11-3-20

TO the administrators

My name is

ON August 28, 2020 I had surgery.
(Laparoscopy surgical Colectomy part/w Anastonosis)
at a in network facility - Carroll County Hospital.
I had no choice where my pathology was
sent. the Dr. was not in network. Now I
am being balanced Billed, I am asking
if you can reconsider and reprocess the claim
Bill.

thank you,

NOV 06 2020
AA, LLC

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

November 9, 2020

COPY

Name:
Claim #: **ZTQ957**
Date of Service: **August 28, 2020**

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,

Erin Baker
Erin Baker, Appeals Department
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152

P514401400D

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

202010093306

Return Service Requested

ALL FOR AADC 210
4725 0.5738 AB 0.416
92

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

BAKERS UNION & FELRA H&W

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

ENV 4725 1 OF 2 F

Statement Date: 09/16/20

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 #: ZSR669 **Provider:** DINESH S KALARIA MD			**Patient:** **Employee:**						**Patient Acct. #:** **Employee #:**		
08/18/20-08/18/20	99211 25	30.00	30.00	A1 A2	0.00	0.00		0	0.00	0.00	0.00
08/18/20-08/18/20	93000	35.00	14.49	A1 A2	20.51	0.00	M	80	16.41	0.00	4.10
TOTALS		65.00	44.49		20.51	0.00			16.41	0.00	4.10

Total Plan Pays: 16.41
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 16.41

Claim #: ZTF700 **Provider:** ABRAHAM MATHEW MD PC			**Patient:** **Employee:**						**Patient Acct. #:** **Employee #:**		
08/18/20-08/18/20	99214	180.00	89.46	A1 A2	10.00	0.00	B	100	10.00	0.00	0.00
-					80.54	0.00	M	80	64.43	0.00	16.11
08/18/20-08/18/20	36415	5.00	2.22	A1 A2	2.78	0.00	M	80	2.22	0.00	0.56
08/18/20-08/18/20	99050	25.00	7.13	A1 A2	17.87	0.00	M	80	14.30	0.00	3.57
TOTALS		210.00	98.81		111.19	0.00			90.95	0.00	20.24

Total Plan Pays: 90.95
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 90.95

Claim #: ZTL152 **Provider:** NEUROLOGY ASSOC CARROLL			**Patient:** **Employee:**						**Patient Acct. #:** **Employee #:**		
08/28/20-08/28/20	44204 AS	1,086.90	689.05	A1 A2	397.85	0.00	M	80	318.28	0.00	79.57
TOTALS		1,086.90	689.05		397.85	0.00			318.28	0.00	79.57

Total Plan Pays: 318.28
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 318.28

Claim #: ZTL159 **Provider:** NEUROLOGY ASSOC CARROLL			**Patient:** **Employee:**						**Patient Acct. #:** **Employee #:**		
08/28/20-08/28/20	44204	3,623.00	697.60	A1 A2	2,925.40	0.00	M	80	2,340.32	0.00	585.08
TOTALS		3,623.00	697.60		2,925.40	0.00			2,340.32	0.00	585.08

Total Plan Pays: 2,340.32
Less COB Adjustment: 0.00
Less Provider Discount: 0.00
Less Provider Payment Adjustment: 0.00
Total Benefits Paid: 2,340.32

Claim #: ZTQ957 **Provider:** HICKEN CRANLEY DRS PA			**Patient:** **Employee:**						**Patient Acct. #:** **Employee #:**		
08/28/20-08/28/20	88307 26	289.00	289.00	A1 A2	0.00	0.00		0	0.00	0.00	289.00
TOTALS		289.00	289.00		0.00	0.00			0.00	0.00	289.00

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

Claim #: ZTQ998 **Provider:** HOSPITAL CENTER CARROLL			**Patient:** **Employee:**						**Patient Acct. #:** **Employee #:**		
08/28/20-08/31/20	0121	5,400.00	121.50	A1 A2 A3 A4	5,278.50	0.00	B	100	5,278.50	0.00	0.00

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

BAKERS UNION & FELRA H&W

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

Statement Date: 09/16/20

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
08/28/20-08/31/20	0221	125.26	2.82	A1 A2	122.44	0.00	B	100	122.44	0.00	0.00
08/28/20-08/31/20	0250	1,228.56	27.64	A1 A2	1,200.92	0.00	B	100	1,200.92	0.00	0.00
08/28/20-08/31/20	0270	262.88	5.91	A1 A2	256.97	0.00	B	100	256.97	0.00	0.00
08/28/20-08/31/20	0272	7,550.63	169.89	A1 A2	7,380.74	0.00	B	100	7,380.74	0.00	0.00
08/28/20-08/31/20	0300	100.00	2.25	A1 A2	97.75	0.00	B	100	97.75	0.00	0.00
08/28/20-08/31/20	0301	101.13	2.28	A1 A2	98.85	0.00	B	100	98.85	0.00	0.00
08/28/20-08/31/20	0305	73.56	1.66	A1 A2	71.90	0.00	B	100	71.90	0.00	0.00
08/28/20-08/31/20	0312	306.44	6.89	A1 A2	299.55	0.00	B	100	299.55	0.00	0.00
08/28/20-08/31/20	0360	5,668.35	127.54	A1 A2	5,540.81	0.00	B	100	5,540.81	0.00	0.00
	TOTALS	20,816.81	468.38		20,348.43	0.00			20,348.43	0.00	0.00

Total Plan Pays:	20,348.43
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	20,348.43

Claim #: ZTT052 **Patient:** [redacted] **Patient Acct. #:** [redacted]
Provider: COUNTY ANESTHESIA CARROLL **Employee:** **Employee #:**

08/28/20-08/28/20	00840 QX	3,349.00	0.00	A1	3,349.00	0.00	B	100	3,349.00	0.00	0.00
	TOTALS	3,349.00	0.00		3,349.00	0.00			3,349.00	0.00	0.00

Total Plan Pays:	3,349.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	3,349.00

Claim #: ZTT053 **Patient:** [redacted] **Patient Acct. #:** [redacted]
Provider: COUNTY ANESTHESIA CARROLL **Employee:** **Employee #:**

08/28/20-08/28/20	00840 QK	3,366.00	0.00	A1	3,366.00	0.00	B	100	3,366.00	0.00	0.00
	TOTALS	3,366.00	0.00		3,366.00	0.00			3,366.00	0.00	0.00

Total Plan Pays:	3,366.00
Less COB Adjustment:	0.00
Less Provider Discount:	0.00
Less Provider Payment Adjustment:	0.00
Total Benefits Paid:	3,366.00

Payment To	Amount	Check Number
DINESH S KALARIA MD	16.41	115931
ABRAHAM MATHEW MD PC	90.95	115928
CARROLL HEALTH GROUP	318.28	115933
CARROLL HEALTH GROUP	2,340.32	115933
DRS HICKEN CRANLEY & TAYLOR PA	0.00	NC
CARROLL HOSPITAL CENTER	20,348.43	115932
CARROLL COUNTY ANES ASSOC	3,349.00	115942
CARROLL COUNTY ANES ASSOC	3,366.00	115942

Claim #	Code	Description
ZSR669	A1	The service is disallowed because the modifier and procedure code combination is invalid.
	A2	$30.00 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.
	A2	$14.49 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $1812.44.

Associated Administrators, LLC.
911 Ridgebrook Road
Sparks, MD 21152-9451

[redacted]

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BAKERS UNION & FELRA H&W

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

Statement Date: 09/16/20

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
ZTF700	A1	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:NON-FACILITY.									
	A2	$89.46 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.									
	A2	$2.22 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$7.13 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
		$160.00 APPLIED TO $600.00 ANNUAL BASIC BENEFIT.									
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $1808.34.									
ZTL152	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.									
	A2	$689.05 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $1198.11.									
ZTL159	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.									
	A2	$697.60 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
		YOUR INDIVIDUAL YEAR TO DATE OUT OF POCKET TOTAL IS $1783.19.									
ZTQ957	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.									
ZTQ998	A1	CIGNA HEALTHCARE PREFERRED PROVIDER SAVINGS.									
	A2	6.00 DAYS APPLIED TO 70.00 DAY ANNUAL BASIC MAXIMUM.									
	A3	$121.50 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A4	3 TOTAL DAYS USED - 3 DAYS APPROVED BY UTILIZATION REVIEW MANAGER.									
	A2	$2.82 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$27.64 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$5.91 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$169.89 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$2.25 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$2.28 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$1.66 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$6.89 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
	A2	$127.54 DISCOUNTED BY CIGNA PPO. YOU DO NOT OWE THIS AMOUNT.									
ZTT052	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT.									

P5144014000

2020100933306

Explanation of Benefits - This is NOT a Bill
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[redacted]

2 OF 2 B

ENV 4725

BAKERS UNION & FELRA H&W

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

Statement Date: 09/16/20

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
ZTT053	A1	THE PROVIDER IS NOT A PPO NETWORK PARTICIPANT.									

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	32,805.71	2,287.33	30,518.38	0.00	29,829.39	0.00	977.99

Deductible **Plan Pays**