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EXPLANATION

YK OF BENEFITS

>0000238 7597207 001 92022 000941



CareFirst BlueCross BlueShield is an independent licensee of the Blue Cross and Blue Shield Association. Registered trademark of the Blue Cross and Blue Shield Association. Registered trademark of CareFirst of Kentucky, Inc.

MAIL ADMINISTRATOR PO BOX 14114

LEXINGTON KY 40512-4114 1-(800)-722-2467

THE FOLLOWING CLAIM WAS PROCESSED IN ACCORDANCE WITH YOUR COVERAGE THROUGH IMD JANUARY RENEWAL GROUP NUMBER:

PLEASE DIRECT ANY QUESTIONS YOU MAY HAVE CONCERNING THIS EXPLANATION OF BENEFITS TO THE ABOVE ADDRESS OR TELEPHONE NUMBER. YOUR IDENTIFICATION NUMBER AND THIS CLAIM NUMBER ARE REQUIRED FOR US TO HELP YOU.

SUBSCRIBER: 1

PAGE 1

IDENTIFICATION NUMBER	NUMBER	PATIENT NAME	DATE RECEIVED	DATE PROCESSED
			05/10/10	05/19/10

SUMMARY OF BENEFITS

TOTAL CHARGES.....	\$566.00	
LESS NON-ALLOWED AMOUNT.....	158.56	
LESS TOTAL DEDUCTIBLE AMOUNT.....	407.44	
TOTAL PAID.....		\$0.00
TOTAL PAYMENT THIS CLAIM		\$0.00
THE TOTAL PATIENT RESPONSIBILITY IS.....		\$407.44
(THIS IS THE AMOUNT THE PROVIDER CAN COLLECT FROM YOU FOR THESE SERVICES.)		
PAID TO:		

DETAILED EXPLANATION OF SUMMARY

PROVIDER - MEDICAL CARE	SERVICE DATES - 05/05/10-05/05/10	
CHARGE.....	\$66.00	
LESS NON-ALLOWED AMOUNT - (SEE REMARK PDC).....	28.70	
LESS DEDUCTIBLE AMOUNT.....	37.30	
PAYMENT.....	\$0.00	
PAYMENT FOR THIS SERVICE.....		\$0.00
PATIENT RESPONSIBILITY.....		\$37.30

DETAILED EXPLANATION OF SUMMARY

PROVIDER - Durable Medical Equipment	SERVICE DATES - 05/05/10-05/05/10	
CHARGE.....	\$250.00	
LESS NON-ALLOWED AMOUNT - (SEE REMARK PXN).....	64.93	
LESS DEDUCTIBLE AMOUNT.....	185.07	
PAYMENT.....	\$0.00	
PAYMENT FOR THIS SERVICE.....		\$0.00
PATIENT RESPONSIBILITY.....		\$185.07

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Feb. 1. 2011 10:20AM

No. 0183 P. 4/6

0000236 7597207 000942 00020804



EXPLANATION YK OF BENEFITS



CareFirst BlueCross BlueShield is an equal opportunity provider of the Blue Cross and Blue Shield Association. It is a registered trademark of the Blue Cross and Blue Shield Association. It is registered in the state of Maryland, Inc.

MAIL ADMINISTRATOR
PO BOX 14114

LEXINGTON KY 40512-4114
1-(800)-722-2467

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SUBSCRIBER:

IDENTIFICATION NUMBER	CLAIM NUMBER	PATIENT NAME	DATE RECEIVED 05/10/10	DATE PROCESSED 05/19/10
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DETAILED EXPLANATION OF SUMMARY

PROVIDER - Durable Medical equipment

SERVICE DATES - 05/05/10-05/05/10

CHARGE.....	\$250.00	
LESS NON-ALLOWED AMOUNT - (SEE REMARK PXN).....	64.93	
LESS DEDUCTIBLE AMOUNT.....	185.07	
PAYMENT.....		\$0.00

PAYMENT FOR THIS SERVICE..... \$0.00

PATIENT RESPONSIBILITY..... \$185.07

REMARKS

PDC BILLED AMOUNT IS HIGHER THAN THE MAXIMUM ALLOWED PAYMENT ACCORDING TO THE PROVIDER'S CONTRACT. PAYMENT REFLECTS ALLOWED AMOUNT.

PXN BILLED AMOUNT IS HIGHER THAN THE MAXIMUM ALLOWED PAYMENT ACCORDING TO THE PROVIDER CONTRACT. PAYMENT REFLECTS THE ALLOWED AMOUNT.

TTY USERS: PLEASE CALL THE NATIONAL RELAY SERVICE AT 711, THEN PROVIDE YOUR MEMBER SERVICE PHONE NUMBER TO THE COMMUNICATIONS ASSISTANT.

 * STOP HEALTH CARE FRAUD *
 * IF YOU SUSPECT FRAUD *
 * CALL THE HEALTH CARE FRAUD HOTLINE *
 * *
 * 1-800-624-2481 *
 * *****

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Feb. 1. 2011. 10:20AM

BENEFITS

Insurance of the Blue Cross of Maryland, Inc. No. 0183, a mutual P. 5/6 Association.
 Registered trademark of Maryland, Inc.

MAIL ADMINISTRATOR
 PO BOX 14114

LEXINGTON KY 40512-4114
 1-(800)-722-2467

2

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SUBSCRIBER:

IDENTIFICATION NUMBER	PATIENT NAME	DATE RECEIVED	DATE PROCESSED
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IMPORTANT NOTICE REQUIRED UNDER MARYLAND LAW

IF THIS NOTICE RESULTS IN NON-COVERAGE OF A HEALTH CARE SERVICE RENDERED BY A TREATING PROVIDER INCLUDING NON-PAYMENT OF ALL OR ANY PART OF YOUR CLAIM, YOU, OR YOUR HEALTH CARE PROVIDER ON YOUR BEHALF, HAVE THE RIGHT TO FILE AN APPEAL. THE APPEAL SUBMISSION SHOULD INCLUDE INFORMATION YOU BELIEVE WILL HELP US REVIEW YOUR APPEAL. YOU MAY CONTACT OUR APPEAL MANAGEMENT ANALYSIS UNIT AT THE FOLLOWING ADDRESS:

MAIL ADMINISTRATOR
 PO BOX 14114
 LEXINGTON, KY 40512-4114

WE WILL SEND YOU A WRITTEN RESPONSE TO YOUR APPEAL WITHIN SIXTY (60) WORKING DAYS OF OUR RECEIPT OF YOUR APPEAL.

IF YOU ARE DISSATISFIED WITH THE OUTCOME OF THE APPEAL, YOU, OR YOUR HEALTH CARE PROVIDER ON YOUR BEHALF, MAY FILE A COMPLAINT WITH THE LIFE AND HEALTH COMPLAINT UNIT, MARYLAND INSURANCE ADMINISTRATION WITHIN SIXTY (60) WORKING DAYS AFTER RECEIPT OF THE APPEAL DECISION. YOU MAY CONTACT THE LIFE AND HEALTH COMPLAINT UNIT AT:

MARYLAND INSURANCE ADMINISTRATION
 LIFE AND HEALTH COMPLAINT UNIT
 200 ST. PAUL PLACE, SUITE 2700
 BALTIMORE, MD 21202
 PHONE: (410) 468-2000 OR 1 (800) 492-6116 (TOLL FREE)
 FAX: (410) 468-2260
 WEB SITE: WWW.MDINSURANCE.STATE.MD.US

THERE IS HELP AVAILABLE TO YOU IF YOU WISH TO DISPUTE THE PLAN'S DECISION ABOUT PAYMENT FOR HEALTH CARE SERVICES. YOU MAY CONTACT:

CONSUMER PROTECTION DIVISION
 OFFICE OF THE ATTORNEY GENERAL
 HEALTH EDUCATION AND ADVOCACY UNIT
 200 ST. PAUL PLACE, 16TH FLOOR
 BALTIMORE, MD 21202
 PHONE: (410) 528-1840 OR 1-(877) 261-8807 (TOLL FREE)
 FAX: (410) 576-6571
 WEB SITE: WWW.OAG.STATE.MD.US

THE HEALTH ADVOCACY UNIT CAN HELP YOU, OR YOUR HEALTH CARE PROVIDER ACTING ON YOUR BEHALF, PREPARE AN APPEAL TO FILE UNDER THE HEALTH PLAN'S INTERNAL APPEAL PROCESS. THAT UNIT CAN ALSO ATTEMPT TO MEDIATE A RESOLUTION TO YOUR DISPUTE. THE HEALTH ADVOCACY UNIT IS NOT AVAILABLE TO REPRESENT OR ACCOMPANY YOU DURING ANY PROCEEDING OF THE INTERNAL APPEAL PROCESS.

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Feb. 1. 2011 10:20AM

No. 0183 P. 6/6

000236 7597207 000944 000844 0004/0004



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ADDITIONALLY, YOU MAY FILE A COMPLAINT WITH THE LIFE AND HEALTH COMPLAINT UNIT, MARYLAND INSURANCE ADMINISTRATION, WITHOUT HAVING TO FIRST FILE AN APPEAL WITH CAREFIRST BLUECROSS BLUESHIELD IF: (1) WE HAVE DENIED AUTHORIZATION FOR A HEALTH SERVICE NOT YET PROVIDED TO YOU, AND (2) A SIXTY (60) WORKING DAY DELAY IN RECEIPT OF A HEALTH CARE SERVICE UNTIL AFTER YOU OR YOUR HEALTH CARE PROVIDER ACTING ON YOUR BEHALF EXHAUSTS THE INTERNAL APPEAL PROCESS AND OBTAINS A FINAL DECISION UNDER THE APPEAL PROCESS COULD RESULT IN LOSS OF LIFE, SERIOUS IMPAIRMENT TO A BODILY FUNCTION, SERIOUS DYSFUNCTION OF BODILY ORGAN, OR THE MEMBER REMAINING SERIOUSLY ILL WITH SYMPTOMS THAT CAUSE YOU TO BE A DANGER TO YOURSELF OR OTHERS.