

SAMPLE CASE # 4 – EOBs/CARRIER LETTERS ATTACHED (7 pages)

Patient: "N.P."

Carrier: EMPIRE BCBS

Date(s) of service: 5/1/2012

Pre-Op Dx: Acute Appendicitis

Post-Op Dx: Acute Appendicitis, Meckel's Diverticulum

CPT line items (# of procedures): 2 surgical procedures, 2 E/M charges

Total Claim(s) Amount : \$ 18,945.03

****Initial** amount paid to provider: \$ 1,405.04 (7%) on 6/21/12

Carrier Adjudication method:

- 1) subscriber's contract has limited emergency benefits, additional payment must be approved by patient's employer.
- 2) Subsequent procedure (excision of Meckel's diverticulum) not reimbursable as "inclusive to primary procedure"

Appeal/Re-submission date: 7/12/12

****Second** carrier payment: \$ 1,356.55 (now 14% covered)

Carrier reason: "Upon review of patient's contract, claim processed correctly and account is considered closed. Patient responsibility upon final determination" = \$ 16,175.00

Note: With patient permission and cooperation, I contacted HR department at employer

Appeal/ potential litigation basis:

- 1) **two separate incisions** (further clarification available upon request)
- 2) Employee coverage and basic ethical standards

****Final** settlement date: 3/26/13 – approx. one year after date of service

Amount Paid : \$ 17,294.20 (94% of total billed)

Provider chose not to bill patient for deductible/co-insurance (7% remaining balance)

PATIENT TESTIMONIAL

"Angelo was amazingly helpful, in guiding us through the confusing and murky waters of negotiating with our insurance provider. Without his help, it would have been a significantly longer and more challenging road to recovery. It took over a year, but he helped us get full coverage as the claim was covered at 100% !"-Betsy P.



Details of Claim(s):

Have Questions?
Visit our web site at
www.empireblue.com
or call (866) 290-9098.

Member Name: _____ Member ID #: _____

Patient: _____ Provider Name: _____
 Claim Number: _____ Provider Address: _____
 Date Claim Received: 05/11/12

DATES OF SERVICE	PROCEDURE CODE	SERVICE	AMOUNT CHARGED BY PROVIDER	DISCOUNT AMOUNT	YOUR RESPONSIBILITY				PAYABLE BY	EMPIRE NOTES
					CHARGES NOT COVERED	DEDUCTIBLE	COINSURANCE	COPAYMENT		
05/01/12-05/01/12	44970	SURGERY-ABDOMINAL	9,200.75	0.00	9,200.75	0.00	0.00	0.00	0.00	1
05/01/12-05/01/12	44800	SURGERY-ABDOMINAL	9,159.80	0.00	7,027.55	375.95	351.26	0.00	1,405.04	2
Total:			\$18,360.55	\$0.00	16,228.30	375.95	351.26	0.00	\$1,405.04	3,4
Your Total Responsibility:								\$16,955.51		

NOTES FOR THIS CLAIM:

- This service is part of another service and is not considered separately for benefits. Please refer to the exclusions section of your contract or benefit booklet for further details.
- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- Since this provider is not a participating provider, we are making payment for these services directly to you. You are responsible to pay the provider for these services if you have not already done so, including the amount of our payment to you and the amount indicated in "Your Responsibility".
- Empire HealthChoice Assurance, Inc. provides administrative claims payment services only, with no financial risk or obligation with respect to claims.

You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

As of This Claim, You Have Satisfied
\$2,100.00 of the 2012 Annual In-Network Deductible of \$2,100.00 for
\$2,100.00 of the 2012 Annual Out-of-Network Deductible of \$3,100.00 for
\$2,451.26 of the 2012 Annual In-Network Out-of-Pocket Maximum of \$5,000.00 for
\$2,451.26 of the 2012 Annual Out-of-Network Out-of-Pocket Maximum of \$7,500.00 for

NON-NEGOTIABLE

000936020200
 NYCCS030 0044B 20120517092 JSJE
 20120516 000836 2012 05 18 0641 2 of 2



P.O. Box 1407
Church Street Station
New York NY 10608-1407

01873



Page 1 of 3

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an association of independent Blue Cross and Blue Shield Plans

Explanation of Benefits
THIS IS NOT A BILL
RETAIN THIS COPY FOR YOUR RECORDS

*****AUTO**3-DIGIT 100
9964 1 AT 0.374 42

Statement Date: 05/15/12

Total Number of Claims: 01

Member Name:

Member ID Number:

Have Questions? Visit www.empireblue.com
or call Member Services at (866) 290-9098
Monday - Friday, 8:30 am - 8:00 pm EST.

Empire HealthChoice Assurance, Inc.
PO Box 5072
Middletown, NY 10940-9072

Check Claims Online...Free!
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online service; then start managing your account
online, 24/7. Check and resolve claims, order
ID cards, look-up health information and more,
all in real-time. It's fast, easy and secure.*

*Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de
servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.*

4000936020101 x
NYCCS095 COME 20120517202 JSSE
20120516 000936020101 x



P.O. Box 1407
Church Street Station
New York NY 10008-1407

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00818



Explanation of Benefits
THIS IS NOT A BILL
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*****AUTO**3-DIGIT 100
37147 1 AT 0.374 108
NICHOLAS PEPE
144 WAVERLY PLACE 4
NEW YORK NY 10014

Statement Date: 05/08/12

Total Number of Claims: 01

Member Name:

Member ID Number:

Have Questions? Visit www.empireblue.com
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NYEC5020 BOWE 201205 15B00 J479
201205 10 000371 ERV [37.147] 3 of 4

4101020125000K



Details of Claim(s):

Member Name: 1

Member ID #: 1

Have Questions?
Visit our web site at
www.empireblue.com
or call (866) 290-9098.

Patient:

Provider Name:

Claim Number:

Provider Address:

Date Claim Received: 05/07/12

1

DATES OF SERVICE	PROCEDURE CODE	SERVICE	AMOUNT CHARGED BY PROVIDER	DISCOUNT AMOUNT	YOUR RESPONSIBILITY				PAYABLE BY EMPIRE	NOTES
					CHARGES NOT COVERED	DEDUCTIBLE	COINSURANCE	COPAYMENT		
04/30/12-04/30/12	99231	HOSPITAL INPATIENT	218.40	0.00	108.99	109.41	0.00	0.00	0.00	1
05/01/12-05/01/12	99238	HOSPITAL INPATIENT	366.08	0.00	169.52	196.56	0.00	0.00	0.00	2
Total:			\$584.48	\$0.00	278.51	305.97	0.00	0.00	\$0.00	3
Your Total Responsibility:								\$584.48		

NOTES FOR THIS CLAIM:

- The services you received were rendered by a non-participating provider; therefore, the provider is entitled to bill for the amount indicated in "Your Total Responsibility" if it has not already been paid. Amounts shown in "Charges Not Covered" may include charges that exceed the amount allowed for the service. The patient's responsibility is reduced when services are rendered by participating providers.
- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- Empire HealthChoice Assurance, Inc. provides administrative claims payment services only, with no financial risk or obligation with respect to claims.

You can learn more about the services listed by calling the customer service phone number on the back of your ID card. We can tell you the diagnosis and treatment codes included on your claim, along with the descriptions for those codes.

As of This Claim, You Have Satisfied
\$314.05 of the 2012 Annual In-Network Deductible of \$2,100.00 for 1
\$314.05 of the 2012 Annual Out-of-Network Deductible of \$3,100.00 for 1
\$314.05 of the 2012 Annual In-Network Out-of-Pocket Maximum of \$5,000.00 for 1
\$314.05 of the 2012 Annual Out-of-Network Out-of-Pocket Maximum of \$7,500.00 for 1

NYECS020 BOWE 20120515500 J470
 20120510 000371 Rev 03/14/12 4 of 4
 40020701Z500*

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK
ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN
CHECKING THE ENDORSEMENT.

CHECK NUMBER

82-20
311

MEMBER ID NUMBER:

AMOUNT
\$1,356.55

DATE
09/13/12

Wayne S. DeStefano

AUTHORIZED SIGNATURE

Security features
included
Detail on back.

Empire
BLUE CROSS BLUESHIELD
165 Broadway, New York, NY 10006

PAY TO THE
ORDER OF THE
MEMBER

Citizens Delaware
One Penn's Way, New Castle, DE 19720

E 0000 11



P.O. Box 1407
Church Street Station
New York NY 10008-1407

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an association of independent Blue Cross and Blue Shield Plans.



Explanation of Benefits
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*****AUTO**3-DIGIT 100
5A21 1 AT 0.384 24

6416, 559, 007

Statement Date: 02/28/13

Total Number of Claims: 01

Member Name:

Member ID Number:

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Go now to www.empireblue.com and register for
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online, 24/7. Check and resolve claims, order
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Empire HealthChoice Assurance, Inc.
PO Box 5072
Middletown, NY 10940-9072

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al numero de servicio al cliente que aparece al dorso de su tarjeta de identificacion o en el folleto de inscripcion.



CHECK NUMBER

165 Broadway, New York, NY 10006

PAY TO THE
ORDER OF THE
MEMBER

MEMBER ID NUMBER:

62-20
311

Date 02/28/13 Amount \$14,532.61

Citibank Delaware
One Penn's Way, New Castle, DE 19720

Wayne S. Vergott
AUTHORIZED SIGNATURE

Security features
included.
Details on back.

⑈0000368264⑈

Details of Claim(s):

Member Name: _____

Member ID #: _____

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www.empireblue.com
 or call (866) 290-9098.

Patient: _____

Provider Name: _____

Claim Number: _____

Provider Address: _____

Date Claim Received: 05/11/12

DATES OF SERVICE	PROCEDURE CODE	SERVICE	AMOUNT CHARGED BY PROVIDER	DISCOUNT AMOUNT	YOUR RESPONSIBILITY				PAYABLE BY EMPIRE NOTES
					CHARGES NOT COVERED	DEDUCT-IBLE	COINSUR-ANCE	COPAY-MENT	
05/01/12-05/01/12	44970	SURGERY-ABDOMINAL	9,200.75	0.00	0.00	0.00	339.14	0.00	8,861.61 1
05/01/12-05/01/12	44800	SURGERY-ABDOMINAL	9,159.80	0.00	0.00	375.95	351.26	0.00	8,432.59
Total:			\$18,360.55	\$0.00	0.00	375.95	690.40	0.00	\$17,294.20 2, 3, 4
Your Total Responsibility:								\$1,066.35	

NOTES FOR THIS CLAIM:

1. This claim was adjusted based on additional information received.
2. Since this provider is not a participating provider, we are making payment for these services directly to you. You are responsible to pay the provider for these services if you have not already done so, including the amount of our payment to you and the amount indicated in "Your Responsibility".
3. This is an adjustment to a previously processed request for benefits. The original payable amount was \$2,761.59.
4. Empire HealthChoice Assurance, Inc. provides administrative claims payment services only, with no financial risk or obligation with respect to claims.

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\$2,100.00 of the 2012 Annual Out-of-Network Deductible of \$3,100.00 for
\$2,451.26 of the 2012 Annual In-Network Out-of-Pocket Maximum of \$5,000.00 for
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