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ANDREW SHARP
212 THOMPSON SQ
MOUNTAIN VIEW CA 94043-4219

Your health plan statement

This is a summary of the health care services and benefits you received on the dates listed. It's also called an **Explanation of Benefits (EOB)**. It explains the services, the cost of those services and the benefits from your plan that may be applied to the care you received. **THIS IS NOT A BILL.**

▼ What you should do

Step 1:

Compare this statement to any bills for care you got from doctors, hospitals or other health care facilities.

Step 2:

If you have any questions, go to anthem.com. It's there for you 24/7. To go paperless and stop getting EOBs in the mail, log in at anthem.com and pick Profile. Choose Email Preferences and then select Primary Email Address. Click Save/Update.

Reminder: You might not always get an EOB in the mail. For example, we won't send you an EOB if you only have a doctor visit copay. You can always view all your EOBs at anthem.com

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Your Messages



See doctors and hospitals in your network and save. When you stay "in-network," you can get high-quality care and you'll likely pay a lower portion of the cost. Use our **Find a Doctor tool** at anthem.com to find a health care provider in your area.



Shop around for the best price. Lab tests, scans, X-rays and even procedures like colonoscopies and knee replacements can vary widely in price. Call us at 877-309-4886 to find out what your health service might cost.

To get help in a different language, call 855-383-7247.

Si desea ayuda en español, llame 855-383-7247.

Account holder information

Name

ANDREW SHARP

Identification Number

640A77508

Contact information

Questions?

View your claim information online at [anthem.com](https://www.anthem.com)

Or call member services at **855-383-7247**.

Hours are Mon-Fri (8:30 am - 5:30 pm)

To learn more about your EOB, go to [anthem.com/youreob](https://www.anthem.com/youreob).

Suspect claim fraud?

Call our Fraud Hotline at: **888-231-5044**

Section 1 - Claim summary

Section 2 - Year-to-date summary

Section 3 - Additional information

Section 4 - Definitions

Section 1 - Claim summary

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Services provided for: ANDREW SHARP

Member's ID: 640A7750810

Date Prepared: 11/22/14

Relationship: Account Holder

Claim Number: 2014210BF6156

Services provided by: CLINICAL REFERENCE LABORA

Providers participating status: Out-of-network

Patient Account: RG15716

Claim receipt date: 07/29/14

Explanation of payment:

- ▶ 357 Additional clinical information is necessary to determine the benefits that may be applied to this claim. You and/or the physician will receive a letter requesting the necessary information.

		Charges \$		Payments \$				
Date of service	Procedure code	Total charged		Your health plan pays	You pay			
Services received	Reason Code	Your discounts	Total for services		Copay	Deductible	Coinsurance	Services not covered
07/18/14	81226	1,356.00						
MEDICAL_CARE	357	- 1,356.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81225	470.00						
MEDICAL_CARE	357	- 470.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81401	481.00						
MEDICAL_CARE	357	- 481.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81281	550.00						
MEDICAL_CARE	357	- 550.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81291	550.00						
MEDICAL_CARE	357	- 550.00	0.00	0.00	0.00	0.00	0.00	0.00

You can learn more about the services listed by calling member services at **855-383-7247**. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes. If a term in this EOB isn't clear to you, please see Section [4] Definitions.

Section 1 - Claim summary

(continued)

		Charges \$		Payments \$				
Date of service	Procedure code	Total charged	Total for services	Your health plan pays	You pay			
Services received	Your discounts				Copay	Deductible	Coinsurance	Services not covered
Reason Code								
07/18/14	81479	325.00						
MEDICAL_CARE								
357		- 325.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81479	325.00						
MEDICAL_CARE								
357		- 325.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81479	325.00						
MEDICAL_CARE								
357		- 325.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81479	325.00						
MEDICAL_CARE								
357		- 325.00	0.00	0.00	0.00	0.00	0.00	0.00
07/18/14	81479	325.00						
MEDICAL_CARE								
357		- 325.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal		5,032.00	0.00	0.00	0.00	0.00	0.00	0.00
		- 5,032.00						

Total		5,032.00	0.00	0.00	0.00	0.00	0.00	0.00
		- 5,032.00						

**Without an Anthem Blue Cross plan, your cost would have been \$5,032.00
You saved \$5,032.00**

Total you pay: \$0.00

You can learn more about the services listed by calling member services at **855-383-7247**. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes. If a term in this EOB isn't clear to you, please see Section [4] Definitions.

Section 2 - 2014 Year-to-date summary

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Your health plan at a glance ...

Coverage type: Individual

These totals are accurate as of this claim. If you received care more recently, unprocessed claims for that care will not yet be reflected in the totals shown here.

Your yearly deductible applied

Individual	In-network maximum \$6,000.00		Out-of-network maximum \$12,000.00	
	Applied to date	Remaining deductible	Applied to date	Remaining deductible
ANDREW SHARP	\$413.56	\$5,586.44	\$0.00	\$12,000.00

Your yearly out-of-pocket (OOP) applied

Individual	In-network maximum \$6,350.00		Out-of-network maximum \$18,000.00	
	Applied to date	Remaining OOP	Applied to date	Remaining OOP
ANDREW SHARP	\$563.56	\$5,786.44	\$0.00	\$18,000.00

Section 3 - Additional information

Important Information about Your Appeal Rights

► What if I need help understanding this denial?

Contact us at **855-383-7247**. We'll explain this notice and why we denied a service or coverage.

► What if I don't agree with this decision?

You may appeal any decision not to provide or pay for an item or service (in whole or in part). You must ask for an appeal within 180 calendar days from the date you were told of our decision. But be sure to check your benefits booklet to see if you must appeal sooner than 180 days, or if you have more time than that.

► How do I file an appeal?

Send a written request to:

Grievances and Appeals

PO Box 4310

Woodland Hills, CA 91365-4310

You should request appeals in writing. However, unless your benefits booklet states otherwise, you may request an appeal verbally by calling **855-383-7247**. You can request an appeal online at **anthem.com**.

► What if my situation is urgent?

You'll need to request an expedited appeal. If it's urgent, your review will generally be done in 72 hours, unless your benefits booklet states otherwise. Follow the directions above for filing an internal appeal.

An urgent situation is one in which:

- your health may be in jeopardy, or
- in your doctor's opinion, your pain can't be adequately controlled while you wait.

► Who may file an appeal?

You or someone you name to act for you (your authorized representative) may appeal. Please provide a signed document that

includes:

- member name
- address
- birth date
- daytime phone number
- ID number
- date of service and/or appeal issue
- specific consent to appeal
- provider name, address and phone number.

Send the document to the Grievances and Appeals Department at the address above.

► Can I provide additional information about my claim?

Yes, you can send more information. Send it to Grievances and Appeals address.

► Can I request copies of information about my claim?

Yes, you may request copies free of charge. If you think a coding error may have caused a denial, you have the right to have billing and diagnosis codes sent to you too. You can request this information by calling **855-383-7247**.

► What happens next?

If you appeal, we'll do a review and give you a written decision within 30 calendar days from the date we received your appeal request. (Your benefits booklet might give a different time limit.) If we still issue a denial, you may be able to request an external review by an independent third party. You can also do this if you don't get a timely decision from us. The third party will review the denial and issue a final decision.

► Other resources to help you:

For questions about this notice, your rights or for help, contact:

- **State Regulator Contact:**

Section 3 - Additional information

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California Department of Managed
Health Care HMO Help Center
980 9th St, Suite #500
Sacramento, CA 95814
(888) 466-2219
<http://www.HealthHelp.ca.gov>

- **State Ombudsman contact:**
California Consumer Assistance Program
Operated by the California Department of Managed
Health Care and Department of Insurance
980 9th St, Suite #500
Sacramento, CA 95814
(888) 466-2219
<http://www.HealthHelp.ca.gov>

- ▶ **If I disagree with the decision on my grievance, what other rights do I have?**

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 1-800-365-0609 or 1-866-333-4823 for the hearing and speech impaired 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 website, <http://www.hmohelp.ca.gov>, has complaint forms, IMR application forms, and instructions online.

You may also contact the department by writing to the following address: 980 9th Street, Suite 500, Sacramento, CA 95814 or by e-mail at helpline@dmhc.ca.gov.

You have the right to request an IMR in cases where you believe that health care services have been improperly denied, modified or delayed by your health plan or by one of its contracting providers. Also IMR may be available to you immediately without going through your health plan's grievance process if the department determines that an earlier review is warranted or if there is imminent or serious threat to your health that requires an expedited review of your case. We will assist with the application process if we determine that an expedited review of your case is warranted or you can find the application and instructions on the department's website listed above.

If we deny your grievance, you will be provided with other dispute resolution options, including external review, if available. You may also refer to your description of benefits or contact customer service for detailed information regarding the entire grievance process.

Section 4 - Definitions

Out-of-pocket maximums

This is the most you have to pay each benefit period. Once you reach this maximum amount, you don't pay anything for most services. It includes your deductible and coinsurance payments. Some plans have separate out-of-pocket maximums for in-network and out-of-network services.

Procedure code

This is the insurance code for the type of care you received.

Total Charged

Total amount the doctor or provider billed.

Total for services

The total amount Anthem Blue Cross pays. This is the amount used to figure out how much you will owe.

Your Discounts

Anthem Blue Cross sets pricing with our network of providers to discount what they bill you. These are “your discounts”. You have lower out-of-pocket costs when you use our large network of providers.

You pay

This is what you must pay the provider.

Services not covered

Charges you must pay because they aren't covered under your plan. This part of the claim is denied. The provider may bill you for these charges.

Medical necessity reviews are done by Anthem UM Services Inc., a separate company.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association.



Language Assistance Services

English

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 888-254-2721.

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos ayudarlo a leerla. También es posible que reciba esta carta escrita en su idioma. Para obtener ayuda gratuita, llame ahora mismo al 888-254-2721.

Chinese (Traditional)

重要事項：您是否能閱讀此信？如果無法閱讀，我們將為您提供專員協助服務。我們也能將此信翻譯成您所使用的語言。欲洽詢免費服務，請立即致電 888-254-2721

Korean

중요 공지: 이 서신을 읽은 데 어려움은 없으십니까? 만일 어려움이 있다면 이 서신을 잘 읽을 수 있도록 도움을 드릴 수 있습니다. 또한 여러분은 이 서신의 한국어 번역본을 제공받으실 수 있습니다. 이 무료 서비스를 원하시는 분은 지금 바로 888-254-2721 로 전화하십시오.

Vietnamese

QUAN TRỌNG: Quý vị có đọc được lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận thư này bằng tiếng Việt. Để được giúp đỡ miễn phí, xin gọi ngay số 888-254-2721.

Tagalog

MAHALAGA: Nababasa ba ninyo ang sulat na ito? Kung hindi, makakakuha kami ng taong makakatulong sa inyo na basahin ito. Maaari ninyo ring makuha ang liham na ito sa inyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa 888-254-2721.

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