



Forwarding Service Requested

*****ALL FOR AADC 852
PB-DSM-18-ENV 32051 80
AAKASH RASTOGI
1509 EAST SOUTHERN AVENU
TEMPE AZ 85282-5608

SUBSCRIBER INFORMATION

Subscriber #: M11962329
Group Name: MCDONALD'S CORPORATION
Group #: 021531
Benefit Type: Dental

CLAIM INFORMATION

Patient: RASTOGI,AAKASH
Claim #: 0020231641990514200000
Processed Date: 06/13/23
Provider: MATTHEW NELSON DDS

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| Amount Billed | \$424.00 |
| Discounts and Reductions | \$0.00 |
| Dental Plan Responsibility | \$257.60 |
| Patient May Owe | \$166.40 |

For questions please call the number on the back of your ID Card.

| Service Information | | | Patient Benefits Applied | | | Patient May Owe | | | | |
|---|---------------|-----------------|--------------------------|-----------------|----------------------------|-------------------|---------------|----------------|--------------------|-----------------|
| Service Description | Service Dates | Amount Billed | Discounts and Reductions | Allowed Amount | Dental Plan Responsibility | Deductible Amount | Copay Amount | Coinsurance | Amount Not Covered | Patient Costs |
| D0210 Intraoral - Comprehensive Series Of Radi | 06/09/23 | 177.00 | 0.00 | 177.00 | 61.60 | 100.00 | 0.00 | 15.40 | 0.00 | 115.40 |
| D4355 Full Mouth Debridement to Enable a Compr | 06/09/23 | 247.00 | 0.00 | 245.00 | 196.00 | 0.00 | 0.00 | 51.00 | 0.00 | 51.00 |
| CLAIM TOTALS | | \$424.00 | \$0.00 | \$422.00 | \$257.60 | \$100.00 | \$0.00 | \$66.40 | \$0.00 | \$166.40 |

Total covered benefits approved for this claim: \$257.60 to MATTHEW NELSON DDS on 06/13/23

BENEFIT YEAR MAX REMAINING: \$492.40

Notes about amounts under "PATIENT BENEFITS APPLIED" and "PATIENT MAY OWE"

A savings of 2.00 could have been recognized by using a network provider

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

If you are covered by more than one health plan, you should file all your claims with each plan. To protect the confidentiality of the member's Social Security Number and avoid processing delays, the Unique Identification Number on the member's ID card must be used when submitting claims. Providers, Customers, and Individuals: Cooperate with us to stop fraud. If you ever have any questions, call our fraud hotline at 800-411-2463.

If payment of your claim has been denied in part or in full by Us, this Explanation of Benefits will provide you with an explanation of the decision, including the specific reason for the adverse determination; the plan provision on which the determination is based; and a description of any additional information to perfect the claim and an explanation why such information is necessary. If an internal rule, guideline, protocol or other criterion was relied on in making the determination, it is identified above and a copy will be provided free of charge upon request. If the determination is based on medical necessity, experimental treatment or similar exclusion or limit, this EOB should explain the determination, applying the plan terms to the Claimant's medical circumstances. If it does not, the explanation will be provided free of charge upon 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.

Under the written plan terms, you are entitled to a full and fair review of the adverse benefit determination. If you are not satisfied with the determination, you may appeal the adverse benefit determination by submitting your written request to the Blue Cross and Blue Shield of Illinois (BCBSIL) Claim Review Section, P.O. Box 23059, Belleville, IL 62223. Appeal requests must be made in writing within 180 days from the date you receive notice of your claim determination. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. BCBSIL will issue a written decision within 60 days of receipt of your appeal request. Please be advised under Section 502(a) of the Employee Retirement Income Security Act of 1974, you have the right to file suit following the completion of the administrative appeal process established by the plan.



BlueCross BlueShield of Illinois



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 800-367-6401.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-367-6401.

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| Español Spanish | Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-367-6401. |
| العربية Arabic | إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 800-367-6401. |
| 繁體中文 Chinese | 如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 800-367-6401。 |
| Français French | Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-367-6401. |
| Deutsch German | Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-367-6401 an. |
| ગુજરાતી Gujarati | જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 800-367-6401 પર કોલ કરો. |
| हिंदी Hindi | यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 800-367-6401 पर काल करें। |
| Italiano Italian | Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 800-367-6401. |
| 한국어 Korean | 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 800-367-6401 로 전화하십시오. |
| Diné Navajo | T'áá ni, éí doodago ła'da bika anánilwo'ígíí, na'ídiłkidgo, ts'ídá bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bina'ídiłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'e 800-367-6401. |
| فارسی Persian | اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 800-367-6401 تماس حاصل نمایید. |
| Polski Polish | Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 800-367-6401. |
| Русский Russian | Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 800-367-6401. |
| Tagalog Tagalog | Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 800-367-6401. |
| اردو Urdu | اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 800-367-6401 پر کال کریں۔ |
| Tiếng Việt Vietnamese | Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 800-367-6401. |