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BlueCross BlueShield of Illinois

**THIS IS AN Explanation of Benefits (EOB).**

# This is Not a Bill

**BLUE CROSS BLUE SHIELD ILLINOIS (HCSC)**

**CUSTOMER SERVICE: (888) 802-8776**

**GROUP: BOEING TRADITIONAL MEDICAL**

September 17, 2012

Michael Laham
P O Box 9761
Seattle WA 98109

**Claim Information**

Group Number: 7SPE00
Identification Number: 831604964
Section Number: 1000
Alpha Prefix: BHP
Member's Name: Michael Laham
Patient Name: Elana Laham
Claim Number: 1181556D7290H 00

THE FOLLOWING SHOWS HOW THIS CLAIM WAS PROCESSED.

***CRAIG BREWER***

| Service Description | From Date | To Date | Amount | Coinsurance | Deductible | Not Covered | | Covered |
|---|---|---|---|---|---|---|---|---|
| OFFICE VISIT | 6/15/11 | 6/15/11 | 110.00 | 0.00 | 15.00 | 0.00 | | 97.74 |
| | | **TOTALS** | **110.00** | **0.00** | **15.00** | **0.00** | | **97.74** |

**Coverage Determination**

| | | |
|---|---|---|
| **Other Insurance Payment (if applicable)** | **$** | **0.00** |
| **Medicare Payment (if applicable)** | **$** | **0.00** |
| **Deductions** | **$** | **15.00** |
| Copayment Amount | **$** | 15.00 |
| **Total Benefit Approved** | | **82.74** |
| **Amount You May Owe Provider** | **$** | **15.00** |

**Benefit Payment Information**

TOTAL COVERED BENEFITS APPROVED FOR THIS CLAIM: $82.74 TO: CRAIG BREWER ON: July 1, 2011

BlueCross BlueShield of Illinois

If payment of your claim has been denied in part or in full by your health care Plan, the Plan shall notify you of:
- The specific reason for adverse determination
- The Plan provision on which the determination is based
- A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such information is necessary
- A description of the Plan's review procedures and applicable time limits, including a statement of the Claimant's right to bring a civil action under 502 (a) of ERISA, if applicable, following an adverse determination of review.

The following conditions apply in the case of an adverse benefit determination by a group health Plan or a Plan providing disability benefits:
- If an internal rule, guideline, protocol or other criterion was used in making the determination, the notification must state that the criterion was relied on in making the determination and that a copy will be provided free of charge upon request.
- If based on medical necessity, experimental treatment or similar exclusion, either an explanation of such exclusion applying the terms of the Plan to the Claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request.

If you are not satisfied with the determination, please contact the Blue Cross and Blue Shield of Illinois (BCBSIL) Claim Review Section, P.O. Box 2401, Chicago, Illinois, 60690. If, after investigation, BCBSIL determines that the claim (or portion of a claim) was correctly denied, you may appeal the denial as detailed below.

Under federal law, you are entitled to a full and fair review of the denied claim. Appeals must be made in writing within 180 days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

You will receive a written decision within 60 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:
- Information relied upon in making the benefit determination
- Information submitted, considered or generated in the course of making the benefit determination, whether or not it was relied upon in making the benefit determination
- Descriptions of the administrative processes and safeguards used in making the benefit determination
- Records of any independent reviews conducted by the Plan
- Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination.

For insured products, Rule 9.19 of the Rules and Regulations of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois, 60601-1115, and in Springfield at 320 W. Washington Street, Springfield, Illinois, 62767-0001.