

Blue Cross and Blue Shield of North Carolina
PO Box 2291
Durham NC 27702-2291

Forwarding Service Requested

SEAN DEINES

Scan this barcode with your
Mobile device to learn more
About your EOB.

We continue to be impacted by COVID-19, or Coronavirus Disease 2019, in North Carolina. Blue Cross NC is here to help you prepare, stay healthy and get the care you need. Learn more about how we are expanding benefits and providing the coverage you need at BlueCrossNC.com/Coronavirus.

Important Information about Your Appeal Rights

If you have a question about your claim or benefits, you may reference the "Covered Services" and "What is not Covered?" sections of your benefit booklet or call the Customer Service Department at the telephone number shown on the front of this EOB. You or someone you name to act for you (your authorized representative) have a right to appeal any decision not to provide you or pay for an item or service (in whole or in part). Appeal forms and Third Party Authorization forms are available at www.bluecrossnc.com.

To be eligible for an appeal, your written request must be received within 180 days of the date of this EOB.

You may supply additional information regarding your appeal by mailing it to Blue Cross Blue Shield of North Carolina, Appeals Department, Level 1, PO Box 30055, Durham, NC 27702-3005 or fax information to 919-765-4409. If we continue to deny payment, coverage or services requested, you may be eligible for an external review by an independent third party, who will review the denial and issue a final decision.

You may also request, at no cost to you, reasonable access to, and copies of, all documents, records and other information relevant to your claim by writing to: Blue Cross Blue Shield of North Carolina, Customer Service Department, PO Box 2291, Durham, NC 27702-2291 or by visiting our website <https://www.bluecrossnc.com/providers/provider-medical-policies-and-coverage> or calling the Customer Service Department at the telephone number shown on the front of this EOB. Although not included on this statement for simplicity and privacy protection, you have the right to know the billing and diagnosis codes submitted by your provider. You may receive this information from your provider, or alternatively, you may contact us using the customer service phone number on the front page of this statement.

This information may also include any internal rules, guidelines, protocols, or other criteria used to make this decision, including any clinical review criteria indicated above (please include the medical policy number with your request). Additionally, if our decision is based on medical necessity, experimental treatment or another similar exclusion, it may include an explanation of the scientific or clinical judgment for the determination, applied to your medical circumstances.

When contacting us, always provide (1) your subscriber identification number, (2) the date of service received, (3) the patient's name, and (4) the name of the provider of care (hospital or doctor).

You may also have the right to bring an action under section 502(a) of ERISA. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

HELP STOP FRAUD: Please take a moment to carefully review this Explanation of Benefits. If you suspect fraud, abuse, a mistake or any type of improper billing please report it to us by calling our toll-free HOTLINE at 1-800-324-4963.

The North Carolina Department of Insurance (NCDI) is available to assist you with questions about health insurance. For assistance with appeals, please contact Health Insurance Smart NC by telephone at (855)408-1212, online at www.ncdoi.com/Smart for the External Review and Request form, or in writing at: North Carolina Department of Insurance, Health Insurance Smart NC, 1201 Mail Service Center, Raleigh, NC 27699-1201. For the physical address for Health Insurance Smart NC, please visit the webpage <http://www.ncdoi.com/Smart>.

03/26/2021

This is not a bill.

Subscriber Information

Need More Information?

Additional Information

Name: SEAN DEINES

Find answers online at BlueConnectNC.com



Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.

ID: [REDACTED]

Customer Service (Monday-Friday, 8 a.m. - 7 p.m.) 1-888-206-4697
Servicio al Cliente (Lunes - Viernes, 8 a.m. - 7 p.m.) 1-888-206-4697



Group Number: [REDACTED]

The information listed in the "Benefit Year Summary" section indicates the most current benefit period information on your plan as of the date of this notice. The "Amount Satisfied" will reflect the total amount satisfied throughout the current benefit period on the plan, which may include all applied before and after any changes in benefits or dependents covered throughout the benefit period. Claims information from a previous benefit period that appear on this notice are included in the "Amount Satisfied" amounts on this notice.

Check Number: [REDACTED]

Check Date: 03/26/2021

Total Amount This Check: \$72,139.63

Patient: SEAN

Claim #: [REDACTED]

Provider: ANGEL MEDFLIGHT

Plan Pays

Amount Your Provider May Bill You

Medical Services Detail		Your Provider Billed			Blue Cross NC Member Benefit			Amount Your Provider May Bill You				
Date	Service	Reason Code	Allowed Amount	Member Savings	Blue Cross NC Paid	Other Insurance Paid	Co-Pay	Deductible	Insurance	Co-Insurance	Other Liability	Total You May Owe
12/01/2020	Ambulance	DST5	\$7,600.00	\$0.00	\$7,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/01/2020	Ambulance	DST5 X23	\$0.00	\$15,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,500.00	\$15,500.00
12/01/2020	Ambulance	DST5	\$62,500.00	\$0.00	\$62,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/01/2020	Ambulance	DST5 X23	\$0.00	\$403,700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$403,700.00	\$403,700.00
Totals:			\$489,300.00	\$419,200.00	\$70,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$419,200.00	\$419,200.00

Amount based on time processing guidelines as specified by NC State Law 58-3-225(c)

Claim Receipt Date: 12/29/20
Interest: \$2,039.63
Number of days: 59
Claim Total: \$489,300.00

What our Codes Mean

DST5

Claim did not meet the timeliness guidelines as required by NC State law. Interest accrual is being paid as reflected. Note: Interest payments that total \$600.00 or more for the calendar year will be reported as income and a 1099-INT will be issued to you.


X23

Service considered not medically necessary - refer to denial letter.

Benefit Year Summary

Plan	Deductible		Out of Pocket Limit	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Plan's Limit	Plan's Limit	Plan's Limit	Plan's Limit
	Amount Satisfied	Amount Satisfied	Amount Satisfied	Amount Satisfied
Blue Advantage Gold 2500				
REBEKAH	\$2,500.00	\$5,000.00	\$8,550.00	\$17,100.00
SEAN	\$2,500.00	\$5,000.00	\$8,550.00	\$17,100.00
FAMILY	\$5,000.00	\$10,000.00	\$17,100.00	\$34,200.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND A "VOID" PANTOGRAPH WHICH BECOMES PROMINENT WHEN PHOTOCOPIED

 **BlueCross BlueShield
of North Carolina**
An Independent Licensee of the Blue Cross and Blue Shield Association
**Post Office Box 2291
Durham, North Carolina 27702-2291**

66-156

CHECK NO. [REDACTED]

Claims Payment

531

DATE 03/30/2021

VOID

AMOUNT
***\$72,139.63

PAY ***Seventy Two Thousand One Hundred Thirty Nine Dollars and Sixty Three Cents***

Void after six Months

TO THE ORDER OF SEAN DEINES

Treasurer, Blue Cross and Blue Shield of North Carolina
* An Independent Licensee of the Blue Cross and Blue Shield Association

Wells Fargo Bank, N.A

[REDACTED]



BlueCross BlueShield
of North Carolina

An Independent Licensee of the
Blue Cross and Blue Shield Association

BlueCross BlueShield of North Carolina
Healthcare Management and Operations
P. O. Box 2291
Durham, NC 27702

Telephone Number: 800-672-7897
Fax Number: 800-672-6587
Website: WWW.BCBSNC.COM

SEAN DEINES
[REDACTED]

Angel MedFlight ER
Kaitlyn [REDACTED]
* received email: 01/11/21 from
Yery Quinones - claims Dpt

Date of Notice: December 03, 2020

This document contains important information that you should retain for your records.

This document serves as notice of an adverse benefit determination. We have declined to provide benefits, in whole or in part, for the requested treatment or service described below. If you think this determination was made in error, you have the right to appeal (see the enclosures to this letter for information about your appeal rights.)

Case Details:

Member/Patient Name: SEAN DEINES
ID Number: [REDACTED]
Provider: PETER FORSBERG
Facility: AVIATION WEST CHARTERS LLC
Service(s): Licensed Ambulance
Date(s) of Service: 12/01/2020 - 12/02/2020
Reference #: [REDACTED]
Reason for Denial: The request does not meet the definition of Medical Necessity found in the member's benefit booklet.

Explanation of Basis for Determination:

Request for coverage for air ambulance services is denied.

Air ambulance services are covered when:

- your medical condition requires immediate and rapid ambulance transport to the nearest appropriate medical facility
- your transport could not have been provided by land ambulance
- your care cannot be provided locally

Your health records show your condition was not an emergency and you were in an appropriate medical facility. The hospital you left provided the same level of care and offered the same surgical and non-surgical treatments as the hospital you flew to.

Blue Cross NC Corporate Medical Policy: Ambulance and Medical Transport Services.

VANDANA DEVALAPALLI, MD
Medical Director
Healthcare Management and Operations


cc: PETER FORSBERG

cc: AVIATION WEST CHARTERS LLC

Yery Quinones
Claims

April 16, 2021

VIA UPS – OVERNIGHT

Rebekah Deines


*Mailed Back
4/22/21*

RE: Check and Explanation of Benefits received from Insurance

Dear Ms. Deines:

As you know, MedHealth Partners on behalf of Aviation West Charters, LLC dba Angel MedFlight, has filed insurance claims for the air ambulance services it provided to you on 12/01/2020. It has come to our attention that Anthem Blue Cross Blue Shield Colorado Insurance has recently issued a check for partial payment for services. Please sign your name on the back of the check and write the following statement: "Pay to the order of Aviation West Charters, LLC." just below your signature. Please send the check and a copy of the Explanations of Benefits to MedHealth Partners using the enclosed UPS envelope.

Thank you for your trust and confidence in our organization. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Yery Quinones

Yery Quinones

Claims Specialist



Blue Cross and Blue Shield of North Carolina
PO Box 2291
Durham NC 27702-2291

Forwarding Service Requested

Subscriber ID: [REDACTED]
Refund Request ID: [REDACTED]

[REDACTED]

SEAN DEINES

[REDACTED]

[REDACTED]

*Sent email to Yery@ 2:30pm
Friday 9/24/21*

09/11/2021

Subject: Please return claim overpayment

Dear SEAN:

We recently overpaid a claim for the member listed below. We sent an invoice dated 06/22/2021 but have not yet received your payment. Please return the amount we overpaid (balance due) as soon as possible. We apologize for any inconvenience this may cause.

Date of Service: 12/01/20
Original Refund Request: \$72,139.63
Balance Due: \$72,139.63

Member: SEAN DEINES
Member ID: [REDACTED]
Patient: SEAN DEINES
Claim Number: [REDACTED]

We hope to avoid further attempts to collect, such as withholding future claims or employing a collection agency, so please make a payment today. Thank you.

To Make a Payment:

- Make your check or money order payable to Blue Cross and Blue Shield of North Carolina. (Do not send cash.) Make a copy of this letter and attach your check or money order.
- Mail payment to Blue Cross NC, PO Box 30048, Durham, NC 27702-3048
- If you have already sent a refund, please mail a copy of this letter along with a copy of the front and back of your canceled check or money order. This will help identify the payment.

If you have questions, please call the Blue Cross NC Customer Service number on the back of your member ID card, 8 a.m. – 7 p.m. ET, Monday through Friday.

We look forward to serving you well,

Commercial Financial Recovery
Blue Cross and Blue Shield of North Carolina
BlueCrossNC.com

www.bluecrossnc.com