MEDICA INSURANCE COMPANY
P.O. BOX 30990
SALT LAKE CTY, UT 84130-0990

Explanation of Benefits

Subscriber: ANDREW SHARP
Subscriber ID: 984567643
Group/ Policy: PERFORCE SOFTWARE INC

169PEIPIBW0002002-02496-01
ANDREW SHARP
212 THOMPSON SQ
MOUNTAIN VIEW CA 94043-4219

Hi, ANDREW.

THIS IS NOT A BILL. This Explanation of Benefits (EOB) is a summary of services received and how plan benefits were applied.

Located in the totals panel is the total amount you may owe for the services included in this statement – but, depending on when you receive this statement, that amount may not reflect payments you've already made. Visit **Medica.com/SignIn** to see the most up to date amounts.

Use this EOB as a reference or retain as needed.

Services in this statement occurred between May 22, 2025 - May 22, 2025

Provider charges	**$329.00**
Your total amount owed	**$0.00**

See claim details on following pages or go directly to **Medica.com/SignIn** to view.

Got questions?
Get in touch with Member Services at **952-945-8000** or **800-952-3455**

Definition of Key Terms - continued

Services Received: A brief description of the medical service, supply or medication billed along with the procedure code or Revenue Code. A procedure code is an alpha numeric identifier used to define the medical service, supply or medication billed. A Revenue Code is used by hospitals to report services rendered - revenue codes are three digits.

Claim detail for ANDREW continued

**May not reflect payments made at the time of service - that's why it's a good idea to hold off on making any payments until you receive a bill from the provider.

Explanation of your notes

Notes are used to identify specific types of adjustments relating to your claims. The corresponding details will help explain how your claim was processed.

0926 -- UNITEDHEALTHCARE DISCOUNT AGREEMENT.

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Your rights as a member continued

Procedures for complaints that do not involve a medical determination:

1. If you contact Medica to express a complaint verbally, Medica will communicate a decision to you within 10 calendar days from receipt of the complaint. If you remain dissatisfied with Medica's decision, Medica will provide you with a complaint form to submit your complaint in writing. If you need assistance with completing the complaint form Medica will help you. The complaint form can be mailed to the address listed above.
2. If you submit your complaint in writing, Medica will communicate a decision to you within 30 calendar days. If you remain dissatisfied with Medica's decision, you may pursue an appeal as described below under the section "Second Level of Review". Medica's second level of review must be completed before you have the right to submit a request for external review.

Procedures for complaints that require a medical determination:
If this decision was based on medical necessity, you have one year following receipt of Medica's initial decision to file an appeal. You can call or write us at the phone numbers and address listed above to request a first level review. Your appeal will be completed no later than 15 calendar days from receipt of your request. If waiting the standard 15-day turnaround time might jeopardize your life, health or ability to regain maximum function or if this timeframe would subject you to severe pain that cannot be managed without the care of treatment you are requesting, you or your attending provider may request an expedited, 72 hour appeal review. In such cases, you may also have the right to request an external review while your first level review is being conducted.

Second Level of Review

If you remain dissatisfied with Medica's decision after your first level review, you may pursue a second level of review. Your request must be submitted to Medica within one year following receipt of Medica's first level review decision. Generally, the second level review is optional if the complaint requires a medical determination and you may file a request for external review. Medica will inform you whether the second level of review is optional or required.

Medica's Second Level of Review Options:

- Hearing: Under this process, you present your case to a committee, either in person or via teleconference. If this second level of review is required, Medica will notify you of the decision within 30 calendar days of your appeal request. If the second level of review is optional, Medica will notify you of the decision within 45 calendar days of your appeal request.

Got questions?
Get in touch with Member Services at **952-945-8000** or **800-952-3455**

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.
Online: civilrightscoordinator@medica.com
Mail: Civil Rights Coordinator, P.O. Box 9310 Minneapolis, MN 55443-9310

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的 Medica ID 卡背面包含的號碼。

Nếu qu. vị muốn trợ giúp dịch thông tin này miễn phí, h.y gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của qu. vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaa Eenyummaa Medica irra jiruun bilbila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميديكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей индентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ຟຣີ, ໃຫ້ໂທຫາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ Medica ຂອງທ່ານ.