

Electronic Payment Clearinghouse

Beam Insurance Administrators
PO Box 75372
Cincinnati, OH 45275



Tran Nbr: 000000001
Card Value: 239.34
Date: 08/03/2023



CVV2 XXX

XXXX XXXX XXXX 0000

VALID THRU 01/23



ECHO Health, Inc.

PROVIDER, DDS 2101
111 Address

City, ST 11111

Questions Regarding This Method of Payment? Visit echovcards.com

Customer Service: 800-648-1179

Your name, PROVIDER, DDS, and Tax ID have been verified by the IRS.

Tax ID: 110111111 EPC Draft #: 000000000 Payment Week: 31 Payment Date: 08/03/2023 Page 1 of 3

| Claim Number: 2023-00-00-00000-00 | | | Patient Account No.: 111111111 | | | | | | | | | | |
|-----------------------------------|------------------------|-----------|----------------------------------|------------------|---------------------------|----------------|-------|--------|------------|------------|---------------|---------|--------------|
| Patient Name: John Doe | | | Rendering Provider: Provider DDS | | | | | | | | | | |
| Planholder: John Doe | | | Planholder Relationship: Self | | | | | | | | | | |
| Line No. | ADA Codes/Descriptions | Tooth No. | Date of Service | Submitted Charge | Discounts and Adjustments | Allowed Charge | Copay | Co-Ins | Deductible | Ineligible | Patient Total | Benefit | Remark Codes |
| 1 | D2392/ | 4 | 07/31/23 | 390.00 | 240.41 | 149.59 | 0.00 | 29.92 | 0.00 | 0.00 | 29.92 | 119.67 | 245 |
| 2 | D2392/ | 5 | 07/31/23 | 390.00 | 240.41 | 149.59 | 0.00 | 29.92 | 0.00 | 0.00 | 29.92 | 119.67 | 245 |
| TOTALS | | | | 780.00 | 480.82 | 299.18 | 0.00 | 59.84 | 0.00 | 0.00 | 59.84 | 239.34 | |

| Provider Explanation of Benefits Statement Summary | | Submitted Charge | Paid By Other | Adjustments | Patient Responsibility | Benefit Amount |
|--|--|------------------|---------------|-------------|------------------------|----------------|
| Beam | | 780.00 | 0.00 | 480.82 | 59.84 | 239.34 |
| Statement Totals | | 780.00 | 0.00 | 480.82 | 59.84 | 239.34 |

| Document Total | |
|-----------------------|-----------------|
| Net Payment Amount: | \$239.34 |
| Payment Adjustments: | \$0.00 |
| Total Payment: | \$239.34 |

Explanations

| Administered by | Code | Description |
|-----------------|------|--|
| Beam | 2 | Coinsurance Amount |
| | 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability) |

Services performed by a network dentist in the DenteMax Plus Network.

Important Notices:

The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this Explanation of Benefits (EOB) are available upon request made to the carrier.

If you suspect fraud or abuse involving the services described in this Explanation of Benefits or would like to report other healthcare fraud related issues, please call the Toll-Free Hotline at (800) 648-1179 as required by state law. You may email us at help@beam.dental to report suspected fraud. If you are covered by more than one (1) health benefit plan, you should file all your claims with each plan. Please see additional attached notices for state specific information on appeal rights and adverse benefit determinations. This benefit reflects your agreement with DenteMax Plus Network. Insurance products underwritten by National Guardian Life Insurance Company (NGL) of Madison, WI and administered by Beam Insurance Administrators LLC.

Carrier Contact Information

National Guardian Life Insurance Company

c/o Beam Insurance Administrators LLC

Appeals

PO Box 75372

Cincinnati, OH 45275

(800) 648-1179

Appeal Information

If your claim was denied or only partially paid and you are responsible for the unpaid amount, you have the right to appeal. To request a first level appeal, you must submit your written appeal, and any supporting documentation, within 180 days after receipt of notice of adverse determination. Members or providers may call Beam Insurance Administrators toll free at (800) 648-1179 to request an appeal or e-mail appeals@beambenefits.com. Once your appeal is received, a decision will be made within 45 working days of receipt of the appeal. If you do not agree with our appeal decision you may request a voluntary review if you have new or additional information. You also have the right to seek review by the California Department of Insurance at the address below:

California Department of Insurance Consumer Services Division

300 South Spring St

14th Floor

Los Angeles, CA 90013

(800) 927-4357 or (213) 897-8921 (outside of California)

<https://www.insurance.ca.gov>

QuicRemit Payment Notification



Dear Provider:

The attached remittance includes a QuicRemit virtual card payment. This electronic payment is being provided to you courtesy of ECHO Health Inc. For your convenience, we have consolidated multiple claims into a single payment when possible. This electronic payment is a voluntary option and does not require enrollment or any bank routing information.

For assistance in processing a QuicRemit Payment see below:

- The payment has been issued on a Commercial Visa Card
- To begin, simply input the 16 digit number into your merchant terminal
- If a security code is required, the CVV2 code is included on the card
- If your merchant terminal requires an address, please use the following:
810 Sharon Dr
Westlake OH 44145
- The Payment can be processed one time or itemized.
- Transaction Fees are based on normal Visa Card rates
- To decline this accelerated payment, please contact QuicRemit at the number below.
- Declining QuicRemit will prevent this accelerated payment from being offered again.

**For assistance processing this payment, please contact QuicRemit at (877) 705-4230.
Customer service hours Monday - Friday 8AM - 6PM Eastern Time.**

IMPORTANT NOTICE REGARDING TRANSMISSIONS OF PROTECTED HEALTH INFORMATION: Protected Health Information (PHI) is individually identifiable health information within the meaning of the Health Insurance Portability & Accountability Act of 1996 and the regulations promulgated thereunder. Any PHI contained in this fax is intended only for the intended recipient and is disseminated subject to the understanding that all requirements of HIPAA and other applicable laws for this disclosure have been met. If this communication contains PHI, you are receiving this information subject to the obligation to maintain it in a secure and confidential manner. Re-disclosure without additional consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties as described in state/federal law. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this message in error, please notify the sender immediately to arrange for return or destruction.