SummaCare

EXPLANATION OF PAYMENTS
FOR CLAIM RUN 4/26/2019

GROUP NO: VALLEY WEST HOSPITAL
DEPT 4698
CAROL STREAM, IL 60122

SERVICING PROVIDER: VALLEY WEST HOSPITAL

SERVICING PROVIDER TOTALS:

PAT: ACCT#: GRP: G0110209L1 BANK: MD CLM#: PAT CTL#: 3 TOB: 851

DATE OF SERVICE	PROC CODE	Mod	QTY	BILLED	ALLOWED	INELIGIBLE	CMS ADJ	DENIED	ASSESSMENT	THIRD PARTY	DEDUCT	CO-INS	CO-PAY	INTEREST	PAID	BILL PATIENT	EXPLAIN	BNDLD PROC

CLAIM TOTALS:

CHECK TOTALS:

CHECK DATE: CHECK NUMBER: N/A

Explanation:

*** Reminder: Qualified Medicare Beneficiaries may not be charged member cost share. Please check with your patient to determine status. SummaCare network providers may check eligibility and benefits, claims status, authorization status, or coding logic online at www.summacare.com under the Provider Homepage or call us at (800) 996-8401. Please send all other inquiries to contactproviderservices@summacare.com or call (800) 996-8401.

PO BOX 3620
Akron OH 44309-3620

(330)996-8400
(800)996-8401

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You have the right to appeal our decision

File your appeal in writing within 60 calendar days after the date of this notice. The time can be extended if you can provide evidence for what prevented you from meeting the deadline.

Waiver of Liability

In order to consider a request for an Appeal, you must complete a Waiver of Liability Statement; holding the enrollee harmless regardless of the outcome of the appeal. Once we receive the completed form, we will give you a decision on your appeal within 60 calendar days.

Waiver of Liability Form

To waive the collection of payment from a member, providers must complete the Waiver of Liability Statement. To download and print a copy of the Waiver of Liability Statement visit www.summacare.com/medicare-members/member-resources.

Documentation

All appropriate documentation must be included in the request for reconsideration; such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement.

How do I ask for an appeal with SummaCare Medicare Advantage?

Mail or deliver your written appeal to the address below:

Mail:	SummaCare, Inc. P.O. Box 1107 Akron, OH 44309-1107 Attn: Appeals Dept.	Deliver:	SummaCare, Inc. 1200 East Market Street Suite 400 Akron, OH 44305 Attn: Appeals Dept.

Phone:	(330) 996-8885
Toll Free:	(800) 996-6250
TTY:	(800) 750-0750

What Happens Next?

If you appeal, we will review our initial decision. If payment for any of your claims is still denied, we will forward your appeal to the Centers for Medicare & Medicaid Services Independent Review Entity (IRE) for a new and impartial review. If the IRE upholds our decision, you will be provided with further appeal rights as appropriate.

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