6-21-20

To whom it may concern,

I had a surgery at Carroll County Hospital, a LAPARO partial colectomy (44204) ~~in~~ August 2020.

April 7, 2021 I had a follow up colonoscopy at CCHospital, A in network provider. they sent polyp's And tissue to pathology to be tested. AT NO control of mine was sent in hospital to a out of network ~~p~~ Dr. for pAthology results. this happened when I had initial surgery as well. I would like this bill to be reprocessed And consideration to be taken to cover this. #EOB BGN249

thANK YOU,

Employee #

RECEIVED
JUN 25 2021
AA, LLC

1 OF 1 ...52-9451

Return Service Requested

12

Explanation of Benefits - This is NOT a Bill
Please retain for Tax Purposes

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0101

BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

Statement Date: 05/05/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: BGMZ63 **Provider:** STEVEN M MILLER MD			**Patient:**						**Patient Acct. #:** 000114898413 **Employee #:** U34700267		
12/30/20-12/30/20	99396	310.00	82.73	A1 A2	227.27	0.00	M	100	227.27	0.00	0.00
	TOTALS	310.00	82.73		227.27	0.00			227.27	0.00	0.00

Total Plan Pays:	227.27
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	227.27

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
Claim #: BGNZ49 **Provider:** HICKEN CRANLEY DRS PA			**Patient:**						**Patient Acct. #:** MD60000000061752E **Employee #:** U34700267		
04/07/21-04/07/21	88305 26	148.00	148.00	A1 A2	0.00	0.00		0	0.00	0.00	148.00
	TOTALS	148.00	148.00		0.00	0.00			0.00	0.00	148.00

Total Plan Pays:	0.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	0.00

Payment To	Amount	Check Number
CAPITAL WOMEN'S CARE	227.27	117773
DRS HICKEN CRANLEY & TAYLOR PA	0.00	NC

Claim #	Code	Description
BGMZ63	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	A2	$82.73 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
		THIS IS AN ADJUSTMENT OF CLAIM NUMBER BCBM59 TO REISSUE CHECK NUMBER 116993 WHICH WAS NEVER RECEIVED BY THE PROVIDER.
BGNZ49	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT.
	A2	SVCS MUST BE PROVIDED BY A CIGNA PROVIDER TO BE COVERED. PG 75 OF SPD.

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BAKERS UNION & FELRA H&W

If you have any questions, please call (866) 66-BAKER

Statement Date: 05/05/21

TYPE	DESCRIPTION
B	Basic Benefit
M	Major Medical Benefit

Dates of Service	CPT Code	Amount Charged	Not Covered	Remark Codes*	Amount Allowed	Deductible	TYPE	%	Plan Pays	Medicare/ Other Pymnt	Patient Responsibility

Appeal Rights

If your claim has been wholly or partially denied (as shown in the **Messages** section on the front of this Explanation of Benefits or "EOB"), you have the right to appeal this decision within 180 days of your receipt of the EOB. You may submit written comments, documents and other information relating to your claim. You have the right to designate, in writing, a representative to act on your behalf. You must provide the Fund with the representative's name, address and telephone number. The Fund will direct all future communications to the representative.

If the Fund relied upon an internal rule, guideline or protocol in making the decision, it will be available upon request, free of charge. If the Fund based its determination upon medical necessity, experimental treatment or similar exclusion or limit, such explanation is available upon request and free of charge. If the Fund obtained any advice from a medical expert on the claim (even if the advice was not relied upon) the Fund will identify, upon request, the firm providing the medical expert's advice.

The Board of Trustees will review your appeal at its next scheduled meeting unless the appeal is filed within 30 days of that meeting, in which case it will be reviewed at the following meeting. If circumstances require more time for a decision, you will be notified in writing. The notice will describe the reason for the delay and the approximate date a decision will be made. The decision will be made no later than the third Board of Trustees meeting following the date the Fund receives your appeal. The review will take into account all information you submit relating to your claim. The Fund will notify you in writing of the Board of Trustees' decision within five days after the decision is made. In the event your appeal is denied, you have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA).

If your situation meets the definition of urgent under law, your review will be conducted within the urgent time frames established by law. An appeal of an Urgent Care Claim denial may be oral or in writing. You or your doctor should supply all information for an Urgent Care Claim appeal by hand delivery to the Fund Office or by telephone to **1-410-683-6500, toll free 1-800-638-2972 or by fax to 1-877-227-3536.**

If your claim is denied, in whole or in part, you are not required to appeal the decision. Further, you have the right to file suit in federal or state court under Section 502(a) of ERISA on your claim for benefits. However you must exhaust your administrative remedies by appealing the denial to the Board of Trustees before you have the right to file suit in state or federal court. Failure to exhaust these administrative remedies will result in the loss of your right to file suit, as described in the ERISA Rights statement in your Summary Plan Description.

Should you have any questions about your appeal rights, please contact Participant Services at the number shown in your SPD or mail your appeal to "**Associated Administrators, LLC, 911 Ridgebrook Road, Sparks, Maryland 21152-9451, Attn: Appeals Coordinator**". You may also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

Si usted necesita ayuda en español para entender este documento, puede solicitarla gratis llamando al número de servicio al cliente que aparece en su tarjeta de indentificación o en el resúmen descriptivo del plan.

	Amount Charged	Not Covered		Amount Allowed	Deductible		Plan Pays	Medicare/ Other Pymnt	Patient Responsibility
STATEMENT TOTALS	458.00	230.73		227.27	0.00		227.27	0.00	148.00

Deductible **Plan Pays**

Bakers Union and FELRA
Health and Welfare Fund

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (866) 662-2537
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

June 28, 2021

Name:
Claim #: **BGNZ49**
Date of Service: **April 7, 2021**

Dear Mrs. :

The Fund office has received your recent letter to the Board of Trustees. The appeal is being researched and you will be notified, in writing, of the outcome.

If you should have any questions, you may contact this office.

Sincerely,

Shawn Sannie

Shawn Sannie, Appeals Department
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152