Humana

Facsimile Transmission

Attention:	
Company:	
Fax Number:	2813775369
Sender:	Walter John Sampiano Aycocho
Sender Phone:	
Sender Fax:	15025140867

Fax Notes:

The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, ancestry, age, disability, sex, marital status, gender, sexual orientation, gender identity, or religion. Humana Inc. and its subsidiaries do not
exclude people or treat them differently because of race, color, national origin, ancestry, age, disability, sex, marital status, gender, sexual orientation, gender identity, or religion.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

繁體中文(Chinese):注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

Kreyòl Ayisyen (Haitian Creole): ATANSION: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

Date and time of transmission: 11/18/22 - 05:20:56 PM

Number of pages including this cover sheet: 8

If this transmission is not received in good order, please call Sender's Phone # or advise by fax Sender's Fax #.

The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

Humana

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오.

Date and time of transmission: 11/18/22 - 05:20:56 PM

Number of pages including this cover sheet: 8

If this transmission is not received in good order, please call Sender's Phone # or advise by fax Sender's Fax #.

P.O. Box 14283
Lexington, KY 40512-4283

Electronic Service Requested

YANG KIM
1031 CANTERBURY TRL
GEORGETOWN, TX 78626-8034

If you have any questions, please visit our website at MyCompBenefits.com.

Enrollee: YANG YKIM
Patient: POONG KIM
ID #: L6815488
Group: COMPDENT CORP
Group #: IND
Plan #: INDTX6
Claim #: 87725323-01
Date:

THIS IS NOT A BILL

Explanation of Benefits for Services Provided By: NISHANO THOMAS

Dates of Service	Description	Procedure Code	Tooth/ Quad	Total Charges	Excluded Amount	Reason Code	Covered by Plan	Deductible/ Off. Visit Co-Pay	Copay Amount	Balance	Paid At	Payment Amount
03/09/2021	COMP PERIODONTAL EVAL - N	D0180	na	88.00	38.00	da	50.00	0.00	0.00	50.00	100%	50.00
03/09/2021	INTRAORAL PERIAPICAL FIRS	D0220	na	27.00	8.00	da	19.00	0.00	0.00	19.00	100%	19.00
03/09/2021	INTRAORL PERIAPICAL EA AD	D0230	na	21.00	6.00	da	15.00	0.00	0.00	15.00	100%	15.00
03/09/2021	BITEWINGS - FOUR FILMS	D0274	na	65.00	20.00	da	45.00	0.00	0.00	45.00	100%	45.00
03/09/2021	PROPHYLAXIS - ADULT	D1110	na	97.00	97.00	da ph	0.00	0.00	0.00	0.00	100%	0.00
			TOTAL	298.00	169.00		129.00	0.00	0.00	129.00		129.00
											Other Carrier Paid:	0.00
											Total Net Payment:	129.00
											Deductible Remaining:	

Payment To:	Check No.	Amount
ROUND ROCK DENTISTRY	04642238	129.00

Reason Code Description

da	Benefit paid at the Reimbursement Rate as defined in the certificate.
ph	No benefit if done on the same day as specific treatment.

Primary Benefits	Annual Limit	Amount Used	Amount Remaining
Dental Standard Annual Maximum	$1,000.00	$129.00	$871.00

Messages

*** For immediate self service visit MyCompBenefits.com where our Members and Providers can review claims, check eligibility, locate a network provider or request an ID card.

*** Help stop insurance fraud. If you know or suspect illegal activity regarding your insurance claims, call 800-614-4126

Your Appeal Rights

If you have a question about your claim, we want to help you find answers. Follow these steps when you need information or want to file an appeal about a claim.

You may request more explanation when your claim is denied or the cost of the service you received was not fully covered. Contact us' when you:

- Do not understand the reason for the denial;
- Do not understand why the cost was not fully covered;
- Cannot find the applicable provision in your Benefit Plan Document;
- Want a copy (free of charge) of the guideline, criteria, or clinical rationale that we used to make our decision; or
- Disagree with the denial or the amount not covered and you want to appeal.

If your claim was denied due to missing information, you or your provider may resubmit the claim with the complete information'.

If you are covered by more than one benefit plan, file all claims with each plan.

Appeals: All appeals for claim denials' (or any decision that does not cover expenses you believe should have been covered) must be sent to Grievance and Appeals, Humana Specialty Benefits, P. O. Box 14729, Lexington, KY, 40512-4729 within 180 days of the date that you receive the denial[2]. We will provide a full and fair review of your claim. You may provide us with additional information that relates to your claim and you may request copies of information that we have that pertains to your claim. We will notify you of our decision in writing within 60 days of receiving your appeal[3].

External Review: You may have the right to pursue an independent medical review that may be available in your state. For details, please review your Benefit Plan Document or contact us'.

' See address and phone number on the enclosed Explanation of Benefits if you have questions on this notice.

[2] Unless your plan or any applicable state allows you additional time.

[3] Some states and plans allow you more (or less) time to file an appeal and less (or more) time for our decision. See your Benefit Plan Document for state's appeal process and determine if you're eligible to request an External Independent Review in your state.

HUMANA.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711.**
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** , or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee haní'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę nikáadoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك