

Claims administered by: ASR Health Benefits PO BOX 6392 Grand Rapids MI 4916-6392 (616) 464-6635 Fax: (616) 464-4458	Provider: ARK LABORATORY LLC SUITE 240 6620 HIGHLAND ROAD WATERFORD, MI 48327-1682	Group: 984 GENERAL RV CENTER, INC. 25000 ASSEMBLY PARK DR WIXOM, MI 48393
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Explanation of Benefits

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Check No.: nochk0088553	Check Date: 09/21/2023	Amount: \$0.00	Payee: ARK LABORATORY LLC
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Patient # Account #	Date of Service	Code Billed	Billed Amount	Provider Discount	Not Covered	Allowed Amount	Patient Deductible	Patient Co-pay	% Paid	Paid Amount	Patient May Owe	Remarks
752319	01/10/2023	36415	12.86	10.61	0.00	2.25	2.25	0.00	100	0.00	2.25	4d,ZZ
			12.86	10.61	0.00	2.25	2.25	0.00		0.00	2.25	
ID/Enrollee: 219353515 JENNIFER BURKE				Patient: STEVEN BURKE				Claim No.: 4797548001				

Remarks / Comments

4d Paid at Multiplan Inc. discounted rate agreement. ZZ In-network provider.

EXPLANATION OF BENEFIT DENIAL AND YOUR APPEAL RIGHTS

If we have declined to provide benefits, in whole or in part, for the requested treatment or service described in this Explanation of Benefits, and if you think this determination was made in error, you have the right to appeal.

**Para obtener asistencia en Español, llame al (800) 968-2449.
Kung kailangan niyo ang tulong sa Tagalog tumawag sa (800) 968-2449.
如果需要中文的帮助, 请拨打这个号码 (800) 968-2449.
Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' (800) 968-2449.**

What if I need help understanding this denial? If the plan administrator has denied your benefit claim in whole or in part, the reason or reasons for the adverse benefit determination (ABD) are described on the front page of this Explanation of Benefits. Contact us at (616) 957-1751 or (800) 968-2449 if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). Note that the COVID-19 Outbreak Period will be discounted when determining claim-filing deadlines.

How do I file an appeal? You may request a review of an ABD by submitting a written application to the administrator or completing a Claim Appeal Filing Form (available at www.asrhealthbenefits.com) within 180 days following the denial of the claim. Submit this form to ASR Health Benefits via mail at P.O. Box 6392, Grand Rapids, MI 49516, via fax at (616) 464-4458, or via e-mail at claimsubmit@asrhealthbenefits.com. See the last paragraph below for assistance filing a request for an appeal. You must submit proof that the claim for benefits is covered and payable under the plan's provisions, including written comments, documents, records, and other information relating to the claim. If you do so, it is possible that some or all of this claim will be payable under the plan. You may request a complete description of the plan's review procedures and the applicable time limits.

What if my situation is urgent? If your situation meets the definition of urgent under the law, the review of your appeal will generally be conducted within 72 hours. An urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal, and you may also complete the Request for External Review form (available at www.asrhealthbenefits.com).

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. To designate an authorized representative, you must complete ASR's Designation of Authorized Representative form (available at www.asrhealthbenefits.com) or submit a similar written request.

Can I provide additional information about my claim? Yes, you may supply additional information to ASR Health Benefits via mail at P.O. Box 6392, Grand Rapids, MI 49516, via fax at (616) 464-4458, or via e-mail at claimsubmit@asrhealthbenefits.com.

Can I request copies of information relevant to my claim? You are entitled to receive, free of charge upon request, reasonable access to and copies of all documents, records, and other information relevant to your claim for benefits. If the ABD was based upon an internal rule, guideline, protocol, or other similar criterion, a free copy of the same will be provided to you upon request. If the ABD was based on a medical necessity, experimental treatment, scientific or clinical judgment, or similar exclusion or limit, an explanation of the determination as it applies to your coverage will be provided to you free of charge upon request. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you as well. You may request the diagnosis or treatment code (and its meaning) associated with the ABD. You can request copies of this information by contacting us at (616) 957-1751 or (800) 968-2449.

What happens next? This plan allows for two appeals of an ABD. The administrator will conduct a full and fair review of each appeal and will send you a written or electronic notice of the determination on review. If you provide the administrator with all the information needed to address the appeal, the administrator will respond to the appeal no later than 30 days after the receipt of the appeal. If the administrator denies your first appeal, you are entitled to request a second appeal, which must be filed in writing within 60 days following the denial of the first appeal.

If we continue to deny the payment, coverage, or service requested, or if you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. After exhausting the internal review procedures, you may bring a lawsuit under Section 502(a) of ERISA regarding a denied claim. You may bring no such legal action after the last day of the second calendar year after the calendar year in which the claim was incurred.

For questions about your rights or this notice or for assistance, you can contact the Employee Benefits Security Administration at (866) 444-3272. Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program at (877) 999-6442. You can reference the Claims Procedure section of your plan document for more detailed information on the appeals process.