

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 12/12/2013

Claim Number: EXTKL4JX2T00	Received 12/02/2013	Group Number: 89550
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Identification No: 900803874
Patient Name: RICHARD D PETERSON
Date Services Provided: 11/25/2013
Provider Name: CONTINUCARE HEALTHSERVICES INC

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 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	484.53
Total Benefits Provided/Network Savings	192.58
Other Insurance Benefits	.00
Amount You Owed Provider (Contact your provider if you receive a bill for more than your EOB indicates that you owe.)	291.95

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
11/25/13	Medi cal Servi ces	255.82	97.38	158.44					.00
11/25/13	Medi cal Servi ces	56.00	24.60	31.40					.00
11/25/13	Medi cal Servi ces	16.00	6.93	9.07					.00
11/25/13	Medi cal Servi ces	94.71	36.11	58.60					.00
11/25/13	Medi cal Servi ces	62.00	27.56	34.44					.00
	TOTAL	484.53	192.58	291.95					.00

ACCOUNT STATUS

AT END OF DAY 12/12/2013 FOR THE YEAR 2013:

This individual has now paid the following amounts toward DEDUCTIBLE:	IN-NETWORK	OUT-OF-NETWORK
	\$ 291.95 Individual	\$ 813.34 Family
This individual has now paid these amounts toward OUT-OF-POCKET MAXIMUM:	IN-NETWORK	OUT-OF-NETWORK
	\$ 291.95 Individual	\$ 813.34 Family

Claim Details

You may ask for more details about your request for benefits and/or claim(s) listed in this notice. If applicable, 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 and we will send these facts to you for free. You can call our Customer Service Department at the number listed on your BlueCross BlueShield of Tennessee identification card to make a request for these details or facts about your claim(s).

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. Every member has access to an appeals/grievance process. Some plans are governed by the Employee Retirement Income Security Act of 1974 (ERISA), which is a Federal Act with specific appeal/grievance rights. If your health plan is governed by ERISA, you may file a civil action after you finish the grievance/appeal process. You may also be able to ask for an independent review of this decision. If your plan is not governed by ERISA, such as the State of Tennessee employee, higher education, local education, and local government plans, you will have appeal/grievance rights outside of ERISA. Please refer to your member handbook for your rights. If you are unsure of your rights, call the Customer Service number on your ID card.

When filing your 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/appeal before 180 days (unless otherwise stated in your Evidence of Coverage or member handbook) have 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 request is related to an urgent care need, we will review your claim and provide an answer within 72 hours. You may also begin an external review at the same time as the internal appeals process if this is an urgent care situation or you are in an ongoing course treatment.

Consumer Assistance Programs Available

Non-Federal Governmental Fully Insured and Self-funded Plans(including State of Tennessee employee, higher education, local education, and local government plans): For questions about your rights or for assistance, you may contact the U.S. Department of Health and Human Services Health Insurance Assistance Team(HIAT) at 1-888-393-2789. You may also contact the State Division of Benefits Administration at 1-866-576-0029 for additional information about your options.

All other Self-funded Plans: For questions about your rights or for assistance, you may contact the U.S. Department of Labor's Employee Benefits Security Administration(EBSA) at 1-866-444-EBSA (3272) or www.askebsa.dol.gov.

All other Fully Insured Plans: For questions about your rights or for assistance, you may contact the Tennessee Department of Commerce and Insurance(TDCI) at 1-800-342-4029, or via regular mail at 500 James Robertson Pkwy, Davy Crockett Tower, 6th Floor, Nashville, TN 37243. You may submit information electronically by completing a complaint form at the following webpage:

English Version:<https://sbs-tn.naic.org/Lion-Web/servlet/org.naic.sbs.ext.onlineComplaint.OnlineComplaintCtrl?spanishVersion=N>

Spanish Version:<https://sbs-tn.naic.org/Lion-Web/servlet/org.naic.sbs.ext.onlineComplaint.OnlineComplaintCtrl?spanishVersion=Y>

If you are not sure which assistance program to contact, you may call Customer Service at the number on 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 or by calling the Privacy Office at 1-888-455-3824, Mon-Fri., 8 a.m.-5 p.m. (EST).