Mass Laborer's Health & Welfare
1400 DISTRICT AVE STE 200
P.O. Box 1501
BURLINGTON MA 01803-5236

Explanation of Benefits

THIS IS NOT A BILL

Forwarding Service Requested

JC71 879

Customer Service

If you have questions regarding this Explanation of Benefits:
Phone: 1-800-342-3792
Email: claims@mlbf.org

Member:

Member ID:

Date: 12/02/2022

Patient:

Provider: SETH KATES MD

Claim #: 00123456

Type of Service & Date	Amount billed	Your Member Discount	Amount Not Covered	Reason Code	Amount Covered	Paid: What Your Plan Paid	Patient Responsibility: Deductible Amount	Coinsurance	Co-pay Amount
OFFICE VISIT - SPECIALIST VISI 11/23-11/23/2022	$150.00	$0.00	$0.00	F94	$150.00	$120.00	$0.00	$0.00	$30.00
TOTALS	**$150.00**	**$0.00**	**$0.00**		**$150.00**	**$120.00**	**$0.00**	**$0.00**	**$30.00**

Patient Responsibility: $30.00

Plan Paid: $120.00

Adjustments: $0.00
Other Insurance Paid: $0.00
Amount You May Owe: $30.00

Comments

F94	HEALTH CARE PROFESSIONAL: REIMBURSEMENT IS BASED ON PLACE OF SERVICE:
	NON-FACILITY

Appeal Rights

If your claim has been denied (in whole or in part) and you disagree with the decision, you or your authorized representative may request an internal appeal. To file an appeal, you should submit a written request to the Fund office within 180 calendar days following receipt of this form. Include a letter stating the reason you disagree with the claim determination, as well as any supporting documents. Refer to your Summary Plan Description for complete information regarding your rights to appeal.

Stay Informed

Opt in for MLBF text messages by texting the word BENEFIT, along with your name and email to 844-611-2435. Like us on Facebook @ Mass. Laborers Benefit Funds!

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