

Explanation of Payment

Participant: TAMMI AMBROSE (SA2648058)

Payment Summary

Total Paid \$30.00
 Payment Type Check Number
 <ProviderPay>
 Payment Issue Date 01/08/2024
 Payee Paid Provider: <BLUE
 RIDGE COMMUNITY
 HEALTH SERVICES>

Appeal Rights

If you have questions on how your claim was processed please review our important claims processing information and your complaint/appeal filing rights.

Individual Claims

Account	Source	Claim #	Service Type	Patient	Service From	Service To	Submitted	Approved	Reason
HSA	Online	186123522	Normal distribution	JOHN AMBROSE	01/05/2024	01/05/2024	+\$30.00	+\$30.00	[Not Applicable]

Important Claim Processing Information

For hearing and speech impaired telephone access for benefits and claims information, please call 711. Provide the following member support number to the relay service: 1-866-758-6119.

A claim that is incomplete or needs additional information to make an appropriate benefit determination is indicated by the denial/adjustment reason on the Explanation of Payment page. When we receive all necessary information, we will process your claim.

We use internal and external rules and guidelines to make and adverse benefit determination. You have the right to ask for any relevant documents, records, or other information used to process your claim. You may also ask for scientific or clinical judgment used if your claim was denied because it was determined to be experimental or not medically necessary. You can name a representative to ask for this information. Please note by law we cannot send copies of your protected health information to your representative without authorization granted via the [CareFirst Member Portal](#). Please contact customer service to request any additional relevant documents.

Complaint/Appeal Information

The explanation of payment page explains how your claim was processed based on upon the information submitted to us. You or your designed representative may appeal a denial, partial denial, or reduction of your claim by following our complaint procedures. First, contact customer service for an explanation. If you are not satisfied with the explanation given, please submit your concern on our [appeal filing form](#) with any other documents, records or information that pertains to your request. Upon receipt of your request, we will provide you a full and fair review of your complaint and a written notice of our decision according to the timeframe found in your Plan documentation.

If you are a member of a group plan that is a subject to the Employee Retirement Income Security Act(ERISA), once you have exhausted our complaint/appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.