



EXPLANATION OF SHARING SUMMARY

Name:

Member ID:

Date: 09/05/25

Event Description

ER Visit Gallbladder Removal

Itemized Bills

<u>Provider Name</u>	<u>Bill Line Item</u>	<u>Billed Amount</u>	<u>Applied to UA</u>	<u>Discount</u>	<u>ShareWELL Community</u>
Doylestown Health	ER Visit	\$63375.81	\$0.00	\$37785.81	\$25590.00
Doylestown Radiology Associates	Ultrasound	\$160.00	\$0.00	\$0.00	\$160.00
Doylestown Health Physician	Physician's Bill	\$3420.00	\$0.00	\$0.00	\$3420.00
ShareWELL HS	UA	\$1500.00	\$1500.00	\$0.00	\$0.00

Unshared Amount (UA)

\$1,500.00

Total Reimbursements

\$0.00

Total Sharing Contributions Paid for Sharing Request

\$29170.00

This Explanation of Sharing Summary is provided for informational purposes only and reflects the outcome of your Sharing Request as processed by ShareWELL. It only includes eligible expenses and not bills that may have been submitted and are not eligible for sharing. It is not a guarantee of payment, insurance coverage, or future sharing eligibility. All amounts listed, including shared contributions and remaining balances, are based on information provided and reviewed at the time of sharing. Please contact ShareWELL Partners if you have questions regarding this summary or need assistance with understanding your responsibilities under the community guidelines.