



**Independence
Blue Cross**



Group Administrator *Invoice Guide*



eBilling Format

We Want To Make Your Job Easier!

Each month, your group receives a statement and invoice.

As Group Administrator, it's important to make sure the information on the statement is accurate and that the amount enclosed with the invoice is correct.

To make that job easier, we've prepared this Guide. We hope you find it helpful.

You can also receive your eBilling invoice on-line at **ibxpress.com** (registration is required to access the site).

If you have any questions, your Service Team will be glad to answer them. They're available any business day from 8:30 a.m. till 4:30 p.m., and you'll find their phone number on page 2 of your invoice (the invoice page).

Features of eBilling

- 1 E-mail notification when your eBill is ready to view.**
- 2 Consolidated Invoice**
This page acts as the eBilling home page. Shows how much is owed for each product. Gives a "Prior Balance" and "Total Due" at first glance.

Simply click on an invoice number to view detailed information.

Consolidated Invoice View ABC Inc		
Charges as of September 17, 2004 for Coverage Period: 08/01/04 – 08/31/04		
		Prior Balance Due: \$0.00
HMO		\$218.90
Grp/Acct # 999999	Inv # 999999040801-01	
POS		\$24,239.70
Grp/Acct # 777777	Inv # 777777040801-01	
Grp/Acct # 555555	Inv # 55555583040801-01	
PERSONAL CHOICE		\$12,541.30
Grp/Acct # 00001	Inv # 00001040801	
DRUG—FREE STANDING		\$3,022.10
Grp/Acct # 00001	Inv # 00001040801	
VISION—FREE STANDING		\$211.19
Grp/Acct # 00001	Inv # 00001040801	
		Coverage Period Charges: \$40,233.19
		TOTAL DUE: \$40,233.19

Features of eBilling (continued)

3 On-line Invoice Presentment

- View each page of the invoice.
- Download Current Enrollment Roster in Comma Delimited Text, XML or HTML format.

4 View Billing & Payment History

- View up to 24 months of all historical payments, invoices and adjustments on specific Group/Billing Accounts.

5 No more paper checks!

- Pay Invoices On-line via an “Electronic Check” (Automated Clearing House (ACH) Payments).*
- Pay multiple invoices from one screen.
- Simply register your bank account, then authorize payments.
- Modify future payments within two business days of the payment date.

Tabs allow navigation through all pages of the invoice.

Invoice Summary | Summary of Changes | Enrollment Roster | Rate Summary | Invoice Remittance

Invoice Summary	
GROUP:	
CID:	XXXXXXX
Invoice #:	55555040801-01
Due Date:	08/01/2004
Total Due:	\$23,346.10
Paid Thru Date:	07/31/2004
FOR QUESTIONS REGARDING THIS INVOICE, CONTACT 1-215-665-9656	FOR CLAIMS/BENEFITS, CONTACT 1-215-241-2660
Invoice Summary As Of: 07/12/2004	
AMOUNT OF LAST BILL	\$26,811.10
PAYMENT RECEIVED 07/05/2004	\$26,811.10-
BALANCE DUE	.00
Retroactive Enrollment Changes (SEE SUMMARY OF CHANGES FOR DETAILS)	\$2,535.80-
Current Charges	\$25,861.90
Total Due By: 08/01/2004	\$23,346.10

Schedule Payment		
For each payment below, select a bank account to initiate payment from, payment amount, and the scheduled date of payment. Then, select SCHEDULE to initiate payment.		
GROUP/ACCOUNT #	INVOICE #	00001040801
From Bank Account:	Main	
Amount Due:	\$15,774.59	Payment Amount: 15,774.59
Due Date:	08/01/2004	Schedule Date: <input type="text"/>
GROUP/ACCOUNT #	INVOICE #	00001040801
From Bank Account:		
Amount Due:	\$893.60	Payment Amount: 893.60
Due Date:	08/01/2004	Schedule Date: <input type="text"/>
SCHEDULE PAYMENT		

*ACH Payments work just like checks, but without paper. Accounts are debited for the amount authorized by you. The money is transferred via the Federal Reserve Bank. Future payments can be modified up to 48 hours prior to payment date.

You select the amount of each payment and schedule the date for the debit.

Features of eBilling (continued)

6 Assign Billing/Payment Specific Roles

- The Super User determines who has access to view invoices and make payments by assigning unique role access.
- Scalable to fit small Accounts Payable Departments and larger, more complex organizations.


Role: * Please assign one of the following roles:

	Role	Description of Privileges
<input checked="" type="radio"/>	Portal User	User will have access to view and update all enrollment activity. *NOTE: User will have no eBilling access for this role.
<input type="radio"/>	Portal Read-Only User	User will have access to view enrollment activity ONLY.
<input type="radio"/>	eBilling Administrator	User will have access to view and update all enrollment activity, as well as, perform all billing functions. *NOTE: User can assign billing roles ONLY.
<input type="radio"/>	eBilling Specialist	User will have access to view and update all enrollment activity, as well as, perform all billing functions.
<input type="radio"/>	eBilling User	User will have access to view and update all enrollment activity, as well as, view invoices and billing & payment history. *NOTE: User will not have access to initiate electronic payments.
<input type="radio"/>	eBilling Read-Only User	User will have access to view enrollment activity, invoices, and billing & payment history.
<input type="radio"/>	eBilling Invoice Payment User	User will have access to view invoice and billing & payment history. In addition, the user will have the ability to initiate electronic payments. *NOTE: User will have no enrollment activity access for this role.
<input type="radio"/>	eBilling Account Summary User	User will have access to view summary invoice detail, and billing & payment history. In addition, user will have the ability to initiate electronic payments. *NOTE: User will have no enrollment activity access for this role.

SUBMIT

Your Paper Version Using The Coupon Page

- 1 Group Number:** This is the number that identifies your account.
- 2 Invoice Number for Billing Purposes:** A combination of your group number and the premium month. Please refer to it when you have inquiries regarding this bill.
- 3 Due Date:** The latest date we should receive your payment.
- 4 Total Due:** The full amount you should pay.
- 5** When we have special information to pass along to you, you'll find it in the **Special Message Area** in the middle of the page.
- 6** The **bottom portion** of the Coupon Page should be torn off and submitted with your payment. Indicate the amount you are paying in the spaces provided.
- 7** Make your check payable to **"Independence Blue Cross,"** and mail to the address indicated on the Coupon Page.
- 8** Please do not write on or near the scan line along the bottom of the page. This is used to electronically record payments.



1	GROUP:	12345D
2	INVOICE:	999999040601-01
3	DUE DATE:	06/01/04
4	TOTAL DUE:	\$3,237.64

FOR INTERNAL USE ONLY
 SPECIALIST - C
 ACTIVITY - X

A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA


5 SPECIAL MESSAGE AREA

MAKE CHECK PAYABLE TO:
 INDEPENDENCE BLUE CROSS
 AND NOTE BILL TO ACCOUNT NUMBER ON YOUR CHECK. PLEASE DETACH
 THE BOTTOM PORTION AND RETURN WITH YOUR REMITTANCE TO:
 INDEPENDENCE BLUE CROSS
 P.O. BOX XXXX - XXXX } - Indicated on bill
 PHILADELPHIA, PA XXXXX
 IF PAYMENT HAS BEEN MADE, RETAIN THIS BILL FOR YOUR RECORDS.

PLEASE REMOVE INVOICE BY CAREFULLY TEARING ALONG PERFORATION

DO NOT FOLD INVOICE

6	GROUP: 12345D	INVOICE: 999999040601-01	SPEC: C
	CUSTOMER NAME: A.B.C. COMPANY	REF: PREM 0604	
	ENTER AMOUNT PAID		
		DUE DATE: 06/01/04	TOTAL DUE: \$3,237.64



7 REMITTANCE TO:
 INDEPENDENCE BLUE CROSS
 P.O. BOX XXXX - XXXX } - Indicated on bill
 PHILADELPHIA, PA XXXXX

8 DO NOT WRITE BELOW THIS LINE

XXXXX 0604 999999000000004 20040601 20040601 0406 000000343764


General Information

- ➔ Your coupon page has two parts. The top is for your records; the bottom part should be carefully torn off at the perforation and returned with your payment.
- ➔ If you have submitted enrollment changes with your Group Change Form and they are not reflected on this statement, they should be included with the next bill. Please do not adjust the bill or statement.

Understanding The Invoice

The Invoice Page explains how Independence Blue Cross calculates the **Total Due**.

- 1 Amount of Last Bill:** The total amount of the last billing.
- 2 Payments:** A listing of any payments received since the last billing, including the amount paid and the date received.
- 3 Prior Month Adjustment:** The amount of adjustments processed since the last invoice.
- 4 Balance Due:** Your outstanding balance due from the prior billing.
- 5 Retroactive Enrollment Changes:** The credit or debit amount for retroactive changes appearing on this invoice.
- 6 Current Charges:** The amount of premium due for the current billing period.
- 7 Important Notice:** Address where all enrollment activity should be mailed.



FOR CUSTOMER INQUIRIES
CONTACT
1-XXX-XXX-XXXX }- Indicated on bill

GROUP: 12345D
A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA

INVOICE # : 999999040601-01
AS OF: 05/15/04

ACCOUNT SUMMARY:

1	AMOUNT OF LAST BILL	\$ 2,419.14
2	PAYMENT RECEIVED 04/29/04 - THANK YOU	\$ 2,319.14-
3	PRIOR MONTH ADJUSTMENT	<u>\$ 100.00-</u>
	4 BALANCE DUE	\$.00
5	RETROACTIVE ENROLLMENT CHANGES	\$ 1,734.14
6	CURRENT CHARGES	<u>\$ 3,893.60</u>
	TOTAL PREMIUM DUE	\$ 5,627.74

TOTAL DUE BY: 06/01/04
PLEASE PAY PROMPTLY

THE DUE DATE APPLIES TO CURRENT CHARGES
ONLY AND DOES NOT EXTEND THE DUE DATE
FOR PAYMENT OF PAST DUE AMOUNTS

7 IMPORTANT NOTICE


ALL PAYMENTS SHOULD BE MAILED TO THE PO BOX LISTED ON PAGE ONE OF THIS INVOICE. PLEASE DO NOT SUBMIT ENROLLMENT ACTIVITY WITH YOUR PAYMENT. SUBMIT ENROLLMENT ACTIVITY THROUGH THE GROUP PORTAL AT WWW.IBXPRESS.COM OR SEND ALL ENROLLMENT CHANGES TO:

INDEPENDENCE BLUE CROSS P.O. BOX XXXXX PHILADELPHIA, PA XXXXX-XXXX	}	Refer to your invoice for address
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The Summary of Changes

The Change Summary is a detailed list of all membership changes that we have processed since your last bill. Each listing includes:

- 1 Effective date of each transaction**
- 2 Member identification number**
- 3 Member name**
- 4 Member Social Security number**
- 5 Membership changes** from old coverages to new coverages. Top line indicates old coverage. Subsequent lines detail new coverages.
- 6 Retroactive Charges:** The amount of premium due for any membership changes processed before the current period.
- 7 Current Charges:** The amount of premiums due for the current billing period.



Group A 12345 D PAGE 1

A. B. C. COMPANY
CENTRAL DIVISION
JOE SMITH
1234 MAIN STREET
PHILADELPHIA PA 19100

FOR CUSTOMER INQUIRIES,
CONTACT
1-XXX-XXX-XXXX i – Indicated on bill

SUMMARY OF CHANGES SINCE LAST BILLING

1	2	3	4	5	6	7
EFFECT DATE	ID NUMBER	MEMBER NAME	SOCIAL NUMBER	COVERAGE OLD / NEW	CHARGES RETROACTIVE	CURRENT
05/01/04	1234567	JONES MARY	999999999	PCGV1 CHANGE IN MEMBERSHIP STATUS PCGV4	\$ 566.22	566.22
06/01/04	7654321	SMITH THOMAS	999999999	PCGV4 CHANGE IN MEMBERSHIP STATUS PCGV1	\$	566.22-
05/01/04	1123684	BARNES WAYNE	999999999	DELETED FROM GROUP BC313 BSU24 MM103	\$ 164.38-	
04/01/04	1275132	BURTON DAWN	999999999	ADDED TO GROUP PCGV2	\$1,332.30	666.15
CURRENT DUE INCLUDED IN CURRENT CHARGES (SEE INVOICE PAGE)					\$1,734.14	\$666.15

What The Roster Tells You

The Roster lists each active member of this group.

- 1 ID Number:** The member's ID number.
- 2 Member's Name**
- 3 Social Security Number**
- 4 Type of Coverage:** A code that identifies the member's benefit level and family status.
- 5 Current Changes:** The current premium.
- 6 Invoice Total:** The total amount of current premium billed.



FOR CUSTOMER INQUIRIES
CONTACT
1-XXX-XXX-XXXX }- Indicated on bill

GROUP: 12345D

A. B. C. COMPANY
PAYROLL DIVISION
123 MARKET PIKE
ANYWHERE, USA

DETAIL ENROLLMENT POSTER AS OF: 05/15/04
PAYMENT OF CURRENT CHARGES DUE BY: 06/01/04
CURRENT PERIOD: 06/01/04 THRU 06/30/04

1 ID NUMBER	2 MEMBER NAME	3 SOCIAL NUMBER	4 TYPE OF COVERAGE	5 CURRENT CHANGES
1696702	ADAMS, MARIE	999999999	PCGV4	855.85
7654321	SMITH, THOMAS	999999999	PCGV1	289.63
1165802	BECK, WILLIAM	999999999	BC311 BS421 MM101	80.64
1234567	JONES, MARY	999999999	PCGV4	855.85
1850262	REINFRO, OSCAR	999999999	PCGV4	855.85
1275132	BURTON, DAWN	999999999	PCGV2	666.15
1819932	WOODS, WILLIAM	999999999	PCGV1	289.63

6 INVOICE TOTAL: 3,893.60

Understanding The Rate Summary

The Rate Summary is designed to help you monitor your costs and coverages. It details how many members are listed for each coverage. It also explains how many contracts you have in force, and how much you are paying for each type of coverage.

1 Coverage Code: Each coverage has its own code. The first unit is always two letters. They tell you the type of coverage you receive. The second unit can be either a letter or a number. It indicates the level of that coverage. The last unit is always one number and indicates the family status.

For example, “BC31” would be the code for “Blue Cross Master Comprehensive,” “PCGV” would stand for “Personal Choice,” and so on.


2 Current Rate/Prior Rate: Indicates the effective date and rate of coverage and the prior effective date and rate if applicable.

3 Contracts: Indicates how many members are receiving each type of coverage and what their family status is.

4 Total Number of Contracts: The total number of contracts for each particular type of coverage.

5 Coverage Total: Represents the dollar amount for members covered under each contract type.

6 Total All Contracts: The total amount of premium billed for all contract types.



Group A 12345 D FOR ASSISTANCE
CONTACT YOUR SERVICE TEAM
X-XXX-XXX-XXXX

A B C COMPANY
CENTRAL DIVISION
JOE SMITH
1234 MAIN STREET
PHILADELPHIA, PA 19100

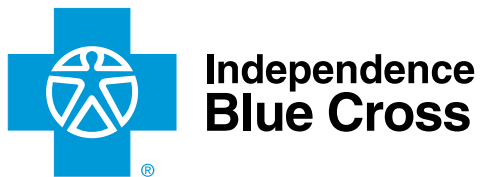
RATE SUMMARY AS OF 05/15/04

BLUE CROSS COVERAGE

	1	2	3	4	5	6	7	8	9
CURRENT RATE/ PRIOR RATE	INDIV	TWO PERSON	PARENT & CHLDRN	FAMILY	CHLDRN ONLY	N/A	PARENT & CHILD	CHILD ONLY	N/A
COVERAGE C	1 BC31: MASTER COMPREHENSIVE								
2 01/01/04	44.61	125.90	78.13	125.90	78.13		78.13	44.61	
01/01/03	36.21	102.19	63.42	102.19	63.42		63.42	36.21	
3 CONTRACTS	1								
	4 TOTAL NUMBER OF CONTRACTS: 1				5 COVERAGE TOTAL: \$44.61				
COVERAGE CODE	PCGV PERSONAL CHOICE								
01/01/04	289.63	666.15	639.50	855.85	443.71		443.71	289.63	
01/10/03	253.27	582.52	559.22	227.48	388.01		388.01	253.27	
CONTRACTS	2		1			3		6	
	TOTAL NUMBER OF CONTACTS: 6				COVERAGE TOTAL: \$3,812.96				
COVERAGE CODE	MM 10: MAJOR MEDICAL-GROUP								
01/01/04	12.92	34.07	34.07	34.07	34.07		34.07	12.92	
01/01/03	8.84	23.32	23.32	23.32	23.32		23.32	8.84	
CONTRACTS	1								
	TOTAL NUMBER OF CONTRACTS: 1				COVERAGE TOTAL: \$12.92				

BLUE SHIELD COVERAGES

	1	2	3	4	5	6	7	8	9
CURRENT RATE/ PRIOR RATE	INDIV MALE	INDIV FEMALE	TWO PERSONS	3 PLUS PERSONS	N/A	N/A	N/A	N/A	N/A
COVERAGE CODE	BSU2: MED-SURG								
01/01/04	23.11	23.11	52.18	75.55	52.36	72.73			
01/01/03	21.59	21.59	48.75	67.78	48.93	67.96			
CONTRACTS	1								
	TOTAL NUMBER OF CONTRACTS: 1				COVERAGE TOTAL: \$23.11				
	6 TOTAL ALL COVERAGES: \$3,893.60								



www.ibx.com

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Ins. Co., and with Highmark Blue Shield—independent licensees of the Blue Cross and Blue Shield Association.