00	\$0.00	\$0.00	\$0.00		\$20.00

Explanation of notes: EX:

RS:

The following elements must appear on the SOP, but may be displayed in a format determined by the carrier.

General information

Health plan name

Statement date

Claim number

Patient name

Member information

Subscriber's name and address

Subscriber's ID number

Insured's group name/number (as appropriate)

Bulletin 2017-02**EXHIBIT A****COMMON SUMMARY OF PAYMENTS (SOP) FORMS****Plan information (when applicable)**

Individual deductible

Family deductible

Individual out-of-pocket maximum

Family out-of-pocket maximum

Individual deductible applied to date

Family deductible applied to date

Individual out-of-pocket maximum applied to date

Family out-of-pocket maximum applied to date

Definitions (use definitions substantially similar to those in the ACA *Glossary of Health Coverage and Medical Terms* as applicable)

Allowed amount

Health plan discount

Health plan covered

Service (provider) charge

Copayment

Coinsurance

Deductible

Out-of-pocket maximum

Your share/You owe/ You owe

Not covered

Other information

Appeal rights/Information

How to contact the carrier with questions/ customer service contacts

Translation services available

Consumer assistance

Confidentiality statement (including alternate methods of receiving SOP)