BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 07/01/2012-07/31/2012 Rebill: NO Process Date: 08/01/2012

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **08/26/2012**

Settlement Statement

This statement includes claims paid thru 07/31/2012.	
Prior Statement Balance	$528,790.21
Charges	$504,701.62
Cash Applied	($528,790.21)
Disbursements	$0.00
Adjustments	$0.00
Account Balance at 07/31/2012	$504,701.62
Ending Statement Balance as of 07/31/2012	**$504,701.62**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 07/12.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 07/12 on the check.

If sending payment by **1st Class Mail,** remit to:

Health Care Service Corporation
25551 Network Place
Chicago, IL 60673-1255

If sending via **Overnight Courier:**

JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25551

BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 08/01/2012-08/31/2012 Rebill: NO Process Date: 08/31/2012

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **09/25/2012**

Settlement Statement

This statement includes claims paid thru 08/31/2012.	
Prior Statement Balance	$504,701.62
Charges	$671,454.19
Cash Applied	($504,701.62)
Disbursements	$0.00
Adjustments	$0.00
Account Balance at 08/31/2012	$671,454.19
Ending Statement Balance as of 08/31/2012	**$671,454.19**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 08/12.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 08/12 on the check.

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Health Care Service Corporation
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If sending via **Overnight Courier:**

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131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25551

BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 09/01/2012-09/30/2012 Rebill: NO Process Date: 09/28/2012

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **10/23/2012**

Settlement Statement

This statement includes claims paid thru 09/30/2012.	
Prior Statement Balance	$671,454.19
Charges	$408,306.24
Cash Applied	($671,454.19)
Disbursements	$0.00
Adjustments	$0.00
Account Balance at 09/30/2012	$408,306.24
Ending Statement Balance as of 09/30/2012	**$408,306.24**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 09/12.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 09/12 on the check.

If sending payment by **1st Class Mail,** remit to:

Health Care Service Corporation
25551 Network Place
Chicago, IL 60673-1255

If sending via **Overnight Courier:**

JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25551

BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 10/01/2012-10/31/2012 Rebill: NO Process Date: 11/01/2012

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **11/26/2012**

Settlement Statement

This statement includes claims paid thru 10/31/2012.	
Prior Statement Balance	$408,306.24
Charges	$376,354.56
Cash Applied	($408,306.24)
Disbursements	$0.00
Adjustments	$639.46
Account Balance at 10/31/2012	$376,994.02
Ending Statement Balance as of 10/31/2012	**$376,994.02**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 10/12.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 10/12 on the check.

If sending payment by **1st Class Mail,** remit to:

Health Care Service Corporation
25551 Network Place
Chicago, IL 60673-1255

If sending via **Overnight Courier:**

JPMorgan Chase
131 S Dearborn, 6th Floor
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Attn: Health Care Service Corporation - #25551

BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 11/01/2012-11/30/2012 Rebill: NO Process Date: 11/30/2012

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **12/25/2012**

Settlement Statement

This statement includes claims paid thru 11/30/2012.		
Prior Statement Balance		$376,994.02
Claims	$367,274.06	
Fees	$20,116.17	
Charges		$387,390.23
Cash Applied		($376,994.02)
Disbursements		$0.00
Adjustments		$0.00
Account Balance at 11/30/2012		$387,390.23
Ending Statement Balance as of 11/30/2012		**$387,390.23**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 11/12.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 11/12 on the check.

If sending payment by **1st Class Mail,** remit to:

Health Care Service Corporation
25551 Network Place
Chicago, IL 60673-1255

If sending via **Overnight Courier:**

JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25551

BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 12/01/2012-12/31/2012 Rebill: NO Process Date: 01/02/2013

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **01/27/2013**

Settlement Statement

This statement includes claims paid thru 12/31/2012.		
Prior Statement Balance		$387,390.23
Claims	$411,484.53	
Fees	$22,979.22	
Charges		$434,463.75
Cash Applied		($387,390.23)
Disbursements		$0.00
Adjustments		$0.00
Account Balance at 12/31/2012		$434,463.75
Ending Statement Balance as of 12/31/2012		**$434,463.75**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 12/12.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 12/12 on the check.

If sending payment by **1st Class Mail**, remit to:

Health Care Service Corporation
25551 Network Place
Chicago, IL 60673-1255

If sending via **Overnight Courier:**

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131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25551

BlueCross BlueShield of Illinois

Monthly Settlements - Settlement Statement

Settlement ID: 84823080001 - GLENBROOK H.S.DIST.#225-#P21650/#P21651
Statement Period: 01/01/2013-01/31/2013 Rebill: NO Process Date: 02/01/2013

Settlement Statement

The Settlement Statement presents a high-level overview of charges including claims, administrative fees, stop loss, adjustments, and other charges.

Billing Contact: **HILLARIE SIENA**
GLENBROOK H.S.DIST.#225-#P21650/#P21651
3801 WEST LAKE AVE
GLENVIEW, IL 60026-5807

Past Due Date: **02/26/2013**

Settlement Statement

This statement includes claims paid thru 01/31/2013.		
Prior Statement Balance		$434,463.75
Claims	$475,795.30	
Fees	$26,348.53	
Charges		$502,143.83
Cash Applied		($434,463.75)
Disbursements		$0.00
Adjustments		$0.00
Account Balance at 01/31/2013		$502,143.83
Ending Statement Balance as of 01/31/2013		**$502,143.83**

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:
Mellon Bank
Health Care Service Corporation
ABA#: 043000261
Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Settlement ID 84823080001 and Settlement Date: 01/13.

For check payments:

- Make check payable to: **Health Care Service Corporation**
- Please provide your Settlement ID 84823080001 and Settlement Date: 01/13 on the check.

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Chicago, IL 60673-1255

If sending via **Overnight Courier:**

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131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25551