

EXPLANATION OF BENEFITS

RI CHARD D PETERSON  
2313 COVEY LANE  
CHATTANOOGA TN 37421

Please retain this EOB for your records.

Spanish (Español): Para obtener asistencia en Español, llame al – 1-800-206-6714  
Tagalog (Tagalog): Kung Kailangan Niyo ang tulong sa Tagalog tumawag sa – 1-800-206-6714  
Navajo (Dine): Dinek’ehgo shika at’ohwol ninisingo, kwijigo holne’ – 1-800-206-6714  
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 — 1-800-206-6714

Summary of BlueCross BlueShield of Tennessee, Inc. Claim Processed on 04/17/2013

|                            |                     |                     |
|----------------------------|---------------------|---------------------|
| Claim Number: EXTJK2JL2L00 | Received 04/11/2013 | Group Number: 89550 |
|----------------------------|---------------------|---------------------|

Identification No: 900803874  
Patient Name: RICHARD D PETERSON  
Date Services Provided: 04/09/2013  
Provider Name: LEWIS, CHRISTOPHER M.

If you have questions about this statement, please call

 **1-800-206-6714**

or visit Member Self-Service at our web site at [www.bcbst.com](http://www.bcbst.com) to view this information and more.

Chattanooga 8:00 A.M.-5:15 P.M. (ET)  
Memphis 7:00 A.M.-4:15 P.M. (CT)  
Monday - Friday

SUMMARY

|  |        |
|--|--------|
| Total Charge Submitted   | 170.00 |
| Total Benefits Provided/Network Savings  | 120.00 |
| Other Insurance Benefits   | .00    |
| Amount You Owed Provider<br>(Contact your provider if you receive a bill for more than your EOB indicates that you owe.) | 50.00  |

THIS IS NOT  
A BILL

ITEMIZATION OF CHARGES

| Date of Service | Services Included  | Submitted Charges | Network Savings | Deductible Amount | Coinsurance if Applicable | Copay if Applicable | Non-Covered | Notes | Paid Provider |
|-----------------|--------------------|-------------------|-----------------|-------------------|---------------------------|---------------------|-------------|-------|---------------|
| 04/09/13        | Medi cal Servi ces | 45.00             | 7.61            |                   |                           | 37.39               |             |       | .00           |
| 04/09/13        | Medi cal Servi ces | 25.00             | 10.38           |                   |                           | 12.61               |             |       | 2.01          |
| 04/09/13        | Medi cal Servi ces | 25.00             | 9.10            |                   |                           |                     |             |       | 15.90         |
| 04/09/13        | Medi cal Servi ces | 45.00             | 14.32           |                   |                           |                     |             |       | 30.68         |
| 04/09/13        | Medi cal Servi ces | 30.00             | 4.83            |                   |                           |                     |             |       | 25.17         |
|                 |                    |                   |                 |                   |                           |                     |             |       |               |
|                 |                    |                   |                 |                   |                           |                     |             |       |               |
|                 | TOTAL              | 170.00            | 46.24           |                   |                           | 50.00               |             |       | 73.76         |

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***Claim Details***

You may ask for more details about your claim(s) listed in this notice. You may request diagnosis and treatment codes and their descriptions. You may also send us a letter asking for the facts we looked at to make our decision about your claim and we will send these facts to you for free. You can call our Customer Service Department at the number listed in this notice or on the back of your BlueCross BlueShield of Tennessee identification card to make a request for these details or facts about your claim(s).

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***Appeal/Grievance Rights***

If you do not agree with this decision, you may request that we review the decision. This is called a 'grievance' or appeal in your Evidence of Coverage or member handbook. Please read the grievance/appeal section in your Evidence of Coverage or member handbook. You can have someone help you with this grievance/appeal. You can use a lawyer, or you can file the grievance/appeal by yourself. You can send us additional information for the review. You must send us your grievance before 180 days (unless otherwise stated in your Evidence of Coverage or member handbook) has passed from the date you receive this notice. BlueCross BlueShield of Tennessee will give you an answer within 15 to 60 days, depending on your health benefit plan rules. If your claim is related to an urgent care need, we will review your claim and provide an answer within 72 hours. If this is an Employee Retirement Income Security Act of 1974 (ERISA) plan, you may file a civil action after you finish the grievance/appeal process. Also, you may be able to ask for an independent review of this decision. Please look at your Evidence of Coverage/member handbook or call Customer Service at the number on the back of your BlueCross BlueShield of Tennessee identification card.

For questions about your rights or for assistance, you can contact the Tennessee Department of Commerce and Insurance (TDCI) at 1-800-342-4029 or [www.tn.gov/commerce/insuranceCIS.Complaints@state.tn.us](http://www.tn.gov/commerce/insuranceCIS.Complaints@state.tn.us). You may also write them at 500 James Robertson Pkwy, Davy Crockett Tower, 4th Floor, Nashville, TN 37243. If your plan is self funded, a consumer assistance program may be able to help you at the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). You may contact EBSA at 1-866-444-EBSA (3272) or via email [www.askebsa.dol.gov](http://www.askebsa.dol.gov). If you are not sure which assistance program to contact, you may call Customer Service at the number on the back of your BlueCross BlueShield of Tennessee identification card.

Protecting your personal information is important to BlueCross BlueShield of Tennessee. Obtain a copy of our Notice of Privacy online at [www.bcbst.com/about/legal/hipaa/general/privacy\\_notice\\_pdf](http://www.bcbst.com/about/legal/hipaa/general/privacy_notice_pdf) or by calling the Privacy Office at 1-888-455-3824, Mon-Fri., 8 a.m.-5 p.m. (EST).