

TRUONG DO
13918 GLENDEVON CT
CHARLOTTE, NC 28273



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

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 (NCDOI) 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>.

Subscriber Information


First: TRUONG

Last: DO

ID: BVR10226544200

Need More Information?

Find answers online at BlueConnectNC.com 

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 


Additional Information

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

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 not included in the "Amount Satisfied" amounts on this notice.

Benefit Year Summary – For policy starting 01/01/2020

Blue Value Bronze 7500	In-Network Deductible		Out-of-Network Deductible		In-Network Out of Pocket Limit		Out-of-Network Out of Pocket Limit	
	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied	Plan's Limit	Amount Satisfied
Trang	\$7,500.00	\$0.00	\$37,500.00	\$0.00	\$8,150.00	\$0.00	No Maximum	\$0.00
Tri	\$7,500.00	\$5.75	\$37,500.00	\$0.00	\$8,150.00	\$5.75	No Maximum	\$0.00
Truong	\$7,500.00	\$0.00	\$37,500.00	\$0.00	\$8,150.00	\$0.00	No Maximum	\$0.00
Vy	\$7,500.00	\$0.00	\$37,500.00	\$0.00	\$8,150.00	\$0.00	No Maximum	\$0.00
Family	\$15,000.00	\$5.75	\$75,000.00	\$0.00	\$16,300.00	\$5.75	No Maximum	\$0.00

 **Patient:** Tri #: BVR10226544200

Medical Services Detail	Your Provider Billed	Blue Cross NC Member Benefit			Other Insurance Paid	Amount Your Provider May Bill You					Reason Code (See below)
		Allowed Amount	Member Savings	Blue Cross NC Paid		Copay- ment	Deductible	Coinsur- ance	Other Liability	TOTAL	
Claim #: 20034A276000											
Provider: DREXEL ID PARTNERSHIP CLINIC SP	\$20.00	\$5.75	\$14.25	\$0.00	\$0.00	\$0.00	\$5.75	\$0.00	\$0.00	\$5.75	
Date(s): 01/28/20	Service: Laboratory (36415)										
Total for Claim # 20034A276000	\$20.00	\$5.75	\$14.25	\$0.00	\$0.00	\$0.00	\$5.75	\$0.00	\$0.00	\$5.75	

Language Assistance Information

Spanish (Español): Para obtener asistencia en español, llame al número que aparece al respaldo de su tarjeta del seguro.

Tagalog (Tagalog): Para matulungan sa Tagalog, tawagan ang numerong nasa likuran ng insurance card.

Chinese (中文): 如需國語或廣東話協助，請致電您保險卡背面的電話號碼。

Navajo (Dine): Diné bizaad bee shiká'adoowol nínzingo kwojì' hólne', naaltsoos áłts'ísí nantinígíí bine'déé' binámboo bikáá'.

Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina ("Blue Cross NC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BLUE CROSS NC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BLUE CROSS NC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact Customer Service **1-888-206-4697**, TTY and TDD, call 1-800-442-7028.
- If you believe that BLUE CROSS NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

BLUE CROSS NC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office, Telephone **919-765-1663**, Fax **919-287-5613**, TTY **1-888-291-1783** civilrightscordinator@bcbsnc.com
- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- This Notice and/or attachments may have important information about your application or coverage through BLUE CROSS NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service **1-888-206-4697**.



ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意: 如果您講廣東話或普通話, 您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-206-4697 (TTY: 1-800-442-7028).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-206-4697 (ATS : 1-800-442-7028).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-206-4697. المبرقة الكاتبة: 1-800-442-7028.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-206-4697 (TTY: 1-800-442-7028).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (телетайп: 1-800-442-7028).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-206-4697 (TTY: 1-800-442-7028).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-206-4697 (TTY: 1-800-442-7028).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ 1-888-206-4697 (TTY: 1-800-442-7028)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-206-4697 (TTY: 1-800-442-7028).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028) पर कॉल करें।

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-206-4697 (TTY: 1-800-442-7028).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697 (TTY: 1-800-442-7028) まで、お電話にてご連絡ください。