



PO Box 5023, Sioux Falls, SD 57117-5023

Please see the other page(s) of this document for your
Explanation of Health Care Benefits.

>000195 8278248 0001 92013 102

JIANLI QI
1133 TELLURIDE LN
BROOKINGS SD 57006-4624

Wellmark ID: SDFW01546491
Claim Number: 250164328800
Patient Name: JOYCE L WU
Health Care Provider: LEE JANETTE
 110 HO PLAZA

ITHACA NY 14853

Issued Date: 09-29-23
Check Number: 003725547
Amount: \$*****80.79

**This is your check. Cash or deposit promptly.
Detach here.**

Wellmark Blue Cross and Blue Shield of South Dakota is an Independent Licensee of the Blue Cross and Blue Shield Association



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Licensee of the Blue Cross and Blue Shield Association.

PO Box 5023
Sioux Falls, SD 57117-5023

33-64
730

No. 003725547

DATE

09-29-2023

AMOUNT OF CHECK

\$*****80.79

VOID AFTER 60 DAYS

*** Eighty & 79/100 Dollars ***

PAY
TO THE
ORDER
OF

JIANLI QI
1133 TELLURIDE LN
BROOKINGS SD 57006-4624

Bankers Trust Company, Des Moines, IA

VOID

WARNING -- THIS CHECK MUST HAVE A FACSIMILE SIGNATURE



PO Box 5023, Sioux Falls, SD 57117-5023

Please see the other side of this document for your
Explanation of Health Care Benefits.

Definition of Terms:

Amount Charged:	The total amount charged by a health care provider for services you received, whether or not the services are covered under your health plan.
Amount Not Covered:	The portion of the charges not covered under your health plan. Examples of Amounts Not Covered include any of the following: services that are not medically necessary, services not covered by your health plan, services that have reached contract or benefit maximums, any difference between the Amount Charged and maximum allowable fee if services are received from a non-participating provider, or benefit reductions under your health plan.
Amount Paid By Health Plan:	The amount paid to you or your health care provider.
Coinsurance:	The amount, calculated using a fixed percentage, you pay for certain covered services. Your health care provider may bill you for these charges.
Copayment:	The fixed dollar amount you pay for certain covered services. Your health care provider may require this payment when you receive services.
Deductible:	The fixed dollar amount you pay for covered services before benefits are available. Your health care provider may bill you for these charges.
Network Savings:	The amount you saved by receiving services from a health care provider within the Wellmark Blue Cross and Blue Shield provider network or the BlueCard Preferred Provider Organization (PPO).
Other Insurance Paid:	If you have coverage with another health plan, this is the amount that the other plan has agreed to pay.
Patient Account Number:	Your account number with your health care provider.
You Are Responsible For:	Your share of the cost for the services shown on this Explanation of Health Care Benefits (EOB). You may have already paid this amount to your health care provider.

Please note: If you received services from a non-participating health care provider, and there is a check attached to this statement, the check represents your benefits payment from Wellmark Blue Cross and Blue Shield. You are responsible for ensuring that the amount of the check is paid to your health care provider, plus any amount shown in the You Are Responsible For column.

Notice of right to appeal and ERISA rights:

Right to Appeal: If you disagree with the denial or partial denial of your claim or think this determination was made in error, you are entitled to a full and fair review of your claim by individuals associated with us, but who were not involved in making the initial denial of your claim. You may provide us with additional information and you may request or receive copies of information that pertains to your claim. You or your authorized or personal representative may file an appeal by submitting a WRITTEN request for review within 180 days of the DATE OF THIS NOTICE. Your request should include the date of your request, your printed name and address (and name and address of any authorized representative), the identification number and claim number from this Explanation of Health Care Benefits, the date of service, and any additional information you wish to provide.

Send your request to: Wellmark Blue Cross and Blue Shield, Special Inquiries, Station 5W189, PO Box 9232, Des Moines, IA 50306-9232. We will review our decision and provide you with a written reply.

External Review: If we continue to deny the claim after review or if you do not receive a decision within 30 days, and our decision involved the medical necessity, appropriateness, health care setting, level of care, or effectiveness of health care service, or our decision was based on a determination that the service is investigational or experimental, you may have a right to have our decision reviewed by independent health care professionals who have no association with us. You must first exhaust the internal appeal described above. External review is not available in all cases. If you have a medical condition that would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed, you may be entitled to request an expedited external review without exhausting the internal appeal.

For additional information or to determine if these review rights apply to your plan, please refer to your benefits plan document or contact us at the customer service number shown on the following page.

Other Resources: For assistance in understanding your appeal rights, you can contact the Employee Benefits Security Administration at (866) 444-EBSA (3272). In Iowa, you may also contact the Iowa Insurance Division, 1963 Bell Avenue, Des Moines, IA 50315-1000, (877) 955-1212. In South Dakota, you may also contact the South Dakota Division of Insurance, 124 South Euclid Ave 2nd Floor, Pierre, SD 57501, (605) 773-3563. If the decision on review is an adverse benefit determination and if you have employer group coverage subject to the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to bring a civil action under Section 502(a) of ERISA.



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This is your Explanation of Health Care Benefits. This statement shows how we applied your coverage to claim(s) submitted to us. If you have a question, call the customer service number shown at the bottom of this page. This is **NOT** a Bill.

PATIENT NAME: **JOYCE**
ISSUE DATE: 09/29/23

WELLMARK ID#: **SDFW01546491**

Date of Service	Patient Account Number Health Care Provider	Claim Number Type of Service	Amount Charged	Network Savings	Amount Paid by Health Plan	Deductible	Copayment	Coinsurance	Amount Not Covered	Notes
08/31/2023	3173347 LEE	250164328800								
		Office Laboratory	\$34.00	\$0.00	\$15.97	\$0.00	\$0.00	\$0.00	\$18.03	-
		Office Medical Care	\$243.00	\$0.00	\$64.82	\$0.00	\$60.00	\$0.00	\$118.18	-
Claim Total:			\$277.00	\$0.00	\$80.79	\$0.00	\$60.00	\$0.00	\$136.21	1, 2, 3
						You are responsible for: \$196.21				

Notes regarding the claim(s) submitted to us:

- 1 - Wellmark Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. (ZD6)
- 2 - To find a BlueCard contracting health care provider call 1-800-810-BLUE(2583) or visit the BlueCard web site at www.bcbs.com. (ZA9)
- 3 - You may be missing out on savings that you would receive if services had been performed by a Blue Cross and Blue Shield participating provider. (ZB6)

Important Information

Register Now and Go Paperless!

Did you know you can receive this statement online? Getting your Explanation of Benefits statement is now as easy as logging into Wellmark.com. Go green and register today to turn off the paper. To get registered, visit **Wellmark.com** and select **Member** from the **Register Now** drop-down menu. Follow the instructions to sign up for online statements and to complete your registration.

Need help understanding your health claims or this notice?

As a registered user of Wellmark.com you may access additional information regarding this claim, including the diagnosis and treatment codes and their meanings, or you may contact Customer Service at the telephone number below and request such information.

Language Assistance

Para recibir asistencia en español, por favor comuníquense al servicio de cliente, al número que aparece en su tarjeta de identificación.

如需获得中文帮助，请拨打 ID 卡上所示的客户服务号码联系我们。

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Thank you for choosing Wellmark Blue Cross and Blue Shield of South Dakota

For more information, visit www.wellmark.com or call 800-846-9183 between 7:30 a.m. and 6:00 p.m. CST, Mon.-Fri.



Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called **"balance billing."** This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed, please visit the Department of Health & Human Services No Surprises Act website at by visiting www.cms.gov/nosurprises/consumers or call the Health & Human Services No Surprises Help Desk at 1-800-985-3059 for more information and for complaints. Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Health Plan of Iowa members may contact the Iowa Insurance Division at 515-654-6600 or <https://iid.iowa.gov/insurance-consumer-complaint>. Wellmark Blue Cross and Blue Shield of South Dakota members may contact the South Dakota Insurance Division at 605-773-3563 or <https://dlr.sd.gov/insurance/default.aspx>.

Visit [Wellmark.com](https://www.wellmark.com) for more information about your rights under state and federal law.

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.