

**BLUECROSS BLUESHIELD**

Date: 2024-09-05

**Re: Insurance Claim Denial Notice**

Member Name: Emily Davis

Member ID: BCB123456789

Claim/Authorization Reference: AUTH-2024-88172

Dear Ms. Davis,

We have completed our review of the claim submitted for the CT Abdomen (CPT Code 74160) performed on 08/31/2024 at Valley Care Clinic. After careful evaluation, this claim has been **denied**.

**Reason for Denial:**

Although a pre-authorization approval was on file, the submitted claim does not meet benefit coverage requirements under your PPO Plus plan. Specifically, the claim was processed as out-of-network, and the billed charges exceed the allowable amount after application of your deductible and plan limitations.

**Claim Details:**

Provider: Valley Care Clinic

Date of Service: 08/31/2024

Billed Amount: \$1,775.00

**Your Right to Appeal:**

You have the right to appeal this decision within 180 days from the date of this notice. Please submit any additional medical records, supporting documentation, or a written statement explaining why you believe this claim should be reconsidered.

If you have questions regarding this determination or need assistance with the appeals process, please contact Member Services at 1-800-123-4567.

Sincerely,

Claims Review Department  
BlueCross BlueShield