


ARM, Ltd.
 171 WEST WING STREET
 ARLINGTON HTS, IL 60005

If You Have Questions Regarding This Claim,
 Please Call Us At
 (847) 394-1700

200809020108

Return Service Requested

5-DIGIT 54113
 24315 0.3840 AV 0.324

 362
 SHAWANO, WI 54166-3649

GROUP NO: 7001
GROUP: ACME
EMPLOYEE:
ID NO:
CLAIMANT: INSURED
PATIENT ACCT:
PROVIDER: PRESCRIPTION DRUGS
PROVIDER TIN: 36-0000001
PPO:
CLAIM NO: 2008-238000130-0000
DATE: 09/02/2008



ENV 24315 1 OF 1

THIS IS NOT A BILL

CLAIM SUMMARY

Total Amount Covered:	70.00
Paid by Other Insurance Co:	0.00
Total Paid by Plan:	70.00
Employee's Responsibility:	0.00

Explanation of Benefits

Keep this document for your records

Type of Service	Dates of Service From - Thru	Amount Charged	Not Covered	Discount or Penalty	Amount Covered	Remark Code	Deductible Applied	Paid at %	Plan Payment
SMOKING CESSATION PRG	04/18/2008-04/18/2008	35.00	0.00	0.00	35.00		0.00	100	35.00
SMOKING CESSATION PRG	07/17/2008-07/17/2008	35.00	0.00	0.00	35.00		0.00	100	35.00
TOTALS		70.00	0.00	0.00	70.00		0.00		70.00

Benefits Payable To	Check Date	Check No.	Amount
Insured A	08/28/2008	00053251	70.00

Remarks

** If your claim is denied, in whole or in part you have the right to have the plan review and reconsider your claim. A written appeal must be made within 180 days of the receipt of the denial and sent to the address shown above.

Acme
 c/o ARM, Ltd.
 171 West Wing Street, Suite 210
 Arlington Heights, IL 60005

00-0002/000
 LaSalle Bank NA

Chicago, IL 606030000

CHECK NO. 00053251

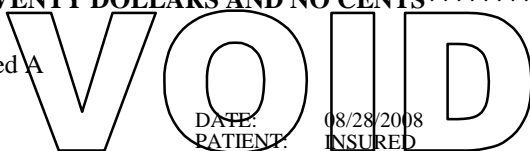
ISSUE DATE 08/28/2008

AMOUNT
***70.00

PAY *****SEVENTY DOLLARS AND NO CENTS*****

TO THE ORDER OF

Insured A



DATE: 08/28/2008
 PATIENT: INSURED
 SS NUMBER:
 PATIENT ID:

 Authorized Signature

00053251

55900

4211