

 **Kansas City**  
 2301 Main Street  
 P.O. Box 419169  
 Kansas City, MO 64141-6169

201803053319



ENV 15348 1 OF 3 F

**Electronic Service Requested**

15348 0.7648 SP 0.510 SINGLE PIECE  


Member ID:	
Patient:	
Birth Date:	
Group Number:	
Plan Name:	
.....	
Date(s) of Service:	
Claim Number:	
Claim Received On:	
Claim Processed On:	
Provider of Service:	

Blue Cross and Blue Shield of Kansas City is an Independent Licensee of the Blue Cross and Blue Shield Association

**This is your Explanation of Benefits**

**THIS IS NOT A BILL**

**Keep this document for your record of benefits received.**

Dear

The following is an Explanation of Benefits (EOB) for a claim processed by Blue Cross and Blue Shield of Kansas City (BCBSKC) on your behalf. This claim represents services received from \_\_\_\_\_, an In-Network Endocrinologist on February 20, 2018. ***The total amount you may owe for this claim is \$60.00.*** This amount may include a previous payment you have already made to your provider. You may still have additional charges from this provider that are not yet determined. You may be billed separately by your provider for these charges.

If you have any questions, or need additional information, please visit our Web site at MyBlueKC.com or refer to your plan documents. For additional details about this claim, including the specific terms of the policy and the diagnosis and procedure codes used by the provider, either the member, legal guardian or authorized representative can contact Customer Service weekdays 8:00 a.m. to 8:00 p.m. Central Time at 816-395-3800 or toll free 800-962-8835. Thank you for choosing BCBSKC to manage your health insurance needs. We appreciate the opportunity to serve you.

**CLAIM-AT-A-GLANCE**

Total Billed Charges: .....	\$519.00
Minus Member Savings/Discounts arranged by BCBSKC: .....	\$160.40
Minus Other Not-Eligible Charges: .....	\$0.00
Leaving an Allowable Provider Charge of: .....	\$358.60
Minus Plan Payment of: .....	\$298.60
Leaving a Balance you may owe: .....	\$60.00

**COPAY..... \$60.00**

**DEDUCTIBLE..... \$0.00**

**COINSURANCE..... \$0.00**

➔ *Detailed line-item accounting on the back*

**DETAILED EXPLANATION OF THIS CLAIM**

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ENV 15348

Claim #:			Less Not-Eligible Charges			Member Payment				
Date of Service	Type of Service	Billed Charges	BCBSKC Member Savings	Other	Ref #	Allowable Charges	Copay	Deductible	Co-insurance	Plan Payment
02/20/2018	VO	\$204.00	\$55.27	\$0.00	1	\$148.73	\$60.00	\$0.00	\$0.00	\$88.73
02/20/2018	LCS1	\$30.00	\$8.03	\$0.00	2	\$21.97	\$0.00	\$0.00	\$0.00	\$21.97
02/20/2018	LCS1	\$75.00	\$17.15	\$0.00	3	\$57.85	\$0.00	\$0.00	\$0.00	\$57.85
02/20/2018	LCS1	\$150.00	\$48.34	\$0.00	4	\$101.66	\$0.00	\$0.00	\$0.00	\$101.66
02/20/2018	LCS1	\$60.00	\$31.61	\$0.00	5	\$28.39	\$0.00	\$0.00	\$0.00	\$28.39
<b>Totals This Claim:</b>		<b>\$519.00</b>	<b>\$160.40</b>	<b>\$0.00</b>		<b>\$358.60</b>	<b>\$60.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$298.60</b>

**BCBSKC Plan Payment to your Provider: \$298.60**  
**YOUR Responsibility To : \$60.00**

**PAYMENT MADE TO YOUR PROVIDER**

**Type Of Service Description**

VO - Practitioner Visit - Office/Outpatient  
 LCS1 - Laboratory Service

**Explanation of Not Eligible Charges**

Ref #	Message	Provider Responsibility	Other	
			Your Responsibility	To Be Determined
1	This service has been processed based on your provider's network status with Blue KC.	\$55.27		
2	This service has been processed based on your provider's network status with Blue KC.	\$8.03		
3	This service has been processed based on your provider's network status with Blue KC.	\$17.15		
4	This service has been processed based on your provider's network status with Blue KC.	\$48.34		
5	This service has been processed based on your provider's network status with Blue KC.	\$31.61		

**Deductible Information**

2018	Individual			Family		
	Plan Deductible	Deductible Met	Deductible Remaining	Plan Deductible	Deductible Met	Deductible Remaining
Medical	\$750.00	\$750.00	\$0.00	\$1,500.00	\$750.00	\$750.00

For a detailed explanation of deductibles, go to MyBlueKC.com.

**YOUR INFORMATION. YOUR CHOICE.**

Want to change the way you receive this communication? Visit the Manage Communications page at MyBlueKC.com and select exactly how you want to receive your claim Explanation of Benefits. Prefer an email notice or text that your claims are ready to view online? Want to stop receiving EOBs? You can even elect to receive an EOB only when you owe. You call the shots.

## Disagree with the way your claim was processed?



### How To Appeal A Claim

Your claim has been carefully processed according to the terms of your health plan. If you or your authorized representative disagree with our decision, you may request a review of the claim. You also have the right to request guidelines or rules we used in denying your claim. In your written request you should explain why you disagree and you may provide additional informational about the claim. To request an appeal, you may submit a written request to:

Blue KC Appeals Department  
P.O. Box 417005  
Kansas City, MO 64179-9773  
Fax: 816-817-2486

### When will you hear from us?

You will receive a decision in writing within 60 days after receiving your written appeal unless you are part of a self-funded multi-employer plan. More than 60 calendar days may be used to decide those appeals. If we continue to deny your claim 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.

### When should you submit an appeal?

Within 365 days after you've been notified of the denial unless your plan is self-funded by your employer then you have 180 days.

### Other Information You Should Know

If your group health plan is subject to ERISA (Employee Retirement Income Security Act of 1974), you may file a lawsuit under Section 502(a) of ERISA, if you have used all of the appeal rights required by your plan. If your plan is self-funded by your employer or group of employers, Blue KC provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

### Other resources to help you:

Contact Blue KC Customer Service if you need assistance understanding this notice or for additional information about the appeals process. Other resources are also available for questions about your rights, this notice, or for assistance.

Missouri Department of Insurance:  
800-726-7390

Kansas Department of Insurance:  
800-432-2484

Employee Benefits Security Administration  
866-444-3272

## Don't understand the way your claim was processed?

### Your best resource for understanding your coverage is your Health Benefits Certificate

Here are a few common reasons for a claim denial. A complete description of your benefits, coverage exclusions, and complete definitions can be found in your Health Benefits Certificate at [mybluekc.com](http://mybluekc.com).

### Service is not Medically Necessary

If Blue KC has denied a service or supply as not medically necessary it usually means that according to the Blue KC medical policy: the service is not appropriate and/or is unnecessary for the symptoms, diagnosis, and treatment of medical or surgical condition; the service is primarily for your convenience; or the service is not reasonably expected to improve your health condition.

### Service is Experimental or Investigational

If Blue KC has denied a drug, device, or medical treatment as experimental or investigational it usually means that there is not sufficient scientific evidence to conclude that it is a safe and effective course of treatment or that the drug or device cannot be lawfully marketed without FDA approval, and such approval is required.

### Service is for a Pre-Existing Condition

If Blue KC has denied your claim as pre-existing it means that a service or supply was related to an illness, injury or other condition for which medical advice, diagnosis, care or treatment was received or recommended prior to your effective date. The pre-existing limitation period is defined in your Health Benefits Certificate.

**To report suspected fraud, call 816-395-3151 in the Kansas City area or toll free at 1-800-340-0119.**



## Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.



Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - \* Qualified sign language interpreters
  - \* Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - \* Qualified interpreters
  - \* Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), [languagehelp@bluekc.com](mailto:languagehelp@bluekc.com).

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, [APPEALS@bluekc.com](mailto:APPEALS@bluekc.com). You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

**Korean:** 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

**Serbo-Croatian:** Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

**Arabic:**

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-395-7126.

**Russian:** Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

**French:** Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

**Tagalog:** Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

**Laotian:** ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳ ລັງ ຊ່ວຍ ຫຼື ອື່ນ ທີ່ ຕ້ອງ ກຳ ລັງ ຈຳ ບວນ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອຳ ຫວາດ ຈຳ ບວນ ຈາກ ພວກ ທ່ານ ທີ່ ບໍ່ ມີ ຄ່າ ຈ້າ ຈ່າຍ. ການ ໂອ້ ມື ມັກ ບັນ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

**Pennsylvanian Dutch:** Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

**Persian:**

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایيد. تماس حاصل نمایيد. 1-844-395-7126.

**Cushite:** Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

**Portuguese:** Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



**Kansas City**

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