

Molina Healthcare of Texas, Inc
 Attention: Marketplace Enrollment
 200 Oceangate, 6th Floor
 Long Beach, CA 90802



Temp-Return Service Requested

TRAVIS WARNER

Explanation of Benefits

08/07/2020

This is not a bill. This is an explanation of what your benefit plan covered. This is your only copy. Please retain for your records. You should receive a separate bill from your provider if you share the cost of services. Molina Healthcare of Texas, Inc. has made payment to your provider in an amount equal to the amount Molina is contracted to pay or, if the provider is not contracted with Molina Healthcare, the usual and customary rate, subject to benefit limitations. You are responsible for applicable co-payments, co-insurance, and deductibles. If your provider sends you a bill for covered services for amounts other than co-payments, co-insurance, or deductibles, you should not pay the bill because providers are prohibited from balance billing Molina members. Instead, contact Molina Healthcare of Texas, Inc. at 1-888-560-2025. You may also contact the Texas Department of Insurance at 1-800-252-3439 or www.tdi.texas.gov for any complaints regarding payment.

Molina Healthcare of Texas, Inc has received a claim from DFW LEWISVILLE EMERGENCY CENTER LLC for services listed below. We processed the claim according to your MOLINA MARKETPLACE PROGRAM plan benefits.

Please review the information below to ensure the claim is correct and you received the billed services. If anything is incorrect or unclear, call Member Services at 888-560-2025.

If you wish to appeal a denied claim, please read the enclosed Grievance and Appeal Process.

Line	Service Date	Procedure	Billed Amount	Allowed Amount	Disallow Amount	Co-pay Amt	Co-Ins-Amt	Deductible Amount	Patient Liab Amt	Plan Payment	Remark Code
1	06/10/20	99283	\$1,784.00	\$535.20	\$1,248.80	\$0.00	\$0.00	\$0.00	\$0.00	\$535.20	
2	06/10/20	87635	\$54,000.00	\$16,200.00	\$37,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,200.00	
3	06/10/20	86328	\$600.00	\$180.00	\$420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	
Claim Totals			\$56,384.00	\$16,915.20	\$39,468.80	\$0.00	\$0.00	\$0.00	\$0.00	\$16,915.20	

Total Patient Responsibility For This Claim: \$0.00

Total Patient Responsibility includes the amounts under the following fields: Deductible + Copay + Coinsurance + Patient Liability Amount

These services may be subject to the Balance Billing Protection Act. If applicable, your member cost share has been calculated using the in-network median amount, and your provider may not collect anything beyond the amount identified as "Patient Responsibility".

Description of Remark Code:

Individual Out of Pocket & Deductible Totals			
	Annual Limit	Year to date	Remainder
Deductible	\$8,000.00	\$0.00	\$8,000.00
Out of Pocket Max	\$8,150.00	\$0.00	\$8,150.00

Family Out of Pocket & Deductible Totals			
	Annual Limit	Year to date	Remainder
Deductible	\$16,000.00	\$0.00	\$16,000.00
Out of Pocket Max	\$16,300.00	\$0.00	\$16,300.00

If this information is not in your primary language or you need it in another format, call Molina Healthcare at 888-560-2025.

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04/12/2021

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Claim Totals			-\$56,384.00	-\$16,915.20	-\$39,468.80	\$0.00	\$0.00	\$0.00	\$0.00	-\$16,915.20	

Total Patient Responsibility For This Claim: \$0.00

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Description of Remark Code:

Reversal of Claim # is [REDACTED]
 Additional payment/recoupment approved based on payer-initiated review/audit.
 Claim Reversal

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Out of Pocket Max	\$8,150.00	\$0.00	\$8,150.00

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