



BENEFIT CONSORTIUM

TICUA Benefit Consortium, Inc.
PO Box 9501
Amherst, NY 14226-9501

Return Service Requested

Alice Smith
25 Main Street
Anywhere, MN 99999

Claim No.: 023K0020199999900-MM
Group Name: TICUA
Group Ident: K000
Dept Code: 111111
Employee: John D. Doe
Patient: Jane S. Doe
Patient Acct: 123456789
Provider: Robert Smith MD
Prepared On: 01/01/2003

Patient Responsibility

Table with 2 columns: Description, Amount. Rows include Amount Not Covered (0.00), Co-Pay Amount (0.00), Deductible (50.00), Co-Insurance (39.60), Patient's Total Responsibility (89.60), Other Insurance Payment (0.00).

EXPLANATION OF BENEFITS--This is NOT a Bill

Main table with 13 columns: Service Date, Service Code, Proc. Code, Billed Amount, Surcharge Amount, Not Covered, Reason Code, PPO Discount, Covered Amount, Deductible Applied, Co-Pay Amount, Paid At, Payment Amount. Includes Claim Totals and sub-totals for Other Insurance Credits and/or Surcharge.

Accumulators

50.00 of Individual Deductible met
39.60 of Individual Out Of Pocket met

Payment to:

Robert Smith MD, Check No. 12345, Amount 201.40

Service Code

164 X-Ray Services
152 Physician Services

Reason Codes

KO Tennessee Healthcare Discount
02 Wellness

Messages

APPEALS: THIS CLAIM WAS PROCESSED ACCORDING TO THE GROUP HEALTH PLAN DESCRIBED IN YOUR SUMMARY PLAN DESCRIPTION IF IT IS DETERMINED THAT THE BENEFITS REQUESTED ARE NOT COVERED BY THE PLAN, YOUR REQUEST FOR PAYMENT MUST BE DENIED. CLINICAL DENIALS INCLUDE, BUT ARE NOT LIMITED TO MEDICAL NECESSITY DETERMINATIONS, INVESTIGATIONAL OR EXPERIMENTAL TREATMENT AND EVALUATION OF COSMETIC EXPENSES. AN EXPLANATION THAT LED TO THE DECISION WILL BE PROVIDED AT NO CHARGE, UPON WRITTEN REQUEST. YOU OR YOUR AUTHORIZED REPRESENTATIVE HAS THE RIGHT TO AN APPEAL WITHIN 180 DAYS OF THE DATE THAT YOU RECEIVE A DENIAL. YOU WILL BE NOTIFIED OF THE APPEAL DETERMINATION NO LATER THAN 30 DAYS AFTER THE PLAN RECEIVES YOUR REQUEST. IF YOUR APPEAL IS DENIED AND ALL LEVELS OF REVIEW HAVE BEEN EXHAUSTED, YOU HAVE THE RIGHT TO BRING CIVIL ACTION UNDER ERISA 502(A). IF YOU DECIDE TO APPEAL THIS CLAIM, YOUR APPEAL SHOULD BE SENT IN WRITING TO ATTN: APPEAL DEPARTMENT, TICUA, P.O. BOX 1380, AMHERST, NY 14226-7380