



# Explanation of Benefits

**RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL**

## Forwarding Service Requested

MANOJUKUMAR- VULAVALA  
 1049 MORNING VIEW COURT  
 ORRVILLE OH 44667

L221056

### Customer Service

Questions? Contact us at the phone number listed on your Subscriber ID card.

For more information about your health plan, log in or register your account at [alliedbenefit.com/Members](http://alliedbenefit.com/Members).

**Date:** 12/20/2023  
**Enrollee:** MANOJUKUMAR- VULAVALA  
**Group#:** L221056  
**Group:** AMERITEK GLOBAL INC

**Claim#:** 5337264901  
**Patient:** MANASA HANUMANTHA-REDDY

**Patient#:** P70783500860  
**Provider:** WISWELL DO, SARA

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
09/28-09/28/2023	38	\$232.00	\$0.00	V+	\$116.66	\$115.34	\$115.34	\$0.00	\$0.00	100%	\$0.00
<b>Column Totals</b>		\$232.00	\$0.00		\$116.66	\$115.34	\$115.34	\$0.00	\$0.00		\$0.00
<b>Patient's Responsibility:</b> \$115.34										<b>Other Credits or Adjustments</b>	\$0.00
										<b>Total Net Payment</b>	\$0.00

### Service Code Description

38 X-RAYS

### Reason Code Description

V+ Discount field reflects excess of Plan Allowable.

### PPO Information

CAZ Discount field reflects excess of Plan Allowable

## 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](http://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 Self-Funded Program through Allstate Benefits provides tools for employers owning small to mid-sized businesses 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. For employers in the Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in WA, CO, and all other states where offered.