

BlueCross BlueShield

Explanation of Benefits

THIS IS NOT A BILL

Member Information

Member Name: JOHN M. SMITH

Member ID: ABC123456789

Group Number: 55789

Group Name: TECH SOLUTIONS INC

Date Processed: March 15, 2024

Provider Information

Billing Provider: METRO MEDICAL CENTER

Provider Phone: (555) 123-4567

Claim Number: CLM2024030001

NOTICE: Some services on this claim have been denied. Please review the details below and the reason codes at the bottom of this document.

Services and Claims Detail

Service Date	Type of Service	Procedure Code	Performing Provider	Billed Amount	Allowed Amount	Deductible	Copay	Coinsurance	Plan Paid	Patient Owes	Status	Remark Code
03/01/24	Office Visit	99213	Dr. Sarah Johnson	\$185.00	\$142.50	\$50.00	\$25.00	\$13.50	\$54.00	\$88.50	APPROVED	-
03/01/24	MRI Brain	70553	Metro Radiology	\$2,450.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,450.00	DENIED	N394
03/01/24	Laboratory	80053	Metro Lab Services	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00	DENIED	N386
03/01/24	EKG	93000	Dr. Sarah Johnson	\$89.00	\$67.50	\$0.00	\$0.00	\$13.50	\$54.00	\$13.50	APPROVED	-
03/05/24	Physical Therapy	97110	Metro Rehab Center	\$95.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$95.00	DENIED	N119
TOTALS:				\$2,944.00	\$210.00	\$50.00	\$25.00	\$27.00	\$108.00	\$2,772.00	-	

Summary

Total Billed: \$2,944.00

Total Approved: \$210.00

Total Denied: \$2,734.00

Plan Paid: \$108.00

You May Owe: \$2,772.00

APPEAL RIGHTS: If you disagree with our decision, you have the right to appeal. You must file your appeal within 180 days of receiving this notice. To appeal, call Member Services at (800) 555-0123 or submit a written appeal to the address below.

Remark Codes

N119: Service requires prior authorization. Prior authorization was not obtained.

N386: Service is not covered under your current benefit plan.

N394: Service denied as not medically necessary. Additional documentation required to support medical necessity.

Important Information

- **Deductible Status:** You have met \$150 of your \$1,000 annual deductible
- **Out-of-Pocket Maximum:** You have reached \$375 of your \$5,000 annual maximum
- **Provider Responsibility:** For denied services, you may be responsible for payment to the provider unless the provider is contractually obligated to write off the charges
- **Network Status:** All providers listed are in-network providers

Questions? Call Member Services: (800) 555-0123 | TTY: 711

Appeals Address: BlueCross BlueShield Appeals Department, P.O. Box 12345, Claims City, ST 12345

Online: Visit www.bcbs.com to view claims, find providers, or manage your account

Keep this Explanation of Benefits for your records. This document explains how your insurance benefits were applied to services you received.