



PO Box 9232
Des Moines, IA 50306-9232

Patrick Smith
1800 SOUTH AVE SOUTH SUITE c3
DES MOINES IA 50234

Hello, Patrick.

This is your Explanation of Health Care Benefits or "EOB." This document shows how we applied your coverage to claim(s) we received. If you have questions, please call customer service or visit us at myWellmark.com. **This is not a bill.**

Your Total Responsibility

\$0.00

See other side
for more info ➔

You may have already paid some or all of this amount.

What if I don't agree with this decision?

If you do not agree with the outcome of your claim, you can either file an appeal, or request information. You may request or receive copies of all information that pertains to the processing of your claim. To request this information, send a written request to the special inquiries address below. If you choose to file an appeal, you must do so before #####.

How do I file an appeal?

If you disagree with the denial in whole or in part of your claim, you are entitled to a full and fair review of your claim by individuals associated with us, but who were not involved with the initial decision. You or your authorized representative may file an appeal by sending a written request before the ##### deadline.

Steps to submit an appeal:

- 1 Submit an internal appeal before the ##### deadline. A printable appeal form is available at Wellmark.com to assist you. Be sure to include on the document:
 - Your printed first and last name
 - Your mailing address
 - Explanation of why you are requesting an appeal
 - The date that you are submitting the request
 - The identification number and claim number from this Explanation of Health Care Benefits
 - Date of services provided that you wish to appeal
 - Any additional information you want to give that will help in reconsidering your claim (e.g., notes, lab results, operative notes/reports, and medical history)
- 2 Wellmark will send you a written reply to your appeal within 60 days of Wellmark's receipt of your appeal request. If you are still not satisfied you may have additional rights. Wellmark's appeal response will include an explanation of those rights. Also, please check your benefits booklet for information about claim determination and your rights.
- 3 Send appeals and information requests to:
Wellmark Blue Cross and Blue Shield of Iowa
Special Inquiries and Appeals
PO Box 9232
Des Moines, IA 50306-9232
Fax: 515-376-9073

External review?

In addition to the initial Wellmark appeal, you may have a right to seek external review. External review is a process where you may seek an independent review of Wellmark's decision to refuse to pay for or authorize a treatment or service. External review is limited to Wellmark's decisions based on medical necessity, appropriateness, health care setting, level of care, effectiveness of care, or determination that a service is experimental or investigational. External review is also available for decisions relating to the surprise billing and cost-sharing protections of the No Surprises Act. The decision will be reviewed by independent health care professionals who have no association with us. External review is not available in all cases, you must first exhaust the internal appeal process described previously.

Who else can I contact for appeal help?

For assistance in understanding your appeal rights, you can also contact the Employee Benefits Security Administration at (866) 444-EBSA (3272) or the Iowa Insurance Division, 1963 Bell Avenue, Des Moines, IA 50315-1000, (877) 955-1212.

If the decision on review is an adverse benefit determination and if you have employer group coverage subject to the Employee Retirement Income Security Act of 1974 (ERISA), you have the right to bring a civil action under Section 502(a) of ERISA.

Language Assistance

Para recibir asistencia en español, por favor comuníquese al servicio de cliente, al número que aparece en su tarjeta de identificación. 如需获得中文帮助, 请拨打 ID 卡上所示的客户服务号码联系我们。 áká adoowoł biniyéí béesh bee hane'í binóomba naaltsos bee ééhóziní bikáá' sinil. Éí nóomba didííłts' [f].



PO Box 9232
Des Moines, IA 50306-9232

Patrick,

More detailed information on your coverage, services received, or any accompanying diagnoses, can be found on myWellmark.com.

This is not a bill.

Your Total Responsibility

\$0.00

You may have already paid some or all of this amount.

For more information

Visit myWellmark.com or call 800-394-2960 between 7:30 a.m. and 5:00 p.m. CST, Mon.–Fri.

Glossary

Amount Charged

The charges by a health care provider for the covered or non-covered services you have received.

Network Savings

The amount you save on covered services, based on Wellmark’s negotiated rate.

Medicare Approved Amount

The amount payable under Medicare for a covered service.

Medicare Paid

The amount Medicare pays to you or your health care provider.

Medical Plan Paid

The amount paid to you or your health care provider by Wellmark.

Copay

The fixed amount you pay for covered health care services. You may be required to pay before receiving services (when copay applies).

Deductible

The fixed amount you pay for covered health care services before benefit payments are available.

Coinsurance

The percentage of costs you pay for covered health care services (when coinsurance applies).

Amount Not Covered

The portion of charges not covered under your health benefits.

Your Responsibility

The remaining amount you **pay the health care provider** after Medicare and your health insurance plan has processed the claim. This may combine your *Copay + Deductible + Coinsurance + Amount Not Covered*. You may have already paid some or all of this amount.

Patient Account Number

Your account number with your health care provider.

WLT00123456

Wellmark ID

01/06/2024–01/23/2024

Date(s) of Service for this EOB

02/24/2024

Issue Date

2

Claims

2

Claim Lines

Cost Totals

Total Charges

\$758.00

Summary of charges for this EOB.

Total Savings

\$573.12

Summary of savings for this EOB may include Network Savings and/or Medicare Approved Amount.

Total Payments

\$184.88

Summary of payments for this EOB may include Wellmark Paid, Other Insurance Paid, and/or Medicare Paid.

Your Total Responsibility

\$0.00

Summary of the remaining amounts (*Copay + Deductible + Coinsurance + Amount Not Covered*) you **pay the health care provider**. You may have already paid some or all of this amount.



Manage your benefits online!

Login to myWellmark to see your benefits, track your deductibles, and contact Customer Service anytime, anywhere.

PATRICK **01/06/2024** **CENTRAL HEALTH HOSPITAL** **002285635174** **X12345A98765** **APPROVED**
 DOB: 07/14 Date(s) of Service Health Care Provider Claim Number Patient Account Number Claim Status

Date(s) of Service	Service Received	Notes	Amount Charged	Network Savings	Medical Plan Paid	Copay	Deductible	Coinsurance	Amount Not Covered
01/06/2024	Office Medical Care	-	\$379.00	\$286.56	\$92.44	\$15.00	\$0.00	\$0.00	\$0.00
		1, 2 Total	\$379.00	\$286.56	\$92.44	\$15.00	\$0.00	\$0.00	\$0.00

Medicare Approved Amount: \$92.44 Medicare Paid: \$0.00	Your Responsibility \$0.00 You may have already paid some or all of this amount.
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PATRICK **03/07/2024** **CENTRAL HEALTH HOSPITAL** **002285635174** **X12345A98765** **APPROVED**
 DOB: 07/14 Date(s) of Service Health Care Provider Claim Number Patient Account Number Claim Status

Date(s) of Service	Service Received	Notes	Amount Charged	Network Savings	Medical Plan Paid	Copay	Deductible	Coinsurance	Amount Not Covered
01/23/2024	Outpatient Medical Care	-	\$379.00	\$286.56	\$92.44	\$0.00	\$0.00	\$0.00	\$0.00
		1, 2 Total	\$379.00	\$286.56	\$92.44	\$0.00	\$0.00	\$0.00	\$0.00

Medicare Approved Amount: \$92.44 Medicare Paid: \$0.00	Your Responsibility \$0.00 You may have already paid some or all of this amount.
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Notes regarding this claim submitted to us
 1 - We have settled this claim directly with your provider. (ZB4)
 2 - Wellmark Health Plan of Iowa, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. (ZD6)