



Poudre Valley Health System

PO BOX 732033
DALLAS, TX 75373-2144

O: 866-429-6045

uchealth.org

Caitlin Wells Salerno

Visit Coverages:

Anthem/Blue Cross Blue Shield - Anthem BC/BS Local EPO/PPO

This is not a bill. This is an itemization of hospital services for:

Patient Name: Wells Salerno, Caitlin

Account Number: [REDACTED]

Date of Birth: [REDACTED]

Admission Date: 04/08/20

Sex: Female

Discharge Date: 04/09/20

Attending Physician: [REDACTED]

Charges

Service Date	REV Code	HCPSC	Description	Amount
04/08/2020	0122		OB ROOM CHARGE	2,308.24
04/08/2020	0259		ACETAMINOPHEN 500 MG TAB	0.50
04/08/2020	0259		BENZOCAINE-MENTH TOP SPRAY 20-0.5 %	20.42
			AERO 78 G CANISTER	
04/08/2020	0259		DOCUSATE SODIUM 100 MG CAP	2.50
04/08/2020	0259		IBUPROFEN 600 MG TAB	0.47
04/08/2020	0259		IBUPROFEN 600 MG TAB	0.47
04/08/2020	0300	86901	RH TYPE	58.41
04/08/2020	0301	84112	POCT RUPTURE OF MEMBRANES	265.29
04/08/2020	0305	85027	CBC WITHOUT AUTO DIFF	126.55
04/08/2020	0370		1ST MINUTE	1,006.27
04/08/2020	0370		REGULAR MINUTES	360.00
04/08/2020	0450	99285	LEVEL 5	2,755.36
04/08/2020	0636	J0690	CEFAZOLIN IN NS 2 G/100 ML SOLN	100.39
04/08/2020	0636	J2590	OXYTOCIN IN NS 30 UNIT/500 ML SOLN	93.50
04/08/2020	0636	J3010	FENTANYL 2 MCG/ML-ROPIVACAINE 0.1% IN NS	1,230.00
			2-0.1 MCG/ML-% SOLN	
04/08/2020	0636	J3010	FENTANYL 2 MCG/ML-ROPIVACAINE 0.1% IN NS	1,230.00
			2-0.1 MCG/ML-% SOLN	
04/08/2020	0636	J3490	LIDOCAINE 1% 10 MG/ML (1 %) SOLN	0.91
04/08/2020	0720	59409	VAGINAL DELIVERY	6,486.67
04/09/2020	0259		ACETAMINOPHEN 500 MG TAB	0.50
04/09/2020	0259		ACETAMINOPHEN 500 MG TAB	0.50
04/09/2020	0259		DOCUSATE SODIUM 100 MG CAP	2.50
04/09/2020	0259		IBUPROFEN 600 MG TAB	0.47
04/09/2020	0259		IBUPROFEN 600 MG TAB	0.47
04/09/2020	0259		PRENATAL VITAMIN WITH IRON-CARBONYL-	4.18
			FOLIC ACID 29 MG IRON- 1 MG TAB	



Service Date	REV Code	HCPCS	Description	Amount
04/09/2020	0300	36415	DRAWING CHARGE	40.14
04/09/2020	0305	85027	CBC WITHOUT AUTO DIFF	126.55
			Total Charges	16,221.26

Payments and Adjustments

Date	Description	Amount
04/22/20	Anthem/Blue Cross Blue Shield JP - INSURANCE PAYMENT Deductible: 873.86 Coinsurance: 2,735.23 Insurance Adjustments	-10,940.91 -1,671.26
	Total Insurance Payments and Adjustments	-12,612.17
06/25/20	MYHEALTH CONNECTION PATIENT PAYMENT (Visa x3329)	-3,609.09

Summary of Charges

Group Description	Amount
LABORATORY-CHEMISTRY	265.29
EMERGENCY ROOM-GENERAL	2755.36
PHARMACY-EXTENSION OF 025X-DRUGS REQUIRING DETAILED CODING	2654.8
PHARMACY-OTHER PHARMACY	32.98
LABORATORY-HEMATOLOGY	253.1
LABORATORY-GENERAL	98.55
LABOR ROOM/DELIVERY-GENERAL	6486.67
ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-OB	2308.24
ANESTHESIA-GENERAL	1366.27
Total Charges:	16,221.26

Current Balance

0.00

Please refer to the account number for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this account as of the date this detail bill was printed.

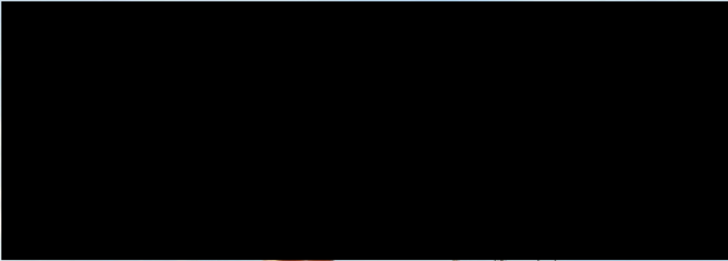
Don't worry, this is not a bill.

Hi Caitlin - Here's your Health Care Summary

April 25, 2020.

Also called an Explanation of Benefits (EOB), it's a quick and easy way to see the care you and your family got, and who pays what. Plus ways to save money and stay healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-800-843-5621



Helpful resources

Message us

Log in to [anthem.com](https://www.anthem.com).
Choose support > Message Center > Compose Message

Call

1-800-843-5621 TTY/TDD: #711

Go online

Download the Sydney app or visit [anthem.com](https://www.anthem.com).

Claims summary

Doctor/facility charges:	\$17,172.31
Your discounts:	-1,741.08
Due to your doctor/facility (max allowed):	\$15,431.23
Anthem paid:	-11,580.91

What you pay : \$3,850.32

Preventive care reminders

For CAITLIN

- Annual wellness visit

*Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. Been to the doctor recently? It may not reflect your most recent services.

Tips and tools



Want us to email you instead?

Sign up to get EOBs by email instead of mail! It's easy!

Log in to [anthem.com](https://www.anthem.com). Select the **Profile**, then **Communication Preferences**.

Urgent care without the urgent cost

If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. **High Plains Community Health Centerinc** is close by at 302 Main St, Wiley, CO 81092-0000, 719-336-0261.

2020 year-to-date summary

Caitlin P Wells Salerno

Coverage: Family

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Individual Caitlin P Wells Salerno	\$1,000.00	-\$1,000.00	\$0.00	\$1,000.00	-\$1,000.00	\$0.00
Family	\$2,000.00	-\$2,000.00	\$0.00	\$2,000.00	-\$2,000.00	\$0.00
Out-of-pocket (OOP) maximum	In-network OOP max	Applied to date	Remaining OOP max	Out-of-network OOP max	Applied to date	Remaining OOP max
Individual Caitlin P Wells Salerno	\$5,000.00	-\$2,735.23	\$2,264.77	\$5,000.00	-\$2,735.23	\$2,264.77
Family	\$10,000.00	-\$2,818.53	\$7,181.47	\$10,000.00	-\$2,818.53	\$7,181.47



Copay is the flat-dollar amount you pay for health care, such as doctor visits.

Deductible is the amount you pay for health care before we start sharing the cost.

Out-of-pocket maximum is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

Need more info? Go to [anthem.com/glossary](https://www.anthem.com/glossary).

You may have other health care services that aren't showing here. Visit [anthem.com](https://www.anthem.com) to see the latest info.

Claims Details

Don't recognize these services?
Call the Fraud Hotline at 1-800-377-2227

Caitlin Wells Salerno

Received: 04/07/20

Doctor: ASSOCIATES IN FAMILY MEDI (In your plan)

Going to this doctor uses in-network benefits. That's your best value.

You pay \$81.23.
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Doctor charges	Your discounts	Due to your doctor (max allowed)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
04/03/20	Surgery-Ob-Gyn	066	93.45	12.22	81.23	0.00	0.00	81.23	0.00	0.00	=81.23
04/03/20	Patient Management		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	=0.00
Totals:			93.45	12.22	81.23	0.00	0.00	81.23	0.00	0.00	=\$81.23

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Caitlin Wells Salerno

Received: 04/14/20

Hospital: Poudre Valley Hospital (In your plan)

Going to this hospital uses in-network benefits. That's your best value.

You pay \$3,609.09.
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Hospital charges	Your discounts	Due to your hospital (max allowed)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
04/08/20 - 04/09/20	Room/Board	066	16,221.26	1,671.26	14,550.00	10,940.91	0.00	873.86	2,735.23	0.00	=3,609.09
Totals:			16,221.26	1,671.26	14,550.00	10,940.91	0.00	873.86	2,735.23	0.00	=\$3,609.09

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Claims Details

Don't recognize these services?
Call the Fraud Hotline at 1-800-377-2227

Caitlin Wells Salerno

Received: 04/15/20

Hospital: NORTHERN COLORADO ANESTHE (In your plan)

Going to this hospital uses in-network benefits. That's your best value.

You pay \$160.00.
Here's how it breaks down.

Your total cost

Service date	Service	Reason code*	Hospital charges	Your discounts	Due to your hospital (max allowed)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
04/08/20	Anesthesia	066	857.60	-	800.00	640.00	0.00	0.00	160.00	0.00	=160.00
Totals:			857.60	57.60	800.00	640.00	0.00	0.00	160.00	0.00	=\$160.00

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Not happy? Here are your appeal rights.

Anytime you pay for a portion of your care, you have the right to question whether we calculated it right. We call that your appeal rights.

Call us at 1-800-843-5621.

- Get help understanding this notice
- Talk through your portion and our portion of these service costs, including any denials

If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be – you can appeal it and we'll take another look.

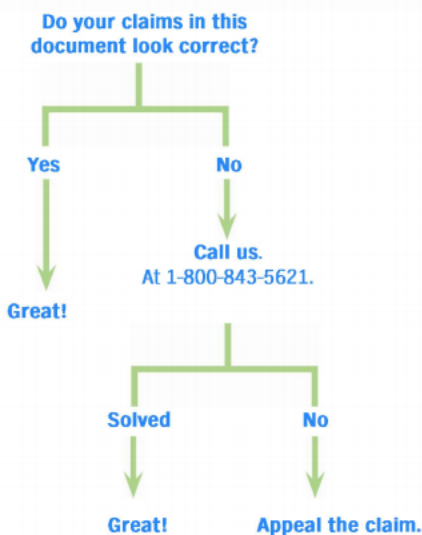
Here's how you file an appeal. Check your plan benefits for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You can send us a note saying you want to file an appeal. Someone acting for you can also file an appeal, but be sure they include a signed authorization from you. You can do all this by secure message on **anthem.com**. Make sure to select Grievances/Appeals as the subject of your message.

Or send us a note in the mail to:
Grievances and Appeals
700 Broadway
Denver, CO 80273

Be sure to include:

- Patient info: name, member ID, address, phone number, date of birth
- Claim info: date(s) of the service, your doctor's name/address/phone number
- Any other info about your claim that you think is important

Do it online or in writing if you can. Or check your



benefits booklet or plan documents to see if you can file an appeal by phone.

If you need a decision fast, call us. You can ask for an "expedited appeal", and get an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger
- In your doctor's opinion, your pain can't be adequately controlled while you wait
- You had emergency services, but haven't been discharged from the facility.

To ask for an expedited appeal or expedited review by someone outside our company – you, your doctor or someone acting for you can call the Member Services number on your ID card or by mailing to the address

provided for appeals.

Get more info on your claim – it's free. You can get billing, diagnosis or treatment codes and their meanings, or any other info we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services aren't medically necessary or experimental, or used a guideline, criteria or clinical rationale in making our decision, you can get a copy of it free of charge. Just give us a call.

If you appeal, we'll do a review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.

For questions about your rights or for help, call Employee Benefits Security Administration at **1-866-444-EBSA (3272)**.