Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Statement Date
02/05/15

26379 1 AT 0.403
AMANDA LOUISE LEUNG
3426 20TH ST
SAN FRANCISCO, CA 94110-2518
26379

Online bill pay now available
myhealthonline.sutterhealth.org

Pay By Phone 24/7 using our automated payment system 866-681-0739

Account Summary

Patient Name	Amanda Leung
Patient Payments (Last 30 Days)	$ 0.00
Amount Due	$ 333.00

We previously sent you a request for payment but your account remains unpaid. This amount represents your responsibility after insurance payments. Please pay the amount due today. If you've already made a payment, thank you and please disregard this notice.

Insurance Information on File

Please confirm this information is correct and if your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Primary Insurance	Blue Shield
Secondary Insurance	No Secondary Insurance

About Your Statement

Paying Your Bill: For your convenience, we have 3 options available.

- Online: Pay your bill online at myhealthonline.sutterhealth.org.
- Mail in: Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope.
- Call in: Pay your bill over the phone by calling 866-681-0739.

Please pay your bill in full for $ 333.00 upon receipt.

Can't Pay Your Bill? We can help. Please tell us if you cannot pay your bill in full and let us help you. Monthly payment plans and other financial assistance programs are available for those patients that meet certain financial criteria.

Billing Questions? Call 866-681-0739 or 916-854-6570
7:00am - 7:00pm, seven days a week

Account Number 10386689

Please note that call volumes are heaviest on Mondays, which may result in longer than average wait times.

Please See Reverse Side for Account Detail

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Patient Name	Account Number	Date Due
Amanda Leung	10386689	Upon Receipt

Amount Due	Amount Enclosed
$ 333.00	$

☐ Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

Pay your bill online at myhealthonline.sutterhealth.org

☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

Make Checks Payable to:

Sutter Pacific Medical Foundation
PO Box 254947
Sacramento, CA 95865-4947

Card Number _____

Expiration Date _____

Signature _____

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Statement Date 02/05/15
Account Number 10386689
Patient Name Amanda Leung

Date of Service	Provider	Description	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe	Remarks
11/25/14	BEYER MD, ANNA T CARDIOLOGY	99214 Ov Est Pt Lev 4 12/05/14 Blue Shield	$ 333.00				$ 333.00	A
TOTAL			**$ 333.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 333.00**	

Remarks
(A) Pr - Deductible Amount

Account Number 10386689

Address Change

Patient Name	Street Address	City	State	Zip Code	Telephone Number
Guarantor Name	Street Address	City	State	Zip Code	Telephone Number

Insurance Change Primary or Secondary (circle one)

Subscriber ID	Telephone Number
Subscriber Name	Group Number
Insurance Company Name	Group Name
Insurance Company Claim Address	Coverage Effective Date

Comments

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Statement Date
01/05/15

17161 1 AT 0.403
AMANDA LOUISE LEUNG
3426 20TH ST
SAN FRANCISCO, CA 94110-2518
17161

Online bill pay now available
myhealthonline.sutterhealth.org

Pay By Phone 24/7 using our automated payment system 866-681-0739

Account Summary

Patient Name	Amanda Leung
Patient Payments (Last 30 Days)	$ 0.00
Amount Due	$ 333.00

Thank you for choosing Sutter Pacific Medical Foundation. The amount due represents your responsibility after insurance payments. If you have already made a payment, thank you and please disregard this notice.

Insurance Information on File

Please confirm this information is correct and if your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Primary Insurance	Blue Shield
Secondary Insurance	No Secondary Insurance

About Your Statement

Paying Your Bill: For your convenience, we have 3 options available.

- Online: Pay your bill online at myhealthonline.sutterhealth.org.
- Mail in: Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope.
- Call in: Pay your bill over the phone by calling 866-681-0739.

Please pay your bill in full for $ 333.00 upon receipt.

Can't Pay Your Bill? We can help. Please tell us if you cannot pay your bill in full and let us help you. Monthly payment plans and other financial assistance programs are available for those patients that meet certain financial criteria.

Billing Questions? Call 866-681-0739 or 916-854-6570
7:00am - 7:00pm, seven days a week

Account Number 10386689

Please note that call volumes are heaviest on Mondays, which may result in longer than average wait times.

Please See Reverse Side for Account Detail

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Patient Name	Account Number	Date Due
Amanda Leung	10386689	Upon Receipt

Amount Due	Amount Enclosed
$ 333.00	$

☐ Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

Pay your bill online at myhealthonline.sutterhealth.org

☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

Make Checks Payable to:

Sutter Pacific Medical Foundation
PO Box 254947
Sacramento, CA 95865-4947

Card Number _____

Expiration Date _____

Signature _____

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Statement Date 01/05/15
Account Number 10386689
Patient Name Amanda Leung

Date of Service	Provider	Description	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe	Remarks
11/25/14	BEYER MD, ANNA T CARDIOLOGY	99214 Ov Est Pt Lev 4 12/05/14 Blue Shield	$ 333.00				$ 333.00	A
TOTAL			**$ 333.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 333.00**	

Remarks
(A) Pr - Deductible Amount

Account Number 10386689

Address Change

Patient Name	Street Address	City	State	Zip Code	Telephone Number
Guarantor Name	Street Address	City	State	Zip Code	Telephone Number

Insurance Change Primary or Secondary (circle one)

Subscriber ID	Telephone Number
Subscriber Name	Group Number
Insurance Company Name	Group Name
Insurance Company Claim Address	Coverage Effective Date

Comments

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Statement Date
12/07/14

10196 1 AT 0.403
AMANDA LOUISE LEUNG
3426 20TH ST
SAN FRANCISCO, CA 94110-2518
10196

Online bill pay now available
myhealthonline.sutterhealth.org

Pay By Phone 24/7 using our automated payment system 866-681-0739

Account Summary

Patient Name	Amanda Leung
Patient Payments (Last 30 Days)	$ 0.00
Amount Due	$ 333.00

Thank you for choosing Sutter Pacific Medical Foundation. The amount due represents your responsibility after insurance payments. If you have already made a payment, thank you and please disregard this notice.

Insurance Information on File

Please confirm this information is correct and if your insurance information has changed, please indicate your changes on the reverse side of the payment form.

Primary Insurance	Blue Shield
Secondary Insurance	No Secondary Insurance

About Your Statement

Paying Your Bill: For your convenience, we have 3 options available.

- Online: Pay your bill online at myhealthonline.sutterhealth.org.
- Mail in: Pay your bill by mailing your payment with the bottom portion of your bill in the enclosed envelope.
- Call in: Pay your bill over the phone by calling 866-681-0739.

Please pay your bill in full for $ 333.00 by 12/27/14.

Can't Pay Your Bill? We can help. Please tell us if you cannot pay your bill in full and let us help you. Monthly payment plans and other financial assistance programs are available for those patients that meet certain financial criteria.

Billing Questions? Call 866-681-0739 or 916-854-6570
7:00am - 7:00pm, seven days a week

Account Number 10386689

Please note that call volumes are heaviest on Mondays, which may result in longer than average wait times.

Please See Reverse Side for Account Detail

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Patient Name	Account Number	Date Due
Amanda Leung	10386689	12/27/14

Amount Due	Amount Enclosed
$ 333.00	$

Pay your bill online at myhealthonline.sutterhealth.org

☐ VISA ☐ MasterCard ☐ DISCOVER ☐ AMERICAN EXPRESS

Card Number _____

Expiration Date _____

Signature _____

☐ Check here if your address or insurance has changed. Please indicate your changes on the reverse side of this page.

Make Checks Payable to:

Sutter Pacific Medical Foundation
PO Box 254947
Sacramento, CA 95865-4947

Sutter Health
Sutter Pacific Medical Foundation
We Plus You

Statement Date 12/07/14
Account Number 10386689
Patient Name Amanda Leung

Date of Service	Provider	Description	Charge	Insurance Payments	Insurance Adjustments	Patient Payments	Amount You Owe	Remarks
11/25/14	BEYER MD, ANNA T CARDIOLOGY	99214 Ov Est Pt Lev 4 12/05/14 Blue Shield	$ 333.00				$ 333.00	A
TOTAL			**$ 333.00**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**$ 333.00**	

Remarks
(A) Pr - Deductible Amount

Account Number 10386689

Address Change

Patient Name	Street Address	City	State	Zip Code	Telephone Number
Guarantor Name	Street Address	City	State	Zip Code	Telephone Number

Insurance Change Primary or Secondary (circle one)

Subscriber ID	Telephone Number
Subscriber Name	Group Number
Insurance Company Name	Group Name
Insurance Company Claim Address	Coverage Effective Date

Comments

Blue Shield of California
PO Box 272560
Chico, CA 95927-2560

blue of california

Blue Shield of California
An Independent Member of the Blue Shield Association

AT 01 024918 81724B 93 E**3DGT

EXPLANATION OF BENEFITS

This is NOT a Bill

Retain for your records along with any provider bills.

THEOBOLT N LEUNG
3426 20TH ST
SAN FRANCISCO, CA 94110-2518

This Explanation of Benefits (EOB) is to notify you that we have processed your claim. It clarifies your payment responsibility or reimbursement.

Your claim information is also available in the My Health Plan section of **www.blueshieldca.com**. If you have any questions about this document, please call one of our claims representatives at **(888) 256-3650**.

CLAIM SUMMARY AT A GLANCE

Patient Name: AMANDA LEUNG		Subscriber ID: K00010383	Claim Number: 141409958200
Patient responsibility: (Amount you paid or owe to provider.)	**$333.00**	**Your claim was received 12/01/14 and processed in 1 day(s).**	
Amount we paid:	$0.00	**Deductible Status:** As of 12/01/14 $6,623.62 of the annual deductible for 2014 has been met.	
Network savings: (Amount saved by using a network provider.)	**$0.00**		
Amount billed by Provider:	$333.00		

DETAIL **Provider:** SUTTER PACIFIC MED Dr. Anna Bayer - Cardiologist check-up (1 year) St. Luke's.

Exclusive Physician Member - Yes

Service Date	Type of Service and Procedure Number	Amount Billed (Provider billed for services)	Amount Allowed (Used to calculate benefits)	Amount We Paid	Patient Responsibility: Non Covered	Patient Responsibility: Deductible (You pay provider before we begin payments)	Patient Responsibility: Copayment/ Coinsurance	Notes
11/25/14	Office Medical 99214	333.00	333.00	0.00	0.00	333.00	0.00	
	Claim Totals:	**333.00**		**0.00**	**0.00**	**333.00**	**0.00**	

Messages
Diagnosis and treatment codes billed on this claim and their meanings can be requested by contacting Customer Service.

Thank you for choosing Blue Shield.

To see the extra services and support available to you, go to **www.blueshieldca.com**.

Helpful Definitions - *See your Evidence of Coverage for additional information.	
Amount Billed The amount your provider billed for the services you received. **Amount Allowed*** The amount we used to calculate your benefits for the services provided. **Amount We Paid** The amount we paid to your provider or you. **Copayment*/Coinsurance*** The predetermined amount (copayment) for which you are responsible or a percentage of the cost (coinsurance) for which you are responsible, based on your plan benefits. You are responsible for this amount. **Date(s) of Service** The day or dates the patient received services.	**Deductible** The dollar amount that you must pay for covered services each year before we start paying benefits under your plan. You are responsible for this amount. **Non Covered** The portion of the Amount Billed not covered by your plan. You are responsible for this amount. **Patient Responsibility** The amount you are responsible to pay the provider. It consists of Deductible, Copayment/Coinsurance, and Non Covered amounts. **Network Savings** The amount you saved by using a Blue Shield network provider.

Questions? Contact us directly by telephone, letter or online by visiting http://www.blueshieldca.com. We will be able to answer most of your questions immediately; otherwise, you will receive a response within 30 days. Additionally, you have the right to request copies of all documents, records and other information we used in evaluating your claim, at no cost to you.

Contact Us:
P. O. Box 272540
Chico, CA 95927-2540
(888) 256-3650

If you are not satisfied with our response to your inquiry, you (or your provider or a representative on your behalf) may initiate a grievance by calling, writing or by completing a Grievance Form. You may obtain the form by calling us, or by visiting our web site at http://www.blueshieldca.com. Submit your letter or completed form to Blue Shield Appeals and Grievance, P.O. Box 5588, El Dorado Hills, CA 95762-0011 or online at http://www.blueshieldca.com. We will provide you with a response within 30 days. You may file grievances for at least 180 days following any incident or action with which you are not satisfied.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(888) 256-3650** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

You have the right to request an IMR through the Department of Managed Health Care (DMHC), as indicated in the paragraph above. You may apply for IMR if A) your provider has recommended a health care service as medically necessary, or B) you have received urgent care or emergency services that a provider determined was medically necessary, or C) you, in absence of a provider recommendation or the receipt of urgent care or emergency services, have been seen by an in-plan provider for the diagnosis or treatment of the medical condition for which you seek independent review. You can contact the DMHC directly.

If your employer's health plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.