



**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099

\*021551M119623290000095160540\*

THIS IS A DUPLICATE.  
*Explanation of Benefits (EOB)*. **This is not a bill.**  
**MCDONALD'S CORPORATION**  
12-13-22

Customer Service: 1-800-734-8254

**AAKASH RASTOGI**  
**1509 EAST SOUTHERN AVENUE**  
**TEMPE AZ 85282-5608**

**\*\*THE IMPORTANT UPDATE SECTION IS NOT  
APPLICABLE TO ALL POLICIES OR PLANS\*\***

**Claim Information**

Member Name: AAKASH RASTOGI  
Group No.: 21531  
Identification No.: MCQM11962329  
Claim No.: 231823126130C  
Patient Name: AAKASH RASTOGI

**SUMMARY**

**Total Billed:** \$199.00  
**Total Benefits Approved:** \$153.93  
**From HCA** \$0.00  
**Amount You May Owe Provider:** \$45.07

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Network Diff	Covered
<b>URGENT CARE 24/7</b>					
Laboratory Services	11-10-22	199.00	45.07 (1)		153.93
<b>Totals</b>		<b>\$199.00</b>	<b>\$45.07</b>		<b>\$153.93</b>

**COVERAGE INFORMATION**

<b>Totals</b>		<b>\$199.00</b>	<b>\$45.07</b>		<b>\$153.93</b>
<b>Total Benefits Approved</b>					<b>\$153.93</b>
<b>Amount Applied from your Health Care Account (HCA)</b>					<b>\$0.00</b>
<b>Amount You May Owe Provider</b>					<b>\$45.07</b>
We are sending you the enclosed \$153.93 ,not your provider. "Amount You May Owe The Provider" does not include the enclosed or any payments you made to the provider. Ask the provider what you may owe.					

**Information About Your Spending Account(s)**

	Deducted	Balance
From your HCA account:	\$0.00	\$49.63

\* For updated information about your account(s), go to Blue Access for Members.

**Information About Amounts Not Covered**

(1) The amount billed is more than what is allowed for this service. The provider is

## Information About Amounts Not Covered

out-of-network. You are responsible for charges over what is allowed.

## Ideas To Keep Health Care Affordable

Choosing a balanced diet - watching what you eat and how much - can help you feel better but can also help prevent or manage diseases and illnesses that can decrease your quality of life and increase the cost of health care for all of us.

### Health Care Fraud Notice

### Fraud Hotline at 1-800-543-0867

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

## Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- \* The specific reason for adverse determination
- \* The Plan provision on which the determination is based
- \* A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such information is necessary
- \* A description of the Plan's review procedures and applicable time limits, including a statement of the Claimant's right to bring a civil action under 502 (a) of ERISA, if applicable, following an adverse determination of review

The following conditions apply in the case of an adverse benefit determination by a Group Health Plan or a Plan providing disability benefits:

- \* If an internal rule, guideline, protocol or other criterion was used in making the determination, the notification must state the criterion that was relied upon and that a copy will be provided free of charge upon request
- \* If based on medical necessity, experimental treatment or similar exclusion, either an explanation of such exclusion applying the terms of the Plan to the Claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request

If you are not satisfied with the determination, please call Blue Cross and Blue Shield of Illinois (BCBSIL) at the customer service number on the first page of this EOB, or write to the BCBSIL Claim Review Section, P. O. Box 2401, Chicago, Illinois 60690-1364. If after investigation, BCBSIL determines that the claim (or portion of a claim) was correctly denied, you may appeal the denial as detailed here.

Under federal law, you are entitled to a full and fair review of the denied claim. Appeals must be made in writing within 180

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

You will receive a written decision within 60 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:

- \* Information relied upon in making the benefit determination
- \* Information submitted, considered or generated in the course of making the benefit determination, whether or not it was relied upon in making the benefit determination
- \* Descriptions of the administrative processes and safeguards used in making the benefit determination
- \* Records of any independent reviews conducted by the Plan
- \* Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- \* Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination

## IMPORTANT INFORMATION ABOUT APPEALS

(Retain for your records)

This document applies to you if your health coverage is not grandfathered under the Affordable Care Act (ACA). Certain plans

*Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.*



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**IMPORTANT INFORMATION ABOUT APPEALS**  
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created on or before March 23, 2010, may be "grandfathered health plans," and the external appeals and review rights set forth below do not apply to them. **You may contact us at the number on the back of your ID card to determine whether your health coverage is grandfathered.**

If we have denied your claim for benefits, in whole or in part, for a requested treatment or service, rescinded your coverage, or denied or limited your eligibility (if applicable), then this document serves as part of your notice of an adverse determination.

**Contact us at the number on the back of your ID card if you need assistance understanding this notice or your adverse determination.**

**Your Internal Appeal Rights**

**What if I don't agree with this decision?** You have a right to appeal an adverse determination. However, you only have 180 days from the date you receive the notice of adverse determination to file an internal appeal.

**Who may file an internal appeal?** You or someone you name to act for you (your authorized representative) may file an appeal. You may designate an authorized representative by completing the necessary forms. For more information on how to do so, contact us at the number on the back of your ID card.

**How do I file an internal appeal?** For claim appeals, you may contact us at the number on the back of your ID card and request an internal appeal or send a written request.

**Oklahoma**

Appeal Coordinator  
Blue Cross and Blue Shield of Oklahoma  
P.O. Box 3283  
Tulsa, Oklahoma 74102-3283

**New Mexico**

Appeal Unit  
Blue Cross and Blue Shield of New Mexico  
P.O. Box 27630  
Albuquerque, New Mexico 87128-9815

**Illinois**

Claim Review Section  
Health Care Service Corporation  
P.O. Box 2401  
Chicago, Illinois 60690

**Texas**

Blue Cross and Blue Shield of Texas  
P.O. Box 660044  
Dallas, Texas 75266-0044

**What about eligibility-related denials and rescissions?** Please refer to your benefit booklet for additional specifics. You may also contact us at the number on the back of your ID card.

**What if my situation is urgent?** If your situation meets the definition of urgent under the law, your review will generally be conducted as soon as possible. An urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your doctor you experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by following the instructions above for filing an internal appeal. You may also initiate an expedited external review by an Independent Review Organization (IRO) simultaneously by contacting us at the number on the back of your ID card or contacting your state's ombudsman or consumer assistance program listed below.

**Can I provide additional information about my claim?** Yes, you will be informed about how to supply additional information once you initiate your appeal. You will also have the option of presenting evidence and testimony. In addition, we will provide you with any new or additional evidence, rationale, documents, or information used or relied upon in your adverse determination so you have a reasonable opportunity to respond before a final decision is made.

**Can I request copies of information relevant to my claim?** Yes, you may request and receive copies relevant to your claim free of charge. For example, upon request, you may receive the diagnosis and treatment codes (and their corresponding meanings) associated with an adverse determination. In addition, if we rely on a rule or guideline (such as a provision excluding certain benefits within your policy booklet) in making an adverse determination, we will provide that rule or guideline to you free of charge upon request. You can request copies of this information by contacting us at the number on the back of your ID card.

**What happens next?** If you appeal, we will review our decision and generally send you a written determination within 60 days of receipt of your internal appeal request. If we continue to deny the partial or full payment of a claim, coverage, or eligibility for benefits or you do not receive a timely decision, you may be able to request an External Review of your claim by an Independent Review Organization (IRO). Your health coverage may require a second level of internal appeal before you are eligible for External Review.

Once an eligible request for external review is complete, the matter will be assigned to an IRO. The assigned IRO will be an independent, unbiased, randomly selected entity that receives no financial incentives based on the outcome of any review. There will be no charge to you for the IRO review. The acknowledgment of receipt of your request from the IRO will contain additional information about their review process, the types of additional information that you can submit for review and the information that must be included in the decision of the IRO. You should note that the IRO is not bound by our adverse or final adverse

(turn over)

**IMPORTANT INFORMATION ABOUT APPEALS**  
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determination. The decision of the IRO is binding on the parties, but there may be additional state or federal remedies available. Please refer to your benefit booklet for information.

**Other Resources to Help You**

For questions about your rights, this notice, or for assistance, you can contact a consumer assistance program or ombudsman.

**Illinois**

Illinois Department of Insurance  
122 S. Michigan Ave., 19th Floor  
Chicago, Illinois 60603  
www.insurance.illinois.gov  
Telephone: (877)527-9431  
Email: DOI.InfoDesk@illinois.gov

**Texas**

Texas Consumer Health Assistance Program  
Texas Department of Insurance  
Mail Code 111-1A, 333 Guadalupe  
P.O. Box 149091  
Austin, Texas 78714  
www.texashealthoptions.com  
Telephone: (855)839-2427  
Email: chap@tdi.state.tx.us

**Oklahoma**

Oklahoma Insurance Department  
Five Corporate Plaza  
3625 NW 56th, STE 100  
Oklahoma City, Oklahoma 73112  
www.ok.gov/oid/Consumers/Consumer\_Assistance/index.html  
Telephone (in-state): (800)522-0071  
Telephone (out-of-state): (405)521-2828

**New Mexico**

Office of Superintendent of Insurance  
1120 Paseo De Peralta, Room 428  
Santa Fe, New Mexico 87501  
www.OSI.state.nm.us  
Telephone: (855)427-5674 or (505)827-4601  
Email: mhcb.grievance@state.nm.us

**You may be eligible to receive your adverse determination and this notice in a language listed below. In addition, you may call us to receive assistance in these languages.**

**SPANISH (Español):** Para asistencia en Español, por favor llame al numero ubicado en la parte posterior de su tarjeta de identificación.

**TAGALOG (Tagalog):** Upang humingi ng tulong sa Tagalog, paki tawagan ang numero na nakasulat sa inyong kard.

**CHINESE (中文):** 如果需要中文幫助, 請撥打您卡上的電話號碼。

**NAVAJO (Dine):** Dinék'ehjí áka'a'doowoo ł biniiyé, t'áá shóqdi koji' hodíílnih béésh bee hane'i bi numbo bee néé ho'dólnígíí biniiyé nanitínígíí bine'déé' bikáá'