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: 962
OAKLAND COUNTY
2100 PONTIAC LAKE ROAD
BUILDING 41 WEST HUMAN RESOURCES
WATERFORD, MI 48328-0440

Explanation of Benefits

Check No.: EFT000177450 **Check Date:** 09/29/2023 **Amount:** $759.27 **Payee:** ARK LABORATORY LLC

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
746058	12/28/2022	36415	4.50	2.25	0.00	2.25	0.00	0.00	100	2.25	0.00	4d,ZZ
			4.50	2.25	0.00	2.25	0.00	0.00		2.25	0.00	
ID/Enrollee: 369948300 LISA MEGIVERON						Patient: MELVIN MEGIVERON JR				Claim No.: 4796834901		
745669	12/28/2022	36415	4.50	2.25	0.00	2.25	0.00	0.00	100	2.25	0.00	4d,ZZ
			4.50	2.25	0.00	2.25	0.00	0.00		2.25	0.00	
ID/Enrollee: 363501808 PHYLLIS MCMILLEN						Patient: PHYLLIS MCMILLEN				Claim No.: 4796852601		
679525	04/03/2023	80307	93.21	46.60	0.00	46.61	0.00	0.00	100	46.61	0.00	4d,ZZ
			93.21	46.60	0.00	46.61	0.00	0.00		46.61	0.00	
ID/Enrollee: 372982820 JULITO GENER						Patient: JULITO GENER				Claim No.: 4799212501		
744009	08/10/2023	87086	12.11	3.64	0.00	8.47	0.00	0.00	85	7.20	1.27	!P,4e
			12.11	3.64	0.00	8.47	0.00	0.00		7.20	1.27	
ID/Enrollee: 385927945 BRYAN SMITH						Patient: BRYAN SMITH				Claim No.: 4794377501		
746203	08/15/2023	82626	37.91	11.38	0.00	26.53	0.00	0.00	85	22.55	3.98	!P,4e
			37.91	11.38	0.00	26.53	0.00	0.00		22.55	3.98	
ID/Enrollee: 374049104 DIANA VITALE						Patient: DIANA VITALE				Claim No.: 4796603001		
746207	08/15/2023	82306	44.40	22.20	0.00	22.20	0.00	0.00	100	22.20	0.00	4d,ZZ
746207	08/15/2023	82670	41.91	20.95	0.00	20.96	0.00	0.00	100	20.96	0.00	4d,ZZ
746207	08/15/2023	84403	38.72	19.36	0.00	19.36	0.00	0.00	100	19.36	0.00	4d,ZZ
746207	08/15/2023	84144	31.29	15.64	0.00	15.65	0.00	0.00	100	15.65	0.00	4d,ZZ
746207	08/15/2023	83001	27.87	13.93	0.00	13.94	0.00	0.00	100	13.94	0.00	4d,ZZ
746207	08/15/2023	83002	27.78	13.89	0.00	13.89	0.00	0.00	100	13.89	0.00	4d,ZZ
746207	08/15/2023	84481	25.41	12.70	0.00	12.71	0.00	0.00	100	12.71	0.00	4d,ZZ
746207	08/15/2023	84443	25.20	12.60	0.00	12.60	0.00	0.00	100	12.60	0.00	4d,ZZ
746207	08/15/2023	86800	23.86	11.93	0.00	11.93	0.00	0.00	100	11.93	0.00	4d,ZZ
746207	08/15/2023	80061	20.09	10.05	0.00	10.04	0.00	0.00	100	10.04	0.00	4d,ZZ
746207	08/15/2023	80053	15.84	7.92	0.00	7.92	0.00	0.00	100	7.92	0.00	4d,ZZ
746207	08/15/2023	83036	14.56	7.28	0.00	7.28	0.00	0.00	100	7.28	0.00	4d,ZZ
746207	08/15/2023	84439	13.53	6.76	0.00	6.77	0.00	0.00	100	6.77	0.00	4d,ZZ
746207	08/15/2023	85027	9.71	4.86	0.00	4.85	0.00	0.00	100	4.85	0.00	4d,ZZ
			360.17	180.07	0.00	180.10	0.00	0.00		180.10	0.00	
ID/Enrollee: 374049104 DIANA VITALE						Patient: DIANA VITALE				Claim No.: 4796825101		
745795	08/15/2023	87088	12.13	3.64	0.00	8.49	0.00	0.00	85	7.22	1.27	!P,4e
745795	08/15/2023	87077	12.12	3.64	0.00	8.48	0.00	0.00	85	7.21	1.27	!P,4e
745795	08/15/2023	87086	12.11	3.64	0.00	8.47	0.00	0.00	85	7.20	1.27	!P,4e
			36.36	10.92	0.00	25.44	0.00	0.00		21.63	3.81	
ID/Enrollee: 377844071 MELISSA HURST						Patient: MELISSA HURST				Claim No.: 4796848901		
746460	08/16/2023	36415	12.86	6.43	0.00	6.43	0.00	0.00	100	6.43	0.00	4d,ZZ
			12.86	6.43	0.00	6.43	0.00	0.00		6.43	0.00	
ID/Enrollee: 386884761 CAMILLE DENNIS						Patient: MARK DENNIS JR				Claim No.: 4796568901		
746452	08/16/2023	80061	20.09	10.05	0.00	10.04	0.00	0.00	100	10.04	0.00	4d,ZZ
746452	08/16/2023	80053	15.84	7.92	0.00	7.92	0.00	0.00	100	7.92	0.00	4d,ZZ
746452	08/16/2023	85027	9.71	4.86	0.00	4.85	0.00	0.00	100	4.85	0.00	4d,ZZ
			45.64	22.83	0.00	22.81	0.00	0.00		22.81	0.00	
ID/Enrollee: 386884761 CAMILLE DENNIS						Patient: MARK DENNIS JR				Claim No.: 4796844101		
746690	08/16/2023	87798	684.19	684.19	0.00	0.00	0.00	0.00	100	0.00	0.00	4d,ZZ
746690	08/16/2023	87481	105.26	105.26	0.00	0.00	0.00	0.00	100	0.00	0.00	4d,ZZ
746690	08/16/2023	87511	52.63	52.63	0.00	0.00	0.00	0.00	100	0.00	0.00	4d,ZZ
746690	08/16/2023	87500	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746690	08/16/2023	87641	52.63	52.63	0.00	0.00	0.00	0.00	100	0.00	0.00	4d,ZZ
746690	08/16/2023	87653	52.63	52.63	0.00	0.00	0.00	0.00	100	0.00	0.00	4d,ZZ
746690	08/16/2023	87640	52.63	52.63	0.00	0.00	0.00	0.00	100	0.00	0.00	4d,ZZ
			1052.60	1026.28	0.00	26.32	0.00	0.00		26.32	0.00	
ID/Enrollee: 386663471 JAMES SCHAFER						Patient: CLAIRE SCHAFER				Claim No.: 4797326801		

Claims administered by:	Provider:	Group: 962
ASR Health Benefits PO BOX 6392 Grand Rapids MI 4916-6392 (616) 464-6635 Fax: (616) 464-4458	ARK LABORATORY LLC SUITE 240 6620 HIGHLAND ROAD WATERFORD, MI 48327-1682	OAKLAND COUNTY 2100 PONTIAC LAKE ROAD BUILDING 41 WEST HUMAN RESOURCES WATERFORD, MI 48328-0440

Explanation of Benefits

Check No.: EFT000177450 **Check Date:** 09/29/2023 **Amount:** $759.27 **Payee:** ARK LABORATORY LLC

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
746698	08/16/2023	87798	105.26	52.62	0.00	52.64	0.00	0.00	100	52.64	0.00	4d,ZZ
746698	08/16/2023	87481	105.26	52.62	0.00	52.64	0.00	0.00	100	52.64	0.00	4d,ZZ
746698	08/16/2023	87491	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746698	08/16/2023	87591	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746698	08/16/2023	87511	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746698	08/16/2023	87661	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746698	08/16/2023	87563	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
			473.67	236.79	0.00	236.88	0.00	0.00		236.88	0.00	
ID/Enrollee: 385210898 SABRINA GAPPY					Patient: SABRINA GAPPY					Claim No.: 4797926301		
746646	08/17/2023	87481	105.26	52.62	0.00	52.64	0.00	0.00	100	52.64	0.00	4d,ZZ
746646	08/17/2023	87491	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746646	08/17/2023	87591	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746646	08/17/2023	87511	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746646	08/17/2023	87661	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
746646	08/17/2023	87798	52.63	26.31	0.00	26.32	0.00	0.00	100	26.32	0.00	4d,ZZ
			368.41	184.17	0.00	184.24	0.00	0.00		184.24	0.00	
ID/Enrollee: 373047614 SAMANTHA MORAN					Patient: SAMANTHA MORAN					Claim No.: 4797917201		

Remarks / Comments

4d Paid at Multiplan Inc. discounted rate agreement.
ZZ In-network provider.
!P Charges have been paid in accordance with Valenz financial-guarantee rates (855-264-1797).
4e Non 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, kwiijigo 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.