ALLIED

Allied Benefit Systems LLC
200 W Adams St Ste 500
Chicago IL 60606-5215

Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

Forwarding Service Requested

**********ALL FOR AADC 852
PB-0MA-501-ENV 2301
RAMAKRISHNA BATTULA
17030 N 49TH ST
APT 1078
SCOTTSDALE AZ 85254-7573

Customer Service

For questions, please visit us at
www.NGBSselffunded.com
or contact us at
(888) 292-0272
Electronic Claim Submission
Please refer to the member's ID card

Date: 4/2/2021
Enrollee: RAMAKRISHNA BATTULA
Group#: L190067
Group: AVAN IT LLC

Dates of Service: 02/03/2021 thru 02/03/2021

Dear RAMAKRISHNA BATTULA ,

The information below is a summary of the healthcare claims you incurred for the period 02/03/2021 through 02/03/2021. This information is commonly referred to as an ***"Explanation of Benefits" (EOB).*** This is not a bill. It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may recieve from the provider(s) listed below. If you did not receive service from the provider(s) listed below or suspect fraudulent charges please contact the customer service department at the number listed above.

Total Amount Billed

$801.13

This is the total amount billed for the dates of service of 02/03/2021 thru 02/03/2021.

Total Amount Paid By Plan

$263.27

This is the amount the plan paid in total for services rendered from 02/03/2021 thru 02/03/2021. Please see the “Claim Detail” section of this document for more information.

Your Financial Responsibility

$25.00

This is the amount the provider(s) of service ***may*** bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

Claim Summary

Claim Number	Patient Name	Total Charge	Ineligible Amount	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Patient Responsibility	Payment Amount
4630913401	RAMAKRISHNA BATTULA	$265.00	$0.00	$75.51	$189.49	$0.00	$0.00	$0.00	$189.49
4635725401	RAMAKRISHNA BATTULA	$536.13	$25.00	$437.35	$73.78	$0.00	$0.00	$25.00	$73.78
	Totals	$801.13	$25.00	$512.86	$263.27	$0.00	$0.00	$25.00	$263.27

Claim#: 4630913401
Patient: RAMAKRISHNA BATTULA

Patient#: 5025467V600
Provider: ERNST DO, CARLY A

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
02/03-02/03/2021	17	$265.00	$0.00	46	$75.51	$189.49	$0.00	$0.00	$189.49	100%	$189.49
Column Totals		$265.00	$0.00		$75.51	$189.49	$0.00	$0.00	$189.49		$189.49
										Other Credits or Adjustments	$0.00
Patient's Responsibility:		**$0.00**								**Total Net Payment**	$189.49

Claim#: **4635725401**
Patient: **RAMAKRISHNA BATTULA**

Patient#: 96707862
Provider: LABCORP PHOENIX

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
02/03-02/03/2021	37	$248.39	$0.00	46	$224.43	$23.96	$0.00	$0.00	$23.96	100%	$23.96
02/03-02/03/2021	37	$85.61	$0.00	46	$79.46	$6.15	$0.00	$0.00	$6.15	100%	$6.15
02/03-02/03/2021	37	$33.00	$0.00	46	$31.46	$1.54	$0.00	$0.00	$1.54	100%	$1.54
02/03-02/03/2021	16	$102.00	$0.00	46	$102.00	$0.00	$0.00	$0.00	$0.00	100%	$0.00
02/03-02/03/2021	16	$42.13	$0.00		$0.00	$42.13	$0.00	$0.00	$42.13	100%	$42.13
02/03-02/03/2021	61	$25.00	$25.00	28	$0.00	$0.00	$0.00	$0.00	$0.00	0%	$0.00
Column Totals		$536.13	$25.00		$437.35	$73.78	$0.00	$0.00	$73.78		$73.78
										Other Credits or Adjustments	$0.00
										Total Net Payment	$73.78

Patient's Responsibility: **$25.00**

Service Code Description

16	PREVENTIVE CARE
37	LABORATORY
61	INELIGIBLE EXPENSE
17	ROUTINE HEALTH EXAMS

Reason Code Description

46	Bill has been discounted by your PPO/EPO network.
ed	Procedure not compatible with diagnosis.
28	Your plan does not cover this type of service.

Payment Details

Paid To	Check No.	Amount
LABORATORY CORPORATION OF	9000000919592	$73.78
VHS OUTPATIENT CLI	9000000911373	$189.49

PPO Information

OAP	CIGNA HEALTHCARE DISCOUNT. PATIENT NOT LIABLE.
OAP	CIGNA HEALTHCARE DISCOUNT. PATIENT NOT LIABLE.

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Reference Info

Enrollee: RAMAKRISHNA BATTULA
Group#: L190067

Appeal Language

If this Explanation of Benefits reflects an adverse benefit determination, you may appeal the determination; submit written comment, documents, records or other information relating to the claim; and, upon request and free of charge, receive copies of all documents, records and other information relevant to the claim. Your appeal must be submitted in writing to the Plan Administrator within 180 days after receipt of this notice. You will be notified of the determination within 60 days after receipt of your appeal. Also, if applicable, you have a right to bring a civil action under Section 502(a) of ERISA following the determination of your appeal.

Important Information about Your Appeal Rights
For Medical Claims Only

What if I need help understanding this denial? Contact Allied Benefit Systems, LLC, on behalf of the Plan Administrator, at the phone number listed in the box at the top of the Explanation of Benefits if you need assistance understanding this notice or the Plan's decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide you or pay for an item or service (in whole or in part).

How do I file an appeal? Your appeal must be submitted in writing to Allied Benefit Systems, LLC, on behalf of the Plan Administrator, within 180 days from the date of this notice. See also the "Other resources to help you" section of this form for assistance filing a request for an appeal. **Notwithstanding the foregoing, please see the homepage of Alliedbenefit.com for details as to a temporary extended deadline by the Federal government, governing the time period to submit your appeal.**

Who may file an appeal? You or someone you name, in writing, to act for you (your authorized representative) may file an appeal.

Can I provide additional information about my claim? Yes, as part of your appeal, you may submit written comments, documents, records or other information relating to the claim.

Can I request copies of information relevant to my claim? Yes, as part of your appeal, you may request, in writing, copies of all documents, records and other information relevant to your claim, free of charge. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting Allied Benefit Systems, LLC, on behalf of the Plan Administrator, at the phone number listed in the box at the top of the Explanation of Benefits.

What happens next? If you appeal, the Plan will review its decision and you will be notified of the determination within 60 days after receipt of your appeal. If the Plan continues to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. However, such a request for external review is only applicable where the Plan's underlying determination involved 1) a rescission of coverage or 2) medical judgment. Also, you have a right to bring a civil action under Section 502(a) of ERISA following the determination of your external review. (If you are not entitled to an external review, you still have a right to bring a civil action under Section 502(a) of ERISA following the determination on appeal.)

Other resources to help you: For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

The National General Benefits Solutions Program provides tools for small-business employers to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Stop-loss insurance for the self-funded plan is underwritten and issued by Time Insurance Company.

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Patient's Responsibility: **$0.00**

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