



**Forwarding Service Requested**

**Customer Service**

Website: [Sanfordhealthplan.com](http://Sanfordhealthplan.com)  
Phone: (800) 752-5863

TESCHER,DARLA  
1106 N 33RD ST  
BISMARCK ND 58501

J49E 17,057

**EXPLANATION OF BENEFITS**

Keep this statement for your records.

**THIS IS NOT A BILL.**

This explanation of benefits (EOB) shows services you recently received for the date range below, including what Sanford Health Plan paid your health care providers and your share of the costs for these services.

**Member Name:** Darla Tescher  
**Member ID Number:** 50023579601  
**Statement Date:** 10/18/21  
**Page Number:** Page 1 of 4

**Summary of claims included on this statement is from 10/06/2021 - 10/18/2021**

<b>Amount billed</b>	<b>\$941.00</b>	This is the total amount billed to Sanford Health Plan by your provider(s).
<b>Plan discount</b>	<b>\$0.00</b>	Amount saved by using an in-network or participating provider (if applicable). Sanford Health Plan negotiates lower rates with these providers to help save money.
<b>Amount not covered</b>	<b>\$941.00</b>	This is the portion of your bill that is not covered by your benefit plan. You may or may not need to pay this amount. See the Claim Details section for more information.
<b>What Sanford Health Plan paid</b>	<b>\$0.00</b>	Sanford Health Plan paid a <b>total of \$0</b> to your provider(s) for your health care.
<b>What I may owe</b>	<b>\$941.00</b>	This is the amount you owe after plan discounts and what Sanford Health Plan paid. This includes services for care that may not be covered by the plan.
<b>You saved</b>	<b>0.0%</b>	You saved \$0 off your care (total amount billed) by using your Sanford Health Plan coverage and network providers. For up-to-date information on your deductible, coinsurance and out-of-pocket maximums, log into to your secure member portal at <a href="http://sanfordhealthplan.com/memberlogin">sanfordhealthplan.com/memberlogin</a> .

**IMPORTANT MESSAGES**

To learn more about your benefits, please look in your Plan Documents. For questions or concerns about the claim(s)/service(s) listed, contact Customer Service at the number above.

If you disagree with how Sanford Health Plan paid your benefits, see the attached Appeal Rights and Form for important information on how to ask the Plan to review your case. Submit the attached Appeal Form, contact Customer Service or log in to your Member Portal at [sanfordhealth.com/memberlogin](http://sanfordhealth.com/memberlogin) to file an appeal.

**Darla Tescher CLAIM DETAILS**

**THIS IS NOT A BILL**

Claim Number: 48861597

Provider / Vendor Name: KLEMIN, PETER L / SANFORD BISMARCK

Medical Service Details			Member Benefit			Amount Provider May Bill You				Notes*
Date of Service	Type of Service	Amount Billed	Plan Discount	Amount Paid By Plan	Co-pay	Deductible	Coinsurance	Amount Not Covered		
10/04/21-10/04/21	1	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.00		PNC NDP2
10/04/21-10/04/21	1	\$194.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$194.00		PNC NDP2
10/04/21-10/04/21	1	\$58.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58.00		PNC NDP2
<b>Claim Total:</b>		<b>\$287.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$287.00</b>		
<b>Amount You May Owe:</b>									<b>\$287.00</b>	

*Notes	
1	Medical Care
NDP2	SHIP SECONDARY PAYOR NDPERS
PNC	SERVICE NOT COVERED DUE TO PLAN LIMIT, EXCLUSION, OR AUTHORIZATION REQUIREMENT



**Darla Tescher CLAIM DETAILS**

**THIS IS NOT A BILL**

Claim Number: 48896446

Provider / Vendor Name: RODACKER, MARK W / SANFORD BISMARCK

Medical Service Details			Member Benefit			Amount Provider May Bill You				Notes*
Date of Service	Type of Service	Amount Billed	Plan Discount	Amount Paid By Plan	Co-pay	Deductible	Coinsurance	Amount Not Covered		
10/05/21-10/05/21	5	\$325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00		PNC NDP2
Claim Total:		\$325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$325.00	Amount You May Owe: \$325.00	

*Notes
NDP2 SHP SECONDARY PAYOR NDPERS
PNC SERVICE NOT COVERED DUE TO PLAN LIMIT, EXCLUSION, OR AUTHORIZATION REQUIREMENT
5 Diagnostic Laboratory

**Darla Tescher CLAIM DETAILS**

**THIS IS NOT A BILL**

Claim Number: 48913799

Provider / Vendor Name: KLEMIN, PETER L / SANFORD BISMARCK

Medical Service Details			Member Benefit			Amount Provider May Bill You				Notes*
Date of Service	Type of Service	Amount Billed	Plan Discount	Amount Paid By Plan	Co-pay	Deductible	Coinsurance	Amount Not Covered		
10/05/21-10/05/21	2	\$329.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$329.00		PNC NDP2
Claim Total:		\$329.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$329.00	Amount You May Owe: \$329.00	

<b>*Notes</b>	
PNC	SERVICE NOT COVERED DUE TO PLAN LIMIT, EXCLUSION, OR AUTHORIZATION REQUIREMENT
NDP2	SHP SECONDARY PAYOR NDPERS
2	Surgery