



WellCare Health Plans
PO Box 31378
Tampa, FL, 33631-3378

**SANDRA M ALLEN
854 WESTBROOK ST
APT 110
GRIFFIN, GA 30224-4887**

MONTHLY REPORT

Medical and Hospital Claims Processed in September 2021

For SANDRA M ALLEN
Member ID: 30768933

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 (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. We send a separate report on Part D prescription drugs if applicable.
- If you notice something suspicious that might be dishonest billing, you can report it by calling **1-800-MEDICARE (1-800-633-4227)**, 8am-8pm, 7 days a week. (TTY users should call **711**.) If you are covered by more than one (1) health benefit plan, you should file all your claims with each plan.

WellCare Health Plans, Inc., is an HMO, PPO, PFFS plan with a Medicare contract. Enrollment in our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year.

www.wellcare.com/medicare

Customer Services

If you have questions, call us at
1-866-892-8340 (TTY 711)

We are here Monday - Sunday (4/1 through 9/30 representatives are available Monday - Friday) from 8am to 8pm. Español: **1-866-892-8340**

October is Breast Cancer Awareness Month! Breast Cancer is curable. It's important to take time for your health! Call the Toll-Free Number on the back of your card today to schedule a doctors appointment for an annual wellness screenings.

TOTALS		Amount	Total Cost	Plan's Share	Your Share
for medical and hospital claims		providers have billed the plan	(amount the plan has approved)		(Co-pays/ Coinsurance)
Totals for this month (for claims processed from September 01,2021 through September 30,2021)		\$135.13	\$128.92	\$53.92	\$75.00
Totals for 2021 (all claims processed through September 30, 2021)		\$93,907.70	\$4,668.56	\$4,308.99	\$359.57

YEARLY LIMIT - this limit gives you financial protection	
This limit tells the <u>most</u> you will have to pay in 2021 in “out-of-pocket” costs (copays, coinsurance, and your deductible) 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 <u>not</u> put a limit on how much care you can get. This means: Once you have reached your limit in out-of-pocket costs, <u>you stop paying out of pocket for all services.</u>	You keep getting your covered medical and hospital services as usual, and <u>the plan will pay the full cost for the rest of the year.</u> As of 09/30/2021, you have had \$383.21 in out-of-pocket costs that count toward your \$3,450.00 out-of-pocket maximum for covered services.

NOTE: To describe the services you received, this report uses billing codes and descriptions that were developed and copyrighted by the American Medical Association (all rights reserved).

Details for Claims Processed in September 2021

Look over the information about your claims - does it seem correct?	You have the right to make an appeal or complaint	Remember, this report is NOT A BILL:
- 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 Customer Service 1-866-892-8340 (TTY 711).	Making an appeal is a formal way of asking us to <i>change our decision</i> 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 a box on page 1).	If you have not already paid the amount shown for "your share" <i>wait until you get a bill</i> from the provider. If you get a bill that is <i>higher</i> than the amount shown for "your share" call us at Customer Services 1-866-892-8340 (TTY 711).

TELADOC HEALTH MEDICAL GROUP PA	Date of Service	Amount the provider billed the plan	Quantity the provider billed the plan	Total Cost (amount the plan approved)	Plan's Share	Line Reference	Your Share (Co-pay/ Coinsurance)
Claim Number: 1645390041 (In-Network provider)	09/21/21	\$45.00	1	\$45.00	\$10.00	0	\$35.00
PHONE E/M PHYS/QHP 5-10 MIN (99441)							
TOTALS:					\$45.00	\$10.00	\$35.00

MCINTOSH TRAIL COMMUNITY SERVICE BOARD	Date of Service	Amount the provider billed the plan	Quantity the provider billed the plan	Total Cost (amount the plan approved)	Plan's Share	Line Reference	Your Share (Co-pay/ Coinsurance)
Claim Number: 1639405695 (In-Network provider)	09/14/21	\$90.13	1	\$83.92	\$43.92	0	\$40.00
OFFICE/OUTPATIENT VISIT EST (99215)							

TOTALS:	\$90.13	\$83.92	\$43.92	\$40.00
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Optional Supplemental Services: Details for claims processed in **September/2021**
 (Amounts for optional supplemental services are not included in the totals shown on page 2)

Multi-Language Insert Multi-language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-374-4056** (TTY: **1-877-247-6272**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-374-4056** (TTY: **1-877-247-6272**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-374-4056** (TTY: **1-877-247-6272**)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-374-4056** (TTY: **1-877-247-6272**).

주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-374-4056 (TTY: 1-877-247-6272) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-374-4056** (TTY: **1-877-247-6272**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-374-4056 (телетайп: 1-877-247-6272).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-374-4056** (رقم هاتف الصم والبكم: **1-877-247-6272**).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-374-4056** (TTY: **1-877-247-6272**).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-374-4056** (TTY: **1-877-247-6272**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-374-4056** (TTY: **1-877-247-6272**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-374-4056** (TTY: **1-877-247-6272**).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-374-4056** (TTY: **1-877-247-6272**).

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。
1-877-374-4056 (TTY: **1-877-247-6272**) まで、お電話にてご連絡ください。

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PAKDAAR: Nu saritaem ti llocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-877-374-4056** (TTY: **1-877-247-6272**).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-374-4056 (TTY: 1-877-247-6272).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-374-4056 (TTY: 1-877-247-6272)..

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-877-374-4056** (TTY: **1-877-247-6272**)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовноу підтримки. Телефонуйте за номером **1-877-374-4056** (телетайп: **1-877-247-6272**).

ध्यान दनिहोस्: तपाईंले नेपाली बोलुनुहुन्छ भने तपाईंको नमितिभाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् **1-877-374-4056** (टिडिवाइ: **1-877-247-6272**) ।

LALE:

Ñe kwōj kōnono Kajin Majō!, kwomaroñ bōk jerbal in jipañ ilo kajin ñe aṃ ejjeļok wōñāñ. Kaalok **1-877-374-4056** (TTY: **1-877-247-6272**).

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-877-374-4056** (TTY: **1-877-247-6272**).

ENĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo [ho‘okomo ‘ōlelo], loa‘a ke kōkua manuahi iā ‘oe. E kelepona iā **1-877-374-4056** (TTY: **1-877-247-6272**).

FAKATOKANGA'I: Kapau 'oku' ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-877-374-4056** (TTY: **1-877-247-6272**).

Ni songen mwohmw ohte, komw pahn sahte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call **1-877-374-4056** (TTY: **1-877-247-6272**).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona **1-877-374-4056** (TTY: **1-877-247-6272**).

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-877-374-4056** (TTY: **1-877-247-6272**).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh ehi tosholahinla. Atoko, hattak yvmma im anompoli ehi bvnnakmvt, holhtina pa payah: **1-877-374-4056** (TTY: **1-877-247-6272**).

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. **1-877-374-4056** (TTY: **1-877-247-6272**) irtibat numaralarını arayın.

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Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare Health Plans, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language 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 WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., 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:

WellCare Health Plans, Inc., Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone - 1-866-530-9491; TTY number - 1-877-247-6272; Fax: 1-866-388-1769; OperationalGrievance@wellcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

*** This Nondiscrimination Notice also applies to 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., and Easy Choice Health Plan, a WellCare company.**