



**We're here to help.**

Member Services: 888-592-8960  
 Member ID: EWR1000000100

JANE DOE  
 3399 A AAAAAAAAAA AA  
 BROKEN ARROW OK 74012

# PREVIEW

This is an Explanation of Benefits (EOB) for health insurance claim(s) processed 07/16/2018.

It is your personal record of what we paid and what you may still owe to a doctor or facility. **This is not a bill.**  
 Below is a breakdown of each claim. See the following page(s) for information to help manage your plan.

## Jane Doe

**Claim Number:** 20183230001457

**Provider:** DR. John Smith

Date of Care Care Received	Charged by Provider	Allowed Amount	Paid by BCBSNE	Previously Processed	Your Responsibility To The Provider				
					Not Covered	Copay	Deductible	Co Insurance	You Owe
06/15/2018 Rapid desensitization	20,252.00	15,126.00	1,066.00	10,120.70	0.00	45.00	10.00	5.00	60.00
<b>Notes: 26, 27, 28</b>									
06/15/2018 Rapid desensitization	252.00	126.00	66.00	61.62	0.00	60.00	0.00	0.00	60.00
<b>Notes: 26</b>									

**Your responsibility is \$120.00**

### Notes:

- 26 Co-payment Amount
- 27 Deductible Amount
- 28 Co-insurance Amount

## Additional Resources

### Manage your plan at [myNebraskaBlue.com](http://myNebraskaBlue.com)



#### Electronic EOBs

Sign up to receive EOBs via email



#### Estimate Costs

Compare costs for upcoming procedures



#### See Claims History

View most current claims history

### Do you need to request an appeal?

If you disagree with the decision reflected on this claim, you may request an appeal. Consult your Certificate of Coverage, Summary Plan Description or Contract for information regarding your specific appeal process.

A request for an appeal must be submitted in writing within six months of the date the claim was processed, or as otherwise required by your plan.

Please include any additional information which may resolve the dispute.

Your request for an appeal may be submitted by you or a representative on your behalf to: Appeals Dept.

Blue Cross and Blue Shield of Nebraska  
PO Box 3248  
Omaha NE 68180-0001.

The letter must state that this is a request for an appeal and, if possible, include a copy of your Explanation of Benefits (EOB).

Be sure your appeal includes:

- (1) A general description of the appeal
- (2) The name of the covered person
- (3) Blue Cross and Blue Shield of Nebraska ID number
- (4) Date of the service or claim number
- (5) All letters must include the name and relationship of the person submitting the appeal.

**STANDARD EXTERNAL REVIEW:** If our decision on an appeal involved making a judgment as to the medical necessity, experimental or investigational nature, appropriateness, health care setting, level of care, or effectiveness, of the health care service or treatment, you may have a right to have our decision reviewed by independent health care professionals who have no association with us. Specific information regarding your external review process will be included with your final adverse determination.

You may be required to exhaust your appeals prior to filing a lawsuit. If your group health plan is subject to ERISA (Employee Retirement Income Security Act of 1974), you have a right to bring a civil action under Section 502(a) of the Act.

**NOTICE:** For additional details regarding your claim or the information used in making our decision, including specific policy provisions or criterion, the provider's diagnosis and procedure codes, or the scientific or clinical rationale, please contact Member Services at the telephone number shown above. This information is available to you, free of charge, upon request.

This Benefit Plan is that of your employer. Blue Cross and Blue Shield of Nebraska is serving only as the Claims Administrator and does not assume any financial risk.

**HELP STOP FRAUD!!** - If you suspect Fraud, call (TOLL FREE) 877-632-Blue (2583) or write to: Special Investigations, Blue Cross Blue Shield of Nebraska, PO Box 3248, Omaha, NE 68180-0001.