

Saguaro Senior Advantage

A Medicare Advantage HMO Plan

Member Services: 1-800-555-0142
TTY 711, 8 a.m. to 8 p.m., 7 days a week

Explanation of Benefits

THIS IS NOT A BILL

Member: Margaret A. Ellison
412 Cottonwood Lane
Sierra Vista, AZ 85635

Statement date: October 2, 2026
Member ID: SSA-000-48817
Claim number: 2026-0918-77341
Provider: Bluebird Canyon Family Medicine
Network status: In-network

Your Claim Summary

Date	Code	Service	Billed	Plan allows	Plan paid	You owe	Note
09/18/26	99214	Office visit, established patient	\$210.00	\$128.40	\$108.40	\$20.00	A
09/18/26	80061	Lipid panel	\$95.00	\$18.50	\$18.50	\$0.00	
09/18/26	83036	Hemoglobin A1c	\$65.00	\$13.20	\$13.20	\$0.00	
09/18/26	82306	Vitamin D, 25-hydroxy	\$120.00	\$0.00	\$0.00	\$0.00	B
Totals			\$490.00	\$160.10	\$140.10	\$20.00	

Notes About This Claim

A Office visit copayment. This amount is your share of the cost under your plan.

B CO-50: This service is not covered because the diagnosis submitted does not meet the plan's medical necessity guidelines for this test. Because this provider is in our network, the provider may not bill you for this service unless you signed a written notice before the service, agreeing to pay for it yourself.

Your Year-to-Date Totals

In-network out-of-pocket spending so far in 2026	\$385.00
In-network out-of-pocket maximum for 2026	\$4,900.00

If You Disagree With Our Decision

You have the right to ask us to reconsider (appeal) any decision on this claim. You must file your appeal within 65 days of the date of this statement. To appeal, call Member Services or write to: Saguaro Senior Advantage, Appeals and Grievances Department, P.O. Box 9120, Phoenix, AZ 85068. Include your name, member ID, claim number, and the reason you disagree. You may also want to contact your provider's billing office first; many problems are billing errors that can be corrected without an appeal.