CHRISTUS Health Plan
919 Hidden Ridge Drive
Irving, TX 75038

Forwarding Service Requested

J0F8 25,702

DESTINY GARCIA
204 COOK
ODEM TX 78370

Medical and Hospital Claims Processed from 10/11/2021 thru 10/11/2021

DESTINY GARCIA
204 COOK
ODEM, TX 78370

Member Number: 0008525879

CHRISTUS Health Plan

http://www.CHRISTUShealthplan.org/

Important Announcement: Beginning in March, CHRISTUS will be moving to an Episodic Explanation of Benefits (EOB), based on a 14 day business cycle. The new Episodic EOB is a comprehensive view of claims activity for members throughout the 14 day period. Should you have any questions, please contact CHRISTUS at the number in the top right corner of this EOB.

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only.

CHRISTUS Health Plan

If you have questions, call us: 1-844-282-3025
We are here Monday - Friday 8.00 a.m to 5.00 p.m.
TTY/TTD only: 711

This information is available for free in other languages. Please contact Member Services at the number above. Member Services has free language interpreter services available for non-English speakers.

Servicios para Miembros tiene servicios de intérprete gratuitos para personas que no hablan inglés.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact CHRISTUS Health Plan. Benefits, formulary, pharmacy network, provider network, premium, copayments, and co-insurance may change each year.

MC1264

Totals for Medical and Hospital claims	Amount providers have billed the plan	Total Cost (amount the plan has approved)	Plan's share	Your share
Totals for this month (for claims processed from 10/11/2021 thru 10/11/2021)	$85.00	$85.00	$85.00	$0.00
Totals for year 2020 (all claims processed through 10/11/2021)	$40,764.60	$19,078.65	$18,170.12	$679.32

YEARLY LIMIT - this limit gives you financial protection

This limit tells you the most you will have to pay in "out-of-pocket" costs for medical and hospital services covered by the plan. This yearly limit is called your "out-of-pocket maximum". It puts a limit on how much you have to pay, but it does not put a limit on how much care you can get. This means: Once you have reached your limit in out-of-pocket costs, **you stop paying out of pocket for all services**

As of 10/13/2021, **you have had $700.00 in out-of-pocket costs** that count toward your $700.00 2021 Individual Out of Pocket for covered services.

$700.00	**$0.00**
Used	Remaining

Details for claims processed from 10/11/2021 thru 10/11/2021

Look over the information about your claims -- does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.

- If you still have questions, call us at Member Services (phone numbers are in a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to *change our decision* about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Member Services (phone numbers are in the box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," *wait until you get a bill* from the provider.

- If you get a bill that is *higher* than the amount shown for "your share," call us at Member Services (phone numbers are in a box on page 1).

Provider: William Curtis MD
Claim Number: 0004723703
Network: IN NETWORK

Line #	Procedure Description	Service Date	Amount Providers have billed the plan	Total cost (amount the plan has approved)	Plan's share	Your share
1	99213: Office or other outpatient vis	10/8/21	$85.00	$85.00	$85.00	$0.00
			$85.00	**$85.00**	**$85.00**	**$0.00**

IMPORTANT NOTE:

The "Your Share" part of this Explanation of Benefits lists the total amount that you can be charged for each service. The provider cannot bill and you are not responsible for paying an amount greater than any copayment, coinsurance or deductible listed for a covered service when:

- The service was performed by an in-network provider;
- The service was an out-of-network emergency service;
- An out-of-network provider performed the service in an in-network facility (for example, an out-of-network radiologist or anesthesiologist working in an in-network hospital); or
- The service received was diagnostic imaging or a laboratory service performed in connection with services from an in-network provider.

CHRISTUS Health Plan's payment to an out-of-network provider is equal to the usual and customary amount for the service. You should contact us if an out-of-network provider bills you for an amount above what we paid by calling **1-844-282-3025**.

If you have a complaint regarding a bill received for an amount beyond the amount paid by CHRISTUS Health Plan from an out-of-network provider, you can contact the Texas Department of Insurance Consumer Protection Division, 8:00 am to 5:00 pm., Monday through Friday, at **1-800-252-3439**.

You have the right to appeal our decision
You have the right to ask CHRISTUS Health Plan to review our decision by asking us for an appeal.

Appeal Ask CHRISTUS Health Plan for an appeal within **180 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline.

If you want someone else to act for you
You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: **1-844-282-0380** to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us.

Important Information About Your Appeal Rights

Standard Appeal:
We'll give you a written decision on a standard appeal for services or claim payment within **60 days** after we get your appeal.

How to ask for an appeal with CHRISTUS Health Plan

Step 1: You, your representative, your doctor or provider must ask us for an appeal.
Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service.

Call your doctor if you need this information.

Step 2: Mail, fax, or deliver your appeal to:

CHRISTUS Health Plan
Attn: Member Advocate
P.O. Box 169009
Irving, Texas 75016
1-866-416-2840 (toll free fax)

What happens next?
If you ask for an appeal and we continue to deny your request for a service, we'll send you a written decision that will explain if you have additional appeal rights.

Get help and more information:

CHRISTUS Health Plan
1-844-282-3025 (toll free number)
TTY users call: 711
Hours: 8:00 a.m to 5:00 p.m.

CHRISTUS Health Plan is a licensed HMO in Texas. CHRISTUS Health Plan is also the sole owner of CHRISTUS Health Plan Louisiana, a licensed HMO in Louisiana which operates under the registered trade name of CHRISTUS Health Plan.

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