

STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

**RECEIVED**

**MAR 13 2019**

**SC Court of Appeals**

Appeal from Oconee County

Honorable J. Cordell Maddox, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

MATTHEW JACOB (JAKE) EDER,

APPELLANT

APPELLATE CASE NO 2017-002606

RECORD ON APPEAL

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State of South Carolina  
County of Oconee

Court of General Sessions

State of South Carolina )  
 )  
 )  
 v. )  
 )  
 Matthew Jacob Eder, )  
 )  
 )  
 Defendant. )

Transcript of Record  
2016-GS-37-00029

October 30, 2017  
Oconee, South Carolina

B E F O R E:

The Honorable J. Cordell Maddox, Judge.

A P P E A R A N C E S:

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Attorney for the State

Suzanne Earle, Assistant Public Defender  
Attorney for the Defendant

Lisa Scott  
Circuit Court Reporter

I N D E X

WITNESS

PAGE

No Witnesses.

EXHIBITS

<u>NO.</u>	<u>DESCRIPTION</u>	<u>ID.</u>	<u>EVD.</u>
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No Exhibits.

P R O C E E D I N G S

\* \* \* \* \*

1 THE COURT: Okay. Yes, ma'am.

2  
3 MS. BLUNDY: Thank you, Your Honor. May it  
4  
5 please the Court?

6 This is Matthew Jacob Eder. He goes by "Jake."  
7 He's here on Indictment 2016-GS-37-29. He's  
8 charged -- he's pleading to a lesser included  
9 offense of assault and battery in the second degree.

10 The recommendation of the State is three years  
11 jail, suspended upon two years active time, followed  
12 by five years of probation.

13 There is restitution in this case. The victim  
14 in this case is David Seth Pierce. The State and  
15 the defense agreed to hold that restitution in  
16 abeyance for a later hearing, Your Honor.

17 We are asking for a no contact with the victim  
18 on that case.

19 The other indictment that he's here on is  
20 2015-GS-37-1189. The charge is domestic violence in  
21 the second degree.

22 It's a mere sentence, three years suspended  
23 upon two years active, followed by five years  
24 probation to run concurrent.

25 No contact with the victim in that case,

1 Brianna Fansler.

2 The State's position in that, I did recommend a  
3 permanent restraining order. The victim has  
4 declined, Your Honor, and she's willing to put that  
5 on the record.

6 THE COURT: Okay.

7 MS. BLUNDY: Also, in that case, I have not  
8 received any request for restitution. Again, the  
9 victim does believe that it's been picked up by  
10 Medicaid.

11 THE COURT: Okay. Is it "Ed-ur"? Is that ---

12 THE DEFENDANT: "EED-ur."

13 THE COURT: "EED-ur." All right. Mr. Eder, if  
14 you would, raise your right hand.

15 THE DEFENDANT: (Complying.)

16 THE COURT: Swear to tell the truth, the whole  
17 truth, and nothing but the truth so help you God?

18 THE DEFENDANT: So help me God.

19 THE COURT: All right. I need to ask you some  
20 questions. If you don't understand what I'm, I'm  
21 going to give you time to talk to your lawyer. Make  
22 sure you speak up so she can hear you.

23 How old are you?

24 THE DEFENDANT: Twenty-three.

25 THE COURT: And how far did you go in school?

1 THE DEFENDANT: College.

2 THE COURT: And where'd you last work?

3 THE DEFENDANT: Applebee's.

4 THE COURT: How long have you been in jail?

5 THE DEFENDANT: Since May the 1st.

6 THE COURT: Okay. Y'all have a day -- a number  
7 of days?

8 MS. EARLE: Your Honor, he was incarcerated --  
9 actually, I think he's been incarcerated for over a  
10 year now but in another county on other charges, and  
11 then he was brought here.

12 And by -- by my calculation on the assault and  
13 battery charge, he should have 248 days of active  
14 jail time. He also did 193 days on an ankle  
15 monitor.

16 THE COURT: Okay. What I'll do is, I'll just  
17 check the amount that he gets all credit pursuant to  
18 that statute. Let them figure it out. That's  
19 probably easier.

20 MS. EARLE: But he has been incarcerated for --  
21 continuously for more than a year now, about a year  
22 and a half, which is why he's hesitant about  
23 answering your questions about work.

24 THE COURT: Okay. Yeah.

25 THE DEFENDANT: September -- September the 6th.

1 MS. BLUNDY: Judge, I would just ask that SCDC  
2 calculate that because the State would be opposed  
3 to ---

4 THE COURT: That's what I'm going to do.

5 MS. BLUNDY: --- any credit from any other  
6 county.

7 THE COURT: All right. I'm going to let them  
8 calculate it because, quite frankly, they do it  
9 anyway and it'll just save us a fight down the line.

10 MS. EARLE: But that's just why he's not been  
11 employed recently.

12 THE COURT: Okay. Are you married?

13 THE DEFENDANT: Yes, sir.

14 THE COURT: And do you have any children?

15 THE DEFENDANT: Yes, sir.

16 THE COURT: How many?

17 THE DEFENDANT: One.

18 THE COURT: How old?

19 THE DEFENDANT: She's going to be five next  
20 month.

21 THE COURT: So it's a little girl?

22 THE DEFENDANT: Yes, sir.

23 THE COURT: Five years old?

24 THE DEFENDANT: Yes, sir.

25 THE COURT: Okay. But this Brianna Marie

1 Fansler is not the mother of the child?

2 THE DEFENDANT: No, she is.

3 THE COURT: She is? Okay.

4 All right. You understand -- you need to  
5 understand this, that this is a recommend --  
6 recommended sentence. Normally, I would take them,  
7 and I probably will, but I don't have to take the  
8 recommendation. I could sentence you up to, I  
9 think, six years in prison today because I could do  
10 three, consecutive to a three. Do you understand  
11 that?

12 THE DEFENDANT: Yes, sir.

13 THE COURT: And the only reason I say that is,  
14 I don't like these domestic violence things,  
15 especially you got a five-year-old daughter. If I  
16 walked up on the street and smacked her in the head,  
17 that would make you mad.---

18 THE DEFENDANT: Yes, sir.

19 THE COURT: --- right?

20 THE DEFENDANT: Yes, sir.

21 THE COURT: Okay. All right. Have you had any  
22 illegal drugs or alcohol within the last 24 hours?

23 THE DEFENDANT: No, sir.

24 THE COURT: And has anybody threatened you in  
25 any way or promised you anything to force you to

1 plead guilty?

2 THE DEFENDANT: No, sir.

3 THE COURT: All right. You understand that if  
4 you want to plead guilty, you have to waive your  
5 constitutional rights?

6 THE DEFENDANT: Yes, sir.

7 THE COURT: And in particular, are you waiving  
8 your right to a jury trial?

9 THE DEFENDANT: Yes, sir.

10 THE COURT: Are you waiving your right to  
11 remain silent?

12 THE DEFENDANT: (No response.)

13 THE COURT: You have to waive that right if you  
14 want to plead.

15 THE DEFENDANT: Yes, sir.

16 THE COURT: Are you waiving your right to put  
17 up a defense to these charges?

18 THE DEFENDANT: Yes, sir.

19 THE COURT: You also have the right to require  
20 the State to bring in witnesses and testify against  
21 you and allow your lawyer to cross-examine those  
22 witnesses. That's your right of confrontation. Are  
23 you giving up that right too?

24 THE DEFENDANT: Yes, sir.

25 THE COURT: Have you had plenty of time to

1 speak with your lawyer?

2 THE DEFENDANT: Yes, sir.

3 THE COURT: Are you satisfied with her  
4 services?

5 THE DEFENDANT: Yes, sir.

6 THE COURT: Has she done everything you've  
7 asked her to do?

8 THE DEFENDANT: Yes, sir.

9 THE COURT: Do you have any questions for her  
10 or for me now?

11 THE DEFENDANT: No, sir.

12 THE COURT: Okay. And have you had plenty of  
13 time to speak with your client?

14 MS. EARLE: Yes, Your Honor.

15 THE COURT: You think he understands the  
16 elements of these two charges and his waiver of  
17 constitutional rights?

18 MS. EARLE: Yes, Your Honor.

19 THE COURT: And which one of these has the no  
20 contact? Both of them?

21 MS. BLUNDY: Both of them, Your Honor.

22 THE COURT: Okay. All right. Do you want to  
23 plead guilty to these charges?

24 THE DEFENDANT: Yes, sir.

25 THE COURT: And are you guilty?

1 THE DEFENDANT: Yes, sir.

2 THE COURT: All right. Yes, ma'am.

3 MS. BLUNDY: Thank you, Your Honor.

4 This happened also with a domestic violence in  
5 the second degree. This occurred on August the 6th,  
6 2015, here in Oconee County.

7 The victim in the case is Brianna Fansler. She  
8 was married to the defendant at the time. They have  
9 one daughter together, Sofia, who was present at the  
10 time that this occurred.

11 There was a physical altercation. He did drag  
12 her and slam her face, possibly chucked something at  
13 her face which led her to have a broken nose.

14 THE COURT: Okay.

15 MS. BLUNDY: The other charge originated as  
16 attempted murder. The State's agreeable to plead it  
17 down to assault and battery in the second degree.  
18 That occurred on September the 19th, 2015, here in  
19 Oconee County.

20 The victim in that case is David Seth Pierce.  
21 He received a phone call from Brianna Fansler, who  
22 is also involved in that case, that she was being  
23 threatened and beat on that date.

24 Mr. Pierce told me that he could hear it over  
25 the phone and then went to the house to fight the

1 defendant on her behalf. That did occur out in the  
2 yard. And during the physical altercation, Mr. Eder  
3 did stab Mr. Pierce.

4 THE COURT: All right. Do you admit to those  
5 charges?

6 THE DEFENDANT: Yes, sir.

7 THE COURT: Okay. Yes, ma'am.

8 MS. EARLE: May it please the Court, Your  
9 Honor?

10 This is the attempted murder, now assault and  
11 battery, second degree, is the case that we had  
12 filed the castle doctrine motion on.

13 After the offer was made and in talking with  
14 Mr. Eder, he is agreeable to pleading to this. We  
15 discussed the potential problems with the -- with  
16 the motion that we had made.

17 He -- we disagree with some of the facts as  
18 stated, but it -- it does come down to Mr. Pierce  
19 came to Mr. Eder's home and started an altercation.  
20 As a result of that, he did get more seriously  
21 injured.

22 And talking with Mr. Eder, he understands the  
23 elements of self-defense and the castle doctrine,  
24 and he feels like this is a good resolution for him.  
25 We would ask that you go along with the

1 recommendation.

2 I've explained to him the possible enhancement  
3 that the domestic violence will have on any future  
4 domestic violence charges. We've talked about the  
5 need for him to get some treatment for anger  
6 management.

7 I -- I think he now understands the serious  
8 nature of everything he's gone through. He was  
9 intoxicated that evening.

10 Since he's been incarcerated for the length of  
11 the time he's been incarcerated and he's no longer  
12 under the influence of anything, I think he's --  
13 he's got a better understanding that he really does  
14 need to change his life.

15 He's young. He's got the opportunity to really  
16 have a successful life if he puts his mind to it.  
17 There's a treatment program he wants to go to in  
18 Georgetown once he's released from prison, and  
19 hopefully probation will let him attend this  
20 program. And I think he's -- he's got some good  
21 plans for how he can address the problems he had.

22 THE COURT: Okay.

23 MS. BLUNDY: Your Honor, the victims, at the  
24 appropriate time, would like to address the Court.

25 THE COURT: Yes. Now's -- now's good.

1 MS. BLUNDY: Okay. Ms. Fansler?

2 THE VICTIM: (Approaching.)

3 MS. BLUNDY: Your Honor, just for the record, I  
4 wanted Ms. Fansler to state that she does not wish  
5 to have the permanent restraining order because I  
6 would've recommended it in this type of case.

7 THE COURT: Okay.

8 THE VICTIM: Hey, Your Honor. My name is ---

9 THE COURT: How are you? Give us full name  
10 just for the record.

11 THE VICTIM: Brianna Marie Fansler.

12 THE COURT: Okay. Yes, ma'am.

13 THE VICTIM: And am I going to testify?

14 THE COURT: Well, no. You're just -- I think  
15 the question is whether or not you want a permanent  
16 restraining order against him.

17 THE VICTIM: No, sir. I don't.

18 THE COURT: You're not afraid of him?

19 THE VICTIM: Not anymore. I've went through  
20 enough after he's went away from me and experienced  
21 a lot of stuff on my own to wise up and realize like  
22 a lot of the arguing and stuff was caused by me  
23 because he is the first person I was with ever  
24 kinda, you know.

25 So I was really immature. And his level was

1 still immature, but way above mine. He had more  
2 experience and everything in life than I did. And,  
3 I mean, of course it wasn't right what he did, but  
4 the drugs definitely had a huge thing to do with it.  
5 And that's what he struggled with the most.

6 THE COURT: Okay. So you don't -- I mean, I've  
7 got no victim contact here, but that ---

8 THE VICTIM: Strictly for our daughter. I  
9 don't care if there's one for me. I want him to see  
10 his daughter. She's -- she's -- he is a good dad.  
11 He really is.. I don't care if I don't get to see  
12 him ---

13 THE COURT: Okay.

14 THE VICTIM: --- but he wants -- I'm pretty  
15 sure he would like to see his daughter grow up.  
16 She's so smart.

17 THE COURT: Okay. All right. Thank you,  
18 ma'am.

19 MS. BLUNDY: Thank you, Brianna.

20 (Victim excused.)

21 MS. BLUNDY: Seth?

22 THE VICTIM: (Approaching.)

23 THE COURT: Yes, sir..

24 THE VICTIM: David Seth Pierce.

25 THE COURT: I'm sorry. What?

1 THE VICTIM: David Seth Pierce.

2 THE COURT: Okay. Yes, sir.

3 THE VICTIM: In my defense, I was going -- I  
4 received multiple phone calls from her saying she  
5 was being beaten, until finally I got tired of it  
6 and went to go protect her and help her, Your Honor.

7 THE COURT: Okay. And you understand ---

8 THE VICTIM: And it's affected my job. I've  
9 had to use up all my vacation. A knife went two  
10 inches from my heart, so, of course, I was out of  
11 work for a long time. And I'd just like to get my  
12 medical bills paid.

13 THE COURT: Okay. And that's going to be done  
14 at a later date. It's got to be done within 90  
15 days. Do you understand that? So you need to get  
16 all that together. And they'll -- they'll tell you  
17 about that later. Okay?

18 THE VICTIM: Thank you, sir.

19 THE COURT: Okay.

20 THE VICTIM: Thank you, Your Honor.

21 THE COURT: All right. Thank you.

22 All right. Well, I'm going to accept both  
23 pleas, find them freely and voluntarily made based  
24 upon the advice of counsel. I'll go along with the  
25 recommendation.

1 I mean, I don't -- I just need to tell you man  
2 to man, if you come back in front of me on a  
3 domestic abuse, I'm not going to -- I mean, I'm  
4 going to max you out.

5 THE DEFENDANT: Yes, sir.

6 THE COURT: But on this charge, the sentence on  
7 each of them is to run concurrent, it's three years  
8 suspended to two years of incarceration, five years  
9 probation.

10 Credit for time due under 24-13-40.

11 No contact with either victim.

12 I'm ordering that a restitution hearing must be  
13 held within 90 days. That's what the law is anyway.  
14 And that'll be it. Good luck to you.

15 MS. BLUNDY: Thank you, Your Honor.

16 MS. EARLE: Thank you, Your Honor.

17 (Proceedings concluded at 12:24 p.m.)

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1 State of South Carolina  
 2 County of Oconee In the Court of General Sessions

3  
 4 State of South Carolina, )  
 5 ) 2016-Gs-37-00029  
 6 -vs- ) December 11, 2017  
 7 Matthew Jacob Eder, )  
 8 Defendant. )  
 9 ) Transcript of Record

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B E F O R E:  
 The Honorable R. Lawton McIntosh, Judge

A P P E A R A N C E S:  
 Bethany Blundy, Assistant Solicitor  
 Tenth Circuit Solicitor's Office  
 Attorney for the State  
 Suzanne Earle, Assistant Public Defender  
 Tenth Circuit Public Defender's Office  
 Attorney for Defendant

Diane L. Marcengill, RPR, CRR  
 Circuit Court Reporter

1 (WHEREUPON, court convened with all parties  
2 present and the following proceedings were had  
3 commencing at 3:31 p.m.)

4 MS. BLUNDY: Your Honor, this is Matthew Jacob  
5 Eder, 2016-GS-37-00029. The charge was -- he pled to  
6 assault and battery in the second degree. He was  
7 sentenced by Judge Maddox on October the 30th, 2017.  
8 The sentence was three years suspended to two years  
9 active time, followed by five years of probation with  
10 the restitution hearing held in abeyance. The victim  
11 is here, present in court this afternoon, Mr. David  
12 Pierce.

13 In speaking with Ms. Earle just now, we have seven  
14 medical bills, and the State has prepared a  
15 spreadsheet. She actually has indicated to me that  
16 they stipulate to the amount of the bills, but they  
17 contest his liability as to the whole amount.

18 THE COURT: Based on what?

19 MS. EARLE: Your Honor, this incident occurred  
20 when the victim came to Mr. Eder's home, and this is  
21 all information garnered from the AXON video at the  
22 hospital. He went to the home with the specific  
23 purpose of beating up Mr. Eder.

24 He states on the AXON video he was winning until  
25 Mr. Eder pulled a knife. The injuries that resulted in

1 the restitution are from the knife wound. It is our  
2 position that Mr. Eder is willing to pay half of the  
3 requested restitution with no contest.

4 It is our position that had the victim not gone  
5 there with the intent and started the fight, that there  
6 would not have been any injuries and that he should  
7 shoulder some of the burden for that.

8 THE COURT: And he pled guilty?

9 MS. EARLE: He did.

10 THE COURT: He didn't qualify any of this at his  
11 guilty plea, just held it in abeyance?

12 MS. EARLE: Well, Your Honor, it started out as an  
13 attempted murder. We filed a castle doctrine motion.  
14 The State then made an offer to plead it down to an  
15 assault and battery second degree, which Mr. Eder  
16 determined he would rather do that than take a chance  
17 on the attempted murder, and then he offered at that  
18 time to agree to have the restitution.

19 THE COURT: I don't think I really need to take  
20 any testimony. I'll be glad to take any testimony you  
21 may feel appropriate, but, quite frankly, Ms. Earle,  
22 I'm going to make him pay all of it. I think he pled  
23 guilty, he got a break, he's going to have to pay  
24 restitution.

25 Now, that being said, if you want to have any

1 testimony or if the victim's side for the State wants  
2 to have testimony, I'm glad to put it up on the record  
3 and I'll reserve judgment, but that's my feeling right  
4 now; quite frankly.

5 MS. EARLE: May I confer with my client briefly?

6 THE COURT: Yes, ma'am, you may.

7 THE DEFENDANT: I would like to say something,  
8 Your Honor. I'm not a violent person, Your Honor. My  
9 wife that was there at that time did tell David that we  
10 was arguing, and she made it seem like it was something  
11 out of hand, so I could understand that he came over to  
12 fight. But during the night, there was no abuse going  
13 on. And from my side of the story, from the way I seen  
14 it, he just came over. I didn't know why he came over,  
15 and he attacked me.

16 And when he came and attacked me, he just came,  
17 and the first thing he did was kick me straight in the  
18 groin, and I fell forward, and then he put me in a  
19 headlock. And from my point of view, I didn't really  
20 see anything else I could do but try to get him off me.  
21 That's all I did. I didn't chase him or anything.

22 THE COURT: I don't know the underlying facts. I  
23 didn't hear the plea. But apparently this gentleman  
24 used a knife on the victim in this case?

25 MS. BLUNDY: That is correct. He stabbed him in

1 the torso area, ribcage.

2 THE COURT: I hear you. The bottom line is we're  
3 not trying that part of the case. My inclination is  
4 I'm going to make you pay the entire amount of  
5 restitution.

6 If you want, Ms. Earle, to talk to him about  
7 putting up testimony, I don't know if it will change my  
8 mind, but I'm certainly glad to listen to it. So talk  
9 to him and see.

10 Ms. Blundy, you might want to check with the  
11 victim as well; make sure they don't want to put  
12 testimony up.

13 MS. BLUNDY: Yes, Your Honor, because the State's  
14 version of the facts is vastly different than the  
15 defense's.

16 THE COURT: Right.

17 (WHEREUPON, an off-the-record discussion was  
18 held.)

19 MS. EARLE: I don't think a hearing will be  
20 necessary at this point.

21 THE COURT: Does your client want to put up any  
22 evidence, or does the victim wish to put up any  
23 evidence, Ms. Blundy?

24 MS. BLUNDY: No, Your Honor. If I may just  
25 briefly respond to the fact scenario, just briefly. I

1 don't want to make it any worse other than we had  
2 contentions with the castle doctrine hearing. As he  
3 stated about his wife, the State's position was that  
4 the wife had called Mr. Pierce for help, and that's  
5 when the altercation ensued.

6 THE COURT: What is the amount of medical bills?

7 MS. BLUNDY: It's \$3,069.80.

8 I prepared a spreadsheet. I can prepare an order  
9 for signature.

10 THE COURT: I would like to have it put on the  
11 sentencing sheet as well.

12 Do we have the sentencing sheet, or has it been  
13 sent to SCDC?

14 THE CLERK: I have it downstairs. I can bring it  
15 up tomorrow.

16 THE COURT: That would be great. Let me go ahead  
17 and do a restitution order.

18 I'm going to order the full amount.

19 With all due respect, sir, I'm going to order that  
20 amount.

21 MS. BLUNDY: Did you want me to put copies of the  
22 bills in for the record?

23 THE COURT: Unless Ms. Earle feels like it's  
24 necessary.

25 MS. EARLE: No, Your Honor.

1 MS. BLUNDY: Okay.

2 Would you like a separate order in addition to the  
3 sentencing sheet?

4 THE COURT: If you will, send me up an order with  
5 the indictment numbers or number. We can pull the  
6 sentencing sheet, and I'm going to add it to that and  
7 sign the restitution order.

8 MS. BLUNDY: Thank you, Your Honor.

9 MS. EARLE: Thank you very much.

10 (WHEREUPON, proceedings concluded at 3:40 p.m.)

11 \*\*\*END OF REQUESTED TRANSCRIPT OF RECORD\*\*\*

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## MATTHEW EDER RESTITUTION

BILL	AMOUNT	PAYMENT TO
GHS PIH DBA UMG	\$301.00	VICTIM
GHS PIH UMG ANESTHES	\$58.13	VICTIM
GHS RADIOLOGY	\$161.43	VICTIM
GHS OMH	\$2,185.29	VICTIM
GHS OMH PHYSICAL THERAPY	\$117.45	VICTIM
BLUE RIDGE EMERGENCY PHYS	\$73.25	VICTIM
OCONEE2 MEDICAL CENTER	\$173.25	VICTIM
TOTAL	\$3,069.80	VICTIM UNLESS SOVA REIMBURSES



STATEMENT

PO BOX 601082

CHARLOTTE NC 28260-1082

ADDRESS SERVICE REQUESTED

STATEMENT NUMBER: 17814341  
P/C PR L

864-885-7989

11/13/2015

6536

SHOW AMOUNT PAID HERE \$ 301.00

OFFICE/PHONE NUMBER

CLOSING DATE

ACCOUNT NO.

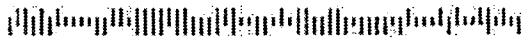
PAGE NO.

NEW BALANCE

DAVID S PEARCE  
WICKLIFFE LANE  
WEST UNION SC 29696

GHS PIH DBA UMG  
PO BOX 601082  
CHARLOTTE NC 28260-1082

107001226



NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE OF SERVICE	PROVIDER	DESCRIPTION	ACTIVITY DATE	CHARGES	INSURANCE ACTIVITY	PATIENT ACTIVITY	PATIENT RESPONSIBLE
	DAVID PEARCE		93-717-7				
091915	LE, VIET H	Filed with BCBS PPO EXPLOR PENETRATING WOUND; CHEST ADJUSTMENT BLUE SHIELD APPLY TO DEDUCTIBLE PATIENT RESPONSIBLE	101615 102715	627.00		381.00-	246.00
092515	LE, VIET H	Filed with BCBS PPO NO CHARGE PATIENT RESPONSIBLE	101615				0.00
092515	LE, VIET H	DRAINAGE OF HEMATOMA/FLUID ADJUSTMENT BLUE SHIELD APPLY TO DEDUCTIBLE PATIENT RESPONSIBLE	102715	332.00		277.00-	55.00

This balance is now due from you. If we have your insurance information, it has been filed and the remaining balance is your responsibility. Thank you for your prompt payment! We accept Visa, MasterCard, Discover, and American Express. We look forward to serving your billing needs! We're here to provide the area's best quality healthcare service!



Statement Closing Date: 11/13/2015	WHEN CALLING OUR OFFICE, PLEASE INDICATE YOUR GUARANTOR NUMBER:				7005-6536
	OR STATEMENT NUMBER:				17814341
BALANCE 30 DAYS AND UNDER	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	PATIENT RESPONSIBLE NEW BALANCE	
301.00				301.00	

Send inquiries to: TAX ID: 571004971  
GHS PIH DBA UMG  
PO BOX 601082  
CHARLOTTE NC 28260-1082

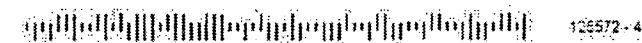
GHS PIH DBA UMG GVL ANESTHES  
 Po Box 603090  
 Suite 212  
 Charlotte NC 28260-3090

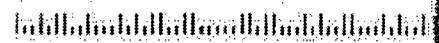
**MOST MAJOR CREDIT CARDS ACCEPTED**

To pay via credit card please call 1-844-810-4293 or  
 Pay online at [www.patientaccounts.net](http://www.patientaccounts.net) and use  
 Access Code: FP1417

Statement Date 11/09/2015	Pay This Amount \$58.13	Account # [REDACTED]32
Payment Due Date 12/7/2015	SHOW AMOUNT \$ PAID HERE	

For more information about your statement, contact  
 Patient Accounts at 1-844-810-4293, or visit our website  
 at [www.patientaccounts.net](http://www.patientaccounts.net)

 105572-4  
 DAVID PEARCE  
 WICKLIFFE LN  
 WEST UNION SC 29696-2826

GHS PIH DBA UMG GVL ANESTHES  
 Po Box 603090  
 Suite 212  
 Charlotte NC 28260-3090  




Please check if address or insurance information is incorrect and complete form on back. PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

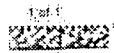
Pay online at [www.patientaccounts.net](http://www.patientaccounts.net) and use Access Code: FP1417

Account #: 22032 Please Pay: \$58.13 12/7/2015

Date	Description	Case #	Insurance Balance	Patient Balance		
09/20/2015	Anesthesiology Services by A. CROWE MD for V. Le MD CPT Code: 20101 Billed To Insurance: BLUE CROSS BLUE SHIELD SC Paid By Insurance Adjustments Insurance Patient Responsible Billed To Patient	21236567	\$1,155.00 -\$232.50 -\$858.90 -\$58.13	\$58.13		
ACCOUNT CONDITIONS		CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS
		\$58.13	\$0.00	\$0.00	\$0.00	\$0.00
IMPORTANT MESSAGE ABOUT YOUR ACCOUNT			Total Balance	\$58.13		
THIS IS A BILL FOR SERVICES NOT INCLUDED ON YOUR HOSPITAL BILL. IF YOU NEED TO UPDATE YOUR INSURANCE INFORMATION, PLEASE CALL OUR BILLING OFFICE AT 1-844-810-4293 OR LOGIN TO OUR WEBSITE <a href="http://WWW.PATIENTACCOUNTS.NET">WWW.PATIENTACCOUNTS.NET</a> . IF PAYMENT HAS BEEN MADE PLEASE DISREGARD THIS BILL. THANK YOU.			Insurance Pending	\$0.00		
			Amount You Owe	\$58.13		

Make Checks Payable To: GHS PIH DBA UMG GVL ANESTHES  
 Call 1-844-810-4293

For Billing Questions Call  
 1-844-810-4293 (En Español 1-888-850-1446)  
 Mon - Fri 8:00AM to 4:15PM





**GREENVILLE HEALTH SYSTEM**

DbA Greenville Radiology  
PO Box 602284  
Charlotte NC 28260

Toll Free: (800) 841-4236

1000000070488700000161430



05074



DAVID SETH PEARCE 704887

Wickliffe Ln  
West Union SC 29696-2826

Statement Date: 11/04/2015

Account Number: [REDACTED] 87

Client ID: 1000

Amount Due: \$161.43

Patient: DAVID SETH PEARCE

0001



AMOUNT PAID

MAKE CHECK PAYABLE & REMIT TO:



GHS Partners in Health, Inc  
DbA Greenville Radiology  
PO Box 602284  
Charlotte NC 28260

MSN00001-0447563-0000000-4952198-001-005257-#005535-0001  
PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED.

DATE	POST DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJ	BALANCE
09/20/15		71260	CT THORAX C+ MATRL	\$184.00			\$161.43
Location: GHS OCONEE MEMORIAL HOSPITAL							
	11/03/15		BCBS SOUTH CAROLINA		\$0.00	\$22.57	
BALANCE APPLIED TO DEDUCTIBLE. PLEASE REMIT PAYMENT.							
Applied to Deductible							

\*\*\* Payment is due within 20 days or contact your insurance. \*\*\*

If you have been approved for Financial Aid, please mail a copy of your approval letter to the remittance address.



Primary Insurance: ----9074188833 - Bcbs South Carolina

Secondary Insurance:

To Chat live with a representative or to update insurance please visit us at [www.msallc.net](http://www.msallc.net)

AMOUNT DUE NOW: \$161.43

Patient: DAVID SETH PEARCE

Account Number: [REDACTED] 87

Statement Date: 11/04/2015

Please verify your insurance information above to ensure everything is correct. Complete the back of this form and return it to our office if there are any discrepancies.

Estos son servicios proporcionados para usted. Si tiene alguna pregunta con respecto a esta declaracion, por favor llame a nuestra oficina al Toll Free: (800) 841-4236.

These are charges for services provided to you. If you have any questions with respect to this statement, please call our office at Toll Free: (800) 841-4236.

GHS Partners in Health, Inc  
DbA Greenville Radiology  
PO Box 602284  
Charlotte NC 28260  
Toll Free: (800) 841-4236

3144000314401

000443L



GREENVILLE HEALTH SYSTEM

Oconee Memorial Hospital

298 MEMORIAL DR | SENECA, SC 29672-9943

RETURN SERVICE REQUESTED

IF PAYING BY CREDIT CARD, FILL OUT BELOW

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT		
SIGNATURE	EXP. DATE		

PLEASE PAY THIS AMOUNT

PATIENT NAME	
PEARCE, DAVID S	
PATIENT NUMBER	DISCHARGE / SERVICE DATE
5624	09/20/15
CURRENT BALANCE	BILLING DATE
2,185.29	12/11/15
AGREEMENT AMOUNT	PAYMENT DUE DATE
2,185.29	ENTER AMOUNT PAID HERE

GHS Oconee Memorial Hospital  
298 MEMORIAL DRIVE  
SENECA SC 296729443

DAVID S PEARCE  
WICKLIFFE LN  
WEST UNION SC 29696-2826

107003184



INVO001 AMB B 1 0 UP

PLEASE CHECK HERE AND SHOW NAME/ADDRESS CORRECTION ON REVERSE SIDE  
DETACH HERE TO ASSURE PROPER CREDIT. PLEASE WRITE YOUR PATIENT NUMBER ON YOUR CHECK AND RETURN UPPER PORTION WITH REMITTANCE

DATE	DESCRIPTION	QUANTITY	AMOUNT
09/19/15	PHARMACY	4	295.00
09/20/15	DRUG INCIDENT TO RADIOLOGY	1	15.44
09/19/15	PHARMACY IV SOLUTIONS	5	774.00
09/20/15	NONSTERILE SUPPLY	3	79.00
09/19/15	STERILE SUPPLY	7	1,179.00
09/20/15	LABORATORY	2	46.00
09/20/15	CHEMISTRY	4	435.00
09/20/15	HEMATOLOGY	3	130.00
09/20/15	BACTERIOLOGY AND MICROBIOLOGY	2	384.00
09/20/15	CT SCANS - BODY	1	1,009.70
09/20/15	OPERATING ROOM SERVICES	2	4,676.50
09/20/15	ANESTHESIA	4	1,934.00
09/19/15	EMERGENCY ROOM	7	2,312.90
09/20/15	DRUGS REQ DETAILED CODING	65	1,051.00
09/20/15	RECOVERY ROOM	3	1,189.10
09/19/15	ADMINISTRATION OF VACCINE	1	110.00
09/20/15	OTHER THERAPEUTIC SERVICES	1	160.00
10/20/15	ADJUSTMENTS	1	6,305.99CR
10/20/15	PAYMENTS	1	7,283.86CR
10/20/15	Ded = 364.32 Co-Ins = 1820.97		

DATE MAY REFLECT POSTING DATE OR SERVICE DATE

PAGE 1 OF 1

IMPORTANT MESSAGE

Thank you for choosing Oconee Memorial Hospital for your healthcare needs. The balance shown above is now your responsibility and needs to be settled within 15 days. Our Financial Services Department is open from 8:00 am to 4:30 pm Monday - Friday. Please call 864-885-7156 to allow us to assist you. Thank you.

PATIENT NAME  
PEARCE, DAVID S

24	
ACCOUNT SUMMARY	
PREVIOUS BALANCE	.00
NEW CHARGES	15,775.14
PAYMENTS/ OTHER ADJUSTMENTS	-13,589.85
CURRENT ACCOUNT BALANCE	2,185.29
PAYMENT DUE DATE	
PAY THIS	2,185.29

DISCHARGE / SERVICE DATE 09/20/15  
AGREEMENT AMOUNT .00



**GREENVILLE HEALTH SYSTEM**

Oconee Memorial Hospital

298 MEMORIAL DR | SENECA, SC 29672-9943

**RETURN SERVICE REQUESTED**

IF PAYING BY CREDIT CARD, FILL OUT BELOW

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT		
SIGNATURE	EXP. DATE		

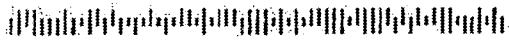
PLEASE PAY THIS AMOUNT

PATIENT NAME <b>PEARCE, DAVID S</b>	
PATIENT NUMBER [REDACTED] 39	DISCHARGE / SERVICE DATE 10/31/15
CURRENT BALANCE 117.45	BILLING DATE 12/10/15
AGREEMENT AMOUNT	PAYMENT DUE DATE
<b>117.45</b>	
ENTER AMOUNT PAID HERE	

GHS Oconee Memorial Hospital  
298 MEMORIAL DRIVE  
SENECA SC 296729443

DAVID S PEARCE  
[REDACTED] WICKLIFFE LN  
WEST UNION SC 29696-2826

102005464



INV0001 SER B 2 1 UP

PLEASE CHECK HERE AND SHOW NAME/ADDRESS CORRECTION ON REVERSE SIDE

DETACH HERE TO ASSURE PROPER CREDIT. PLEASE WRITE YOUR PATIENT NUMBER ON YOUR CHECK AND RETURN UPPER PORTION WITH REMITTANCE.

DATE	DESCRIPTION	QUANTITY	AMOUNT
10/12/15	PHYSICAL THERAPY	6	815.00
11/17/15	ADJUSTMENTS	1	227.77CR
11/17/15	PAYMENTS	1	669.78CR
11/17/15	Co-Ins = 117.45		

DATES MAY REFLECT POSTING DATE OR SERVICE DATE

PAGE 1 OF 1

**IMPORTANT MESSAGE**

Please accept this as a friendly reminder that we have not received payment on this account. Please contact our Customer Service Department 364-885-7156, option #1, within 15 days from this notice to make your payment. If your payment has already been sent please disregard this notice.

PATIENT NAME <b>PEARCE, DAVID S</b>	
PATIENT NUMBER [REDACTED] 39	
<b>ACCOUNT SUMMARY</b>	
PREVIOUS BALANCE	117.45
NEW CHARGES	.00
PAYMENTS/ OTHER ADJUSTMENTS	.00
CURRENT ACCOUNT BALANCE	117.45
PAYMENT DUE DATE	
DISCHARGE / SERVICE DATE	10/31/15
AGREEMENT AMOUNT	.00
PAY THIS	117.45

RETAIN THIS PORTION

PAYMENTS RECEIVED AFTER BILLING DATE WILL APPEAR ON NEXT STATEMENT

Statement of Charges

# EMERGENCY PHYSICIAN STATEMENT

BLUE RIDGE EMERGENCY PHYS. PA PO BOX 96088 OKLAHOMA CITY, OK 73143-6088

ACCOUNT NUMBER  
██████████ 52

STATEMENT DATE  
 11/12/2015

TAX I.D. NO.  
██████████ 78

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL. CALL 800-225-0953 (EN. ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

DATE OF SERVICE	PLACE OF SERVICE	EMERGENCY PHYSICIAN
09/19/2015	OCONEE MEDICAL CENTER SENECA, SC	GREG CROMER MD
PATIENT NAME		PHYSICIAN ASSISTANT
DAVID PEARCE		MERCY PEARCE PA

DATE OF SERVICE	CPT CODES	DESCRIPTION OF SERVICES/PROCEDURES	AMOUNT
09/19/2015	99285-25	EMERGENCY EVALUATION & MANAGEMENT SERVICES	1107.00
	99053	SERVICES REQUESTED 10:00 PM TO 8:00 AM AT A 24-HOUR FACILITY	
	12002	LACERATION REPAIR, SIMPLE, TRK-EXT-SCALP; 2.6 - 7.5 CM	
TOTAL CHARGES			1107.00

TRANSACTIONS:

10/02/2015	Ins. Claim Mailed to:	BC/BS OF SOUTH CAROLINA	
10/13/2015	Adjustment	BLUE SHIELD DISCOUNT	.00
10/13/2015	Adjustment	BLUE SHIELD DISCOUNT	.00

Documentation is required to adjudicate claim/service.

(CONTINUED ON NEXT PAGE)

Payment Reminder - Flexible Spending Accounts and Health Savings accounts may be used for all unpaid balances. Please consider our pay online option when selecting your electronic payment method. You may also call 800-225-0953 for assistance with processing your payment. Thank You

**NOTICE:** Please be advised that a late payment fee may be added to your account if payment is not received by the due date specified below. To avoid the fee, please remit the balance due now. Thank you.

	Due Date	Balance Due
Pay online <a href="http://epay.pdc4u.com/050006">http://epay.pdc4u.com/050006</a>	12/10/2015	\$73.25

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL. CALL 800-225-0953 (EN ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

TO INSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH PAYMENT

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

BLUE RIDGE EMERGENCY PHYS. PA  
 PO BOX 96408  
 OKLAHOMA CITY, OK 731436408

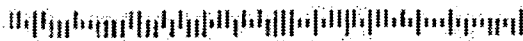
08423

0047766052 - ACCT.NO. 73.25 - BAL DUE

PATIENT NAME: DAVID PEARCE



MAKE CHECK PAYABLE TO:  
 BLUE RIDGE EMERGENCY PHYS. PA



58348-13A\* 38  
 DAVID PEARCE  
██████████ WICKLIFFE LN  
 WEST UNION SC 29696-2826



BLUE RIDGE EMERGENCY PHYS. PA  
 PO BOX 96088  
 OKLAHOMA CITY OK 73143-6088

For inquiries call 1-800-225-0953  
 (En Español 1-800-856-5838)

Statement of Charges

# EMERGENCY PHYSICIAN STATEMENT

BLUE RIDGE EMERGENCY PHYS, PA PO BOX 96088 OKLAHOMA CITY, OK 73143-6088

ACCOUNT NUMBER  
██████████ 52

STATEMENT DATE  
 11/12/2015

TAX I.D. NO.  
██████████ 78

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL, CALL 800-225-0953 (EN ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

DATE OF SERVICE	PLACE OF SERVICE	EMERGENCY PHYSICIAN
09/19/2015	OCONEE MEDICAL CENTER SENECA, SC	GREG CROMER MD
PATIENT NAME		PHYSICIAN ASSISTANT
DAVID PEARCE		MERCY PEARCE PA

DATE OF SERVICE	CPT CODES	DESCRIPTION OF SERVICES/PROCEDURES	AMOUNT
11/03/2015	Payment	BC/BS OF SOUTH CAROLINA Coinsurance Amount	293.01-
11/03/2015	Adjustment	BLUE SHIELD DISCOUNT	740.74-
11/03/2015	Adjustment	BLUE SHIELD DISCOUNT Documentation is required to adjudicate claim/service.	.00

<b>Pay online <a href="http://epay.pdc4u.com/050006">http://epay.pdc4u.com/050006</a></b>	<b>Due Date</b> 12/10/2015	<b>Balance Due</b> \$73.25
---	-------------------------------	-------------------------------

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL, CALL 800-225-0953 (EN ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

OCONEE2 MEDICAL CENTER

Thank you for choosing OCONEE2 MEDICAL CENTER for your health care needs.

Statement Date:  
Responsible Party:  
Account Number:  
Due Date:

11/20/15  
DAVID PEARCE  
624.1  
Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$ 371.25
Insurance Payments	\$ 0.00
Insurance Adjustments	-\$ 198.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 173.25</b>

Your prompt payment is appreciated! Please see the following page for transaction details.

Important Message:

Thank you for using our services. You are receiving this statement because your insurance carrier denied our claim.

Please contact your insurance carrier for any disputes.

At this time the balance due is your responsibility.

11-20-15 BCBS OF SC \*\*\*

Payment, Insurance, & Billing Information



We accept payment by check or money order. Please reference the stub for pay address and other information.

To speak with a billing agent: 866/456-7914 8:00 am - 3:30 pm EST Monday - Friday



Visit us at [www.peryourhealth.com](http://www.peryourhealth.com) to update your insurance, address, view your account, or send a message to our billing office. ID: 5858\*1320115624 Access key: JHC3HF



To contact the billing office, please call 866/456-7914 8:00 am - 3:30 pm EST Monday - Friday

OCONEE2 MEDICAL CENTER  
298 MEMORIAL DRIVE  
SENECA, SC 29672-9433  
Temp - Return Service Requested

Pay By Mail -- Please detach and return bottom stub with your check -- Include account number on check and correspondence

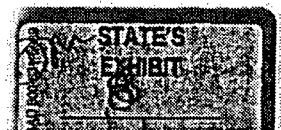
Account		Patient	
624.1		DAVID PEARCE	
Statement Date	Amount Due	Due Date	Amount Paid
11/20/15	\$ 173.25	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:

866800  
ATL8\*28\*1320115624C5858  
455928 315429 189647277  
DAVID PEARCE  
WICKLIFFE LN  
WEST UNION, SC 29696-2826

OCONEE2 MEDICAL CENTER  
298 MEMORIAL DRIVE  
SENECA, SC 29672-9433



Statement Date: 11/20/15  
 Responsible Party: DAVID PEARCE  
 Account Number: [REDACTED] 624.1  
 Due Date: Upon Receipt

Patient: DAVID PEARCE		Site of Service: OCONEE MEDICAL CENTER IP		Primary: BCBS OF SC		
Account: [REDACTED] 624.1		Refer Prov: VIET H LE MD		Secondary: Self Pay		
Service Dt.	Provider	Service Description	Charges	Payments	Adjustments	You Owe
09/20/15	LOWERY	35208 ANESTHESIA ADMINISTRATION	371.25			
		BCBS OF SC		0.00	-198.00	
		You Owe			0.00	173.25

Total Amount You Owe  
 \$ 173.25

Please be aware that the above summary represents Anesthesiology services from your medical provider.  
 You may receive a separate statement for services provided by the hospital.

CHANGE OF:  Address  Primary Insurance  Supplemental Insurance

DAVID PEARCE  
 [REDACTED] 624.1

Complete this form or go online to [www.peryourhealth.com](http://www.peryourhealth.com) to make changes.

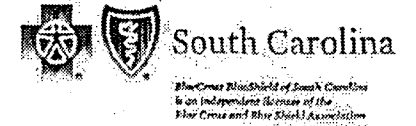
New Patient Address, City, State, Zip			New Phone#
Primary Policy Holder Name	Policy Holder Date of Birth _/_/		Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date _/_/
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth _/_/		Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date _/_/
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Work connected illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset or Accident _/_/	
Employer Name	Address, City, State, Zip		

SCANNED

Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # LTO219074188833)

Statement Period: 10/28/2015 - 11/17/2015



**MEDICAL CLAIMS** for patient **DAVID S PEARCE**

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number	Service Type	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
5F00640830000	[REDACTED] 10/26/2015 [REDACTED] MD In-Network	250.00	250.00	250.00	0.00	0.00	0.00	0.00	0.00
<b>Claim Total</b>		250.00	250.00	250.00	0.00	0.00	0.00	0.00	0.00
5F00640840000	[REDACTED] 10/26/2015 [REDACTED] MD In-Network	115.00	70.00	70.00	0.00	0.00	0.00	0.00	0.00
<b>Claim Total</b>		115.00	70.00	70.00	0.00	0.00	0.00	0.00	0.00
5F00640860000	[REDACTED] 10/26/2015 [REDACTED] MD In-Network	110.00	66.00	51.00	15.00	0.00	0.00	0.00	15.00
<b>Claim Total</b>		110.00	66.00	51.00	15.00	0.00	0.00	0.00	15.00
5F16046340000	PHYSICAL THERAPY 10/12/2015 VIET HOANG LE MD In-Network	265.00	190.95	152.76	0.00	0.00	38.19	0.00	38.19
PHYSICAL THERAPY 10/12/2015 VIET HOANG LE MD In-Network		220.00	158.51	126.81	0.00	0.00	31.70	0.00	31.70
PHYSICAL THERAPY 10/15/2015 VIET HOANG LE MD In-Network		330.00	237.77	190.21	0.00	0.00	47.56	0.00	47.56
<b>Claim Total</b>		815.00	587.23	469.78	0.00	0.00	117.45	0.00	117.45
<b>Statement Period Total</b>		1,290.00	973.23	840.78	15.00	0.00	117.45	0.00	132.45

0046931

Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/28/2015 - 11/17/2015



South Carolina

Blue Cross Blue Shield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association

36

WHAT WE MEAN BY ...

**Coinsurance:** The percentage of the allowed amount you pay as your share of the bill. If your plan pays 80 percent, the remaining 20 percent would be your coinsurance.

**Copayments:** A set fee you pay each time you receive a certain service. Some plans or services do not have copayments.

**Deductible:** The amount, if any, you are responsible for paying each benefit plan year before your plan begins to pay. You do not send this amount to us. You must pay this amount to your provider.

**HRA Paid:** The amount paid to your provider from your Health Reimbursement Account or Health Incentive Account.

**HSA Paid:** The amount paid to your provider from your Health Savings Account.

**In-Network:** Indicates the provider of services participates in your plan's network.

**Less Benefit Limitation:** The amount that exceeds the amount allowed under your plan for this service.

**Out-of-Network:** Indicates the provider of services does not participate in your plan's network.

**Out-of-Pocket:** Is the most you could pay during a benefit plan year for your share of the cost of covered services. Copayments may continue after the out-of-pocket has been met depending on your plan.

ADDITIONAL COMMENTS

DO YOU KNOW YOU CAN VIEW YOUR EOB'S ONLINE? YOU CAN ALSO CHOOSE NOT TO RECEIVE SUMMARY EOB'S IN THE MAIL. LOGIN TO MY HEALTH TOOLKIT AT MEMBER.SOUTHCAROLINABLUES.COM TO CHANGE YOUR MAIL OPTIONS, VIEW EOB'S AND MUCH MORE.

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IF YOU NEED INFORMATION REGARDING THE SPECIFIC TREATMENT AND/OR DIAGNOSIS CODES FILED ON THE CLAIM(S) IN THIS NOTICE, PLEASE CALL THE CUSTOMER SERVICE NUMBER SHOWN ON THE FIRST PAGE OF THIS NOTICE.

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South Carolina

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# Summary Claim Report

## EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE

ID # [REDACTED]

Benefit Plan Year: 01/01/2015 - 01/01/2016

Statement Period: 10/07/2015 - 10/27/2015

Notice Date: 10/28/2015

0025084

1-20 @ Alpine Road  
Columbia, SC 29219

DAVID S PEARCE  
WICKLIFFE LN  
WEST UNION, SC 29696



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0001 of 0006

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THIS IS NOT A BILL

### PAYMENTS SUMMARY

Your health care providers' charges

Amount you saved

Total amount your plan paid

**AMOUNT YOU MAY OWE OR HAVE PAID PROVIDER(S)**

Statement Period

10/07/2015 - 10/27/2015

\$19,551.39

\$8,789.67

\$7,809.37

**\$2,952.35**

### IN-NETWORK BENEFITS AT-A-GLANCE

#### Deductible

\$1,000.00 Maximum



Satisfied

\$1,000.00 Applied

#### Out-of-Pocket

\$6,000.00 Maximum



\$2,644.32 Remaining

\$3,955.68 Applied

Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.

The most you could pay during a benefit plan year for your share of the cost of covered services.

#### WE'RE HERE!

Write: Piedmont Service Center  
P.O. Box 6000  
Greenville, SC 29606-6000

Web: Log on to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)  
Toll-free: 800-922-1185 (Monday - Thursday, 8:00 a.m. - 6:00 p.m.)  
Local: 864-297-4665 (or Friday, 8:00 a.m. - 4:30 p.m.)

Summary Claim Report: **EXPLANATION OF BENEFITS**

Plan Holder: **DAVID S PEARCE** (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015



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**OUT-OF-NETWORK BENEFITS AT-A-GLANCE**

	Deductible			Out-of-Pocket		
	Maximum	Applied	Remaining	Maximum	Applied	Remaining
DAVID S PEARCE	\$2,000.00	\$0.00	\$2,000.00	\$10,000.00	\$0.00	\$10,000.00

**Deductible** Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.  
**Out-of-Pocket** The most you could pay during a benefit plan year for your share of the cost of covered services.

**Diabetes Awareness**

2 of 5 Americans will develop diabetes in their lifetime. You are at increased risk if you're over 45, overweight or if your family has a history of diabetes.

**I'm Diabetic. What Can I Eat?**

For a healthy meal, fill half your plate with non-starchy vegetables. Your meal plan should also include proteins. Limit grains, starchy vegetables and alcohol.

**Diabetes Can Damage Your Eyes**

Diabetes increase your risk of glaucoma and damage blood vessels in your retina. There may be no signs until the problem is severe. Regular eye exams are vital.

**GETTING THE MOST FROM YOUR PLAN**

**Order an ID Card Online**  
Getting a replacement ID card is easy. Simply log in to My Health Toolkit(R) and select the Benefits tab. Click on "ID card Request," then select "Request ID card." Your request will be processed and your ID card will be sent to your address on file within a few days.

**Network Providers Save You Money**  
Seeing a physician who is part of the BlueCross BlueShield of South Carolina network can help lower your health care costs. You can easily locate in-network providers by using the Doctor and Hospital Finder on our website.

**Rate Your Doctor**  
The "Rate Your Visit" tool allows you to help other members find the right providers by writing reviews for your doctor and hospital visits. You will soon be able to read reviews provided by other members. To access the tool, log in to My Health Toolkit(R) and click on the Resources tab at the top of the page or under the Quick Links section. Review the information and provide your rating for eligible claims.

**Go Green. Go Paperless**  
Less paper and more convenience. Sign up today to receive online Explanations of Benefits (EOBs). Visit our website and log in to My Health Toolkit(R).

**Information When You Need It**  
Our website offers tools and information any time you need it. You can find a provider for health care services, access information regarding your benefits and find resources for a healthier lifestyle.

Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015

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South Carolina

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MEDICAL CLAIMS for patient **DAVID S PEARCE**

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number	Service Type	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
Provider Group	Date of Service(s) Provider Name Network								
<b>Adjustment to a claim we processed previously</b>									
5E71090550001	OUTPATIENT HOSPITAL 09/19/2015 VIET HOANG LE MD In-Network	58.00	33.12	0.00	0.00	33.12	0.00	0.00	33.12
GHS OCONEE MEMORIAL H	OUTPATIENT HOSPITAL 09/19/2015 VIET HOANG LE MD In-Network	159.00	91.40	0.00	0.00	91.40	0.00	0.00	91.40
	OUTPATIENT HOSPITAL 09/19/2015 VIET HOANG LE MD In-Network	1,179.00	673.21	346.73	0.00	239.80	86.68	0.00	326.48
	MEDICAL SERVICES 09/19/2015 VIET HOANG LE MD In-Network	1,070.70	442.61	354.09	0.00	0.00	88.52	0.00	88.52
	MEDICAL SERVICES 09/19/2015 VIET HOANG LE MD In-Network	422.70	152.27	121.81	0.00	0.00	30.46	0.00	30.46
	MEDICAL SERVICES 09/19/2015 VIET HOANG LE MD In-Network	391.00	223.27	178.62	0.00	0.00	44.65	0.00	44.65
	MEDICAL SERVICES 09/19/2015 VIET HOANG LE MD In-Network	250.00	142.75	114.20	0.00	0.00	28.55	0.00	28.55

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # LTO219074188833)

Statement Period: 10/07/2015 - 10/27/2015



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**MEDICAL CLAIMS** for patient **DAVID S PEARCE** continued

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number Provider Group	Service Type Date of Service(s) Provider Name Network	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
5E71090550001 continued									
	<b>MEDICAL SERVICES</b> 09/19/2015 VIET HOANG LE MD In-Network	178.00	101.64	81.31	0.00	0.00	20.33	0.00	20.33
	<b>MEDICAL SERVICES</b> 09/19/2015 VIET HOANG LE MD In-Network	110.00	62.81	50.25	0.00	0.00	12.56	0.00	12.56
	<b>OUTPATIENT HOSPITAL</b> 09/20/2015 VIET HOANG LE MD In-Network	237.00	135.33	108.26	0.00	0.00	27.07	0.00	27.07
	<b>OUTPATIENT HOSPITAL</b> 09/20/2015 VIET HOANG LE MD In-Network	15.44	8.82	7.06	0.00	0.00	1.76	0.00	1.76
	<b>OUTPATIENT HOSPITAL</b> 09/20/2015 VIET HOANG LE MD In-Network	297.00	297.00	237.60	0.00	0.00	59.40	0.00	59.40
	<b>OUTPATIENT HOSPITAL</b> 09/20/2015 VIET HOANG LE MD In-Network	159.00	91.40	73.12	0.00	0.00	18.28	0.00	18.28
	<b>OUTPATIENT HOSPITAL</b> 09/20/2015 VIET HOANG LE MD In-Network	159.00	89.37	71.49	0.00	0.00	17.88	0.00	17.88

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015

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MEDICAL CLAIMS for patient **DAVID S PEARCE** continued

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number Provider Group	Service Type Date of Service(s) Provider Name Network	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
SE71090550001 continued									
	OUTPATIENT HOSPITAL 09/20/2015 VIET HOANG LE MD In-Network	74.00	42.26	33.81	0.00	0.00	8.45	0.00	8.45
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	46.00	27.84	22.27	0.00	0.00	5.57	0.00	5.57
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	135.00	77.09	61.68	0.00	0.00	15.41	0.00	15.41
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	109.00	58.91	47.12	0.00	0.00	11.79	0.00	11.79
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	106.00	62.06	49.65	0.00	0.00	12.41	0.00	12.41
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	85.00	81.76	65.41	0.00	0.00	16.35	0.00	16.35
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	46.00	43.70	34.96	0.00	0.00	8.74	0.00	8.74

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 333)

Statement Period: 10/07/2015 - 10/27/2015



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MEDICAL CLAIMS for patient **DAVID S PEARCE** continued

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number	Service Type	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
Provider Group	Date of Service(s) Provider Name Network								
5E71090550001 continued									
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	43.00	40.94	32.75	0.00	0.00	8.19	0.00	8.19
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	41.00	38.33	30.67	0.00	0.00	7.66	0.00	7.66
	OUTPT LAB/PATH 09/20/2015 VIET HOANG LE MD In-Network	384.00	209.10	167.28	0.00	0.00	41.82	0.00	41.82
	OUTPT RADIOLOGY 09/20/2015 VIET HOANG LE MD In-Network	1,009.70	788.33	630.66	0.00	0.00	157.67	0.00	157.67
	OUTPT SURGERY 09/20/2015 VIET HOANG LE MD In-Network	4,676.50	2,670.29	2,136.23	0.00	0.00	534.06	0.00	534.06
	OUTPT SURGERY 09/20/2015 VIET HOANG LE MD In-Network	1,934.00	1,104.32	883.46	0.00	0.00	220.86	0.00	220.86
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	446.00	446.00	356.80	0.00	0.00	89.20	0.00	89.20

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015

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MEDICAL CLAIMS for patient **DAVID S PEARCE** continued

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number Provider Group	Service Type Date of Service(s) Provider Name Network	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
5E71090550001 continued									
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	118.00	67.38	53.90	0.00	0.00	13.48	0.00	13.48
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	114.00	114.00	91.20	0.00	0.00	22.80	0.00	22.80
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	90.00	90.00	72.00	0.00	0.00	18.00	0.00	18.00
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	90.00	90.00	72.00	0.00	0.00	18.00	0.00	18.00
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	80.00	45.68	36.55	0.00	0.00	9.13	0.00	9.13
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	57.00	32.55	26.04	0.00	0.00	6.51	0.00	6.51
	MEDICAL SERVICES 09/20/2015 VIET HOANG LE MD In-Network	56.00	23.27	18.61	0.00	0.00	4.66	0.00	4.66

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Summary Claim Report: **EXPLANATION OF BENEFITS**

Plan Holder: **DAVID S PEARCE** (ID # [REDACTED] 333)

Statement Period: 10/07/2015 - 10/27/2015



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**MEDICAL CLAIMS** for patient **DAVID S PEARCE** continued

**THIS IS NOT A BILL**

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number Provider Group	Service Type Date of Service(s) Provider Name Network	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
<b>5E71090550001</b> continued									
	<b>OUTPT SURGERY</b> 09/20/2015 VIET HOANG LE MD In-Network	1,189.10	678.98	543.19	0.00	0.00	135.79	0.00	135.79
	<b>OUTPATIENT HOSPITAL</b> 09/20/2015 VIET HOANG LE MD In-Network	160.00	91.36	73.08	0.00	0.00	18.28	0.00	18.28
	<b>Claim Total</b>	<b>15,775.14</b>	<b>9,469.15</b>	<b>7,283.86</b>	<b>0.00</b>	<b>364.32</b>	<b>1,820.97</b>	<b>0.00</b>	<b>2,185.29</b>
<b>End of adjusted claim</b>									
<b>Adjustment to a claim we processed previously</b>									
<b>5E72605750001</b> GREENVILLE ANESTHESIO	<b>OUTPT ANESTHESIA</b> 09/20/2015 ANTHONY T CROWE MD In-Network	1,155.00	290.63	232.50	0.00	0.00	58.13	0.00	58.13
	<b>Claim Total</b>	<b>1,155.00</b>	<b>290.63</b>	<b>232.50</b>	<b>0.00</b>	<b>0.00</b>	<b>58.13</b>	<b>0.00</b>	<b>58.13</b>
<b>End of adjusted claim</b>									
<b>Adjustment to a claim we processed previously</b>									
<b>5E78412120001</b> BLUE RIDGE EMERGENCY	<b>ER VISIT(S)</b> 09/19/2015 GREGORY E CROMER MD In-Network	831.00	298.26	238.61	0.00	0.00	59.65	0.00	59.65

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015

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MEDICAL CLAIMS for patient **DAVID S PEARCE** continued

THIS IS NOT A BILL

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number Provider Group	Service Type Date of Service(s) Provider Name Network	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
	<b>OUTPT SURGERY</b> 09/19/2015 GREGORY E CROMER MD In-Network	276.00	68.00	54.40	0.00	0.00	13.60	0.00	13.60
	<b>Claim Total</b>	<b>1,107.00</b>	<b>366.26</b>	<b>293.01</b>	<b>0.00</b>	<b>0.00</b>	<b>73.25</b>	<b>0.00</b>	<b>73.25</b>
<b>End of adjusted claim</b>									
5E82639660000 GHS OCONEE MEMORIAL H	<b>INPT ANESTHESIA</b> 09/20/2015 DAVID W LOWERY CRNA In-Network	371.25	173.25	0.00	0.00	173.25	0.00	0.00	173.25
	<b>Claim Total</b>	<b>371.25</b>	<b>173.25</b>	<b>0.00</b>	<b>0.00</b>	<b>173.25</b>	<b>0.00</b>	<b>0.00</b>	<b>173.25</b>
5E86441430000 UNIVERSITY MEDICAL GR	<b>OUTPT X-RAY/LAB</b> 09/20/2015 LEIGHTON C ALLEN JR M In-Network	184.00	161.43	0.00	0.00	161.43	0.00	0.00	161.43
	<b>Claim Total</b>	<b>184.00</b>	<b>161.43</b>	<b>0.00</b>	<b>0.00</b>	<b>161.43</b>	<b>0.00</b>	<b>0.00</b>	<b>161.43</b>
5E92724610000 OCONEE HOSPITALISTS-I	<b>INPT SURGERY</b> 09/19/2015 VIET HOANG LE MD In-Network	627.00	246.00	0.00	0.00	246.00	0.00	0.00	246.00
	<b>Claim Total</b>	<b>627.00</b>	<b>246.00</b>	<b>0.00</b>	<b>0.00</b>	<b>246.00</b>	<b>0.00</b>	<b>0.00</b>	<b>246.00</b>
5E93692150000 UPSTATE SURGICAL ASSO	<b>OFFICE SURGERY</b> 09/25/2015 VIET HOANG LE MD In-Network	332.00	55.00	0.00	0.00	55.00	0.00	0.00	55.00
	<b>Claim Total</b>	<b>332.00</b>	<b>55.00</b>	<b>0.00</b>	<b>0.00</b>	<b>55.00</b>	<b>0.00</b>	<b>0.00</b>	<b>55.00</b>
<b>Statement Period Total</b>		<b>19,551.39</b>	<b>10,761.72</b>	<b>7,809.37</b>	<b>0.00</b>	<b>1,000.00</b>	<b>1,952.35</b>	<b>0.00</b>	<b>2,952.35</b>

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015



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WHAT WE MEAN BY ...

**Coinsurance:** The percentage of the allowed amount you pay as your share of the bill. If your plan pays 80 percent, the remaining 20 percent would be your coinsurance.

**Copayments:** A set fee you pay each time you receive a certain service. Some plans or services do not have copayments.

**Deductible:** The amount, if any, you are responsible for paying each benefit plan year before your plan begins to pay. You do not send this amount to us. You must pay this amount to your provider.

**HRA Paid:** The amount paid to your provider from your Health Reimbursement Account or Health Incentive Account.

**HSA Paid:** The amount paid to your provider from your Health Savings Account.

**In-Network:** Indicates the provider of services participates in your plan's network.

**Less Benefit Limitation:** The amount that exceeds the amount allowed under your plan for this service.

**Out-of-Network:** Indicates the provider of services does not participate in your plan's network.

**Out-of-Pocket:** Is the most you could pay during a benefit plan year for your share of the cost of covered services. Copayments may continue after the out-of-pocket has been met depending on your plan.

ADDITIONAL COMMENTS

DID YOU KNOW YOU CAN VIEW YOUR EOB'S ONLINE? YOU CAN ALSO CHOOSE NOT TO RECEIVE SUMMARY EOB'S IN THE MAIL. LOGIN TO MY HEALTH TOOLKIT AT MEMBER.SOUTHCAROLINABLUES.COM TO CHANGE YOUR MAIL OPTIONS, VIEW EOB'S AND MUCH MORE.

THIS HEALTH PLAN REQUIRES PRE-CERTIFICATION FOR ALL SCHEDULED OUTPATIENT PET AND CT SCANS, MRI(S) AND MRA(S). PLEASE COORDINATE WITH YOUR HEALTH CARE PROVIDER TO ENSURE THE REQUIRED AUTHORIZATION IS RECEIVED BEFORE THESE SERVICES ARE RENDERED.

IF YOU NEED INFORMATION REGARDING THE SPECIFIC TREATMENT AND/OR DIAGNOSIS CODES FILED ON THE CLAIM(S) IN THIS NOTICE, PLEASE CALL THE CUSTOMER SERVICE NUMBER SHOWN ON THE FIRST PAGE OF THIS NOTICE.

Summary Claim Report: **EXPLANATION OF BENEFITS**

Plan Holder: **DAVID S PEARCE** (ID # [REDACTED] 333)

Statement Period: 10/07/2015 - 10/27/2015

SCANNED



South Carolina

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**Suspect claims fraud? Please help by calling our hotline at 800-763-0703**

**IMPORTANT INFORMATION ABOUT YOUR APPEALS RIGHTS**

**What if I need help understanding this denial?**

Call us at the Customer Service numbers shown on the first page of your explanation of benefits notice if you need help understanding this notice or our decision to deny a service or coverage.

**What if I don't agree with this decision?**

You have a right to appeal any decision not to provide you or pay for an item or service (in whole or in part).

**How do I file an appeal?**

Submit a written request for appeal within 180 days from the date of this notice. Be sure to include the following information and anything else you think we should know:

- Name and ID number
- Patient name
- Claim number
- Name of person filing appeal
- Whether the person filing the appeal is the covered person, patient, or authorized representative.

**Mail your written request for appeal with the above information to:**

**Piedmont Service Center  
P.O. Box 6000  
Greenville, SC 29606**

**What if my situation is urgent?**

If your situation meets the definition of urgent under the law, we will conduct your review on an expedited, or faster, basis. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal when you contact us.

**Who may file an appeal?**

You or someone you name to act for you (your authorized representative) may file an appeal. If you designate someone to act on your behalf, you must complete a HIPAA Authorization form which you can get by visiting our website or by calling us at the Customer Service numbers shown on the explanation of benefits notice.

**Can I provide additional information about my claim?**

Yes.

**Can I request copies of information relevant to my claim?**

Yes, you may request copies (free of charge) by contacting us at the Customer Service numbers shown on the explanation of benefits notice, or at the appeals address listed on this form.

**What happens next?**

If you appeal, we will review our decision and give you our answer in writing. If we still deny the payment, coverage or service requested or you do not receive a timely decision, you may be able to ask for an external review of your claim. In this case, an independent third party will review the denial and make a final decision.

**Other resources to help you:**

For questions about your appeal rights or this notice, or for more help, you can call the Employee Benefits Security Administration at 1-866-444-EBSA(3272). You may also receive help through an applicable state consumer assistance program. Contact information by state is available at: [www.stateconsumerassistance.com](http://www.stateconsumerassistance.com).

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Summary Claim Report: EXPLANATION OF BENEFITS

Plan Holder: DAVID S PEARCE (ID # [REDACTED] 833)

Statement Period: 10/07/2015 - 10/27/2015



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48

Para obtener asistencia en español, llame al número de atención al cliente que aparece en la primera página de esta notificación.

Upang makakuha ng tulong sa Tagalog, tawagan ang numero ng customer service na makikita sa unang pahina ng paunawang ito.

T'áá Dinéjí shít hane'go shíká i'doolwoł nínzingo éí Nidaalnishígíí Áká Anídaalwo'ígíí, customer service, bich'í' hodfílnih. Bik'ehgo bich'í' hane'ígíí éí díí naaltsoos neiyí'níligíí akáá'gi sítsoozígíí bikáá' íshjááh.

如需中文服务, 请致电列于本通知首页的客户服务号码。

DOCKET NO. 2015-GS-37- 01189

WITNESSES

*Scott Gradel* *James D. Young*

Oconee Co Sheriff's Dept.  
James D. Young

The State of South Carolina  
County of Oconee

ARREST WARRANT NUMBER

2015A3710400635

COURT OF GENERAL SESSIONS

DEC - 7 2015, TERM

ACTION OF GRAND JURY

*true bill*

THE STATE

VS.

MATTHEW JACOB (JAKE) EDER

*[Signature]*

Foreperson of Grand Jury  
Date:

DEC 07 2015

VERDICT

INDICTMENT FOR

DOMESTIC VIOLENCE, 2ND DEGREE

SC Code: § 16-25-0020(A) and 16-25-0020(C)  
CDR Code: 3812

Foreperson of Grand Jury  
Date:

BAB

FILED OCONEE, SC  
BEVERLY H. WHITEFIELD  
CLERK OF COURT  
2015 DEC -7 PM 4:52

ENTERED  
LB  
COMPUTER

STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE

## INDICTMENT

At a Court of General Sessions, convened on DEC - 7 2015, the  
Grand Jurors of Oconee County present upon their oath:

**DOMESTIC VIOLENCE, 2ND DEGREE**

The defendant, Matthew Jacob (Jake) Eder, did on or about August 6, 2015, in Oconee County, South Carolina, commit the crime of Domestic Violence in the 2nd Degree, in that the defendant did cause physical harm or injury or offer or attempt to cause physical harm or injury to Brianna Marie Fansler, a household member, with apparent present ability under circumstances reasonably creating fear of imminent peril. And, in addition, moderate bodily injury results or the act was accomplished by means likely to result in moderate bodily injury; or the defendant has one prior conviction of domestic violence in the prior 10 years; or, in the process of committing a Domestic Violence 3rd Degree, one of the following resulted: the offense was committed in the presence of, or while being perceived by, a minor. All in violation of Section 16-25-20(A) and (C) of the South Carolina Code of Laws (1976) as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

  
BETHANY BLUNDY  
ASSISTANT SOLICITOR

**WITNESSES**

Oconee Co Sheriff's Dept.

Jordei Jameson

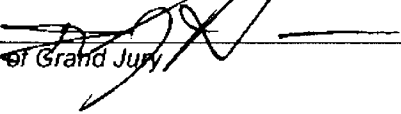
*Will Freestone* 

**ARREST WARRANT NUMBER**

2015A3710400739

**ACTION OF GRAND JURY**

*TRUE B.V.*



Foreperson of Grand Jury  
Date:

JAN 21 2016

**VERDICT**

Foreperson of Grand Jury  
Date:

DOCKET NO. 2016-GS-37-00029

**The State of South Carolina**

**County of Oconee**

**COURT OF GENERAL SESSIONS**

JAN 21 2016, TERM

**THE STATE**

**VS.**

**MATTHEW JACOB (JAKE) EDER**

**INDICTMENT FOR**

**ATTEMPTED MURDER**

SC Code: § 16-03-0029  
CDR Code: 3410

BAB

FILED OCONEE, SC  
BEVERLY H. WHITFIELD  
CLERK OF COURT  
2016 JAN 25 AM 9:28

STATE OF SOUTH CAROLINA  
COUNTY OF OCONEE

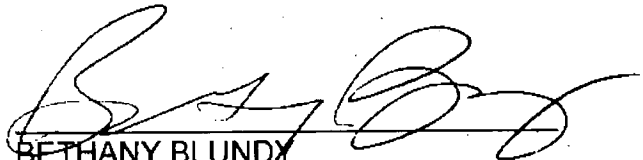
## INDICTMENT

At a Court of General Sessions, convened on JAN 21 2015, the  
Grand Jurors of Oconee County present upon their oath:

**ATTEMPTED MURDER**

The defendant, Matthew Jacob (Jake) Eder, did on or about September 19, 2015 in Oconee County, South Carolina, did unlawfully, with malice aforethought, either express or implied, and with the intent to kill, attempted to kill David Seth Pearce. All in violation of 16-03-0029 of the South Carolina Code of Laws (1976) as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

  
BETHANY BLUNDY  
ASSISTANT SOLICITOR

3y a/o 2500

3y 505

COUNTY OF OCONEE  
STATE VS.

MATTHEW JACOB (JAKE) EDER

AKA: Matthew Jake Eder, Matthew Jacob Eder  
Race: White Sex: M Age: 23  
DOB: [redacted] 1994 SS#: [redacted]  
Address: [redacted] Martins Creek Blvd  
City, State, Zip: Summerville, SC 29485  
DL# [redacted] SID# SC02051761

INDICTMENT/CASE#: 2016GS3700029  
A/W: 2015A3710400739  
Date of Offense: 09/19/2015  
S.C. Code §: 16-03-0029  
CDR Code #: 3410

53 act  
2y  
Followed  
5y prob  
w/ Rest. in  
abeyance  
No contact  
VC

SENTENCE SHEET

\*CDL Yes  No  CMV Yes  No  Hazmat Yes  No

In disposition of the said indictment comes now the Defendant who was  CONVICTED OF or  PLEADS

TO: ~~Attempted Murder~~ Assault + Battery 2nd Degree

In violation of § ~~16-03-0029~~ of the S.C. Code of Laws, bearing CDR Code # ~~3410~~ 3413  
16-3-600(D)(1)

NON-VIOLENT  VIOLENT  SERIOUS  MOST SERIOUS  Mandatory GPS  §17-25-45  
(CSC w/minor 1<sup>st</sup> or Lewd Act)

The charge is:  As indicted,  Lesser Included Offense,  Defendant Waives Presentment to Grand Jury, \_\_\_\_\_ (def.'s initials)  
The plea is:  Without Negotiations or Recommendation,  Negotiated Sentence,  Recommendation by the State.

ATTEST:

Bethany Blundy, Assistant Solicitor 79907  
SC Bar #

Defendant

Suzanne Carle 1819  
Attorney for Defendant SC Bar #

WHEREFORE, the Defendant is committed to the  State Department of Corrections  County Detention Center,  
for a determinate term of 3 days/months/years or  under the Youthful Offender Act not to exceed \_\_\_\_\_ years  
and/or to pay a fine of \$ \_\_\_\_\_; provided that upon the service of 2 days/months/years and/or payment  
of \$ \_\_\_\_\_; plus costs and assessments as applicable\*, the balance is suspended with probation for 3  
months/years and subject to South Carolina Department of Probation, Parole and Pardon Service standard conditions of probation, which  
are incorporated by reference.

CONCURRENT or  CONSECUTIVE to sentence on: 10/30/17 pleas

The Defendant is to be given credit for time served pursuant to S.C. Code §24-13-40 to be calculated and applied by the State  
Department of Corrections.

The Defendant is to be placed on Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C. Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Domestic  
Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

RESTITUTION: 80  Deferred  Def. Waives Hearing  Ordered PTUP \_\_\_\_\_  
Total: \$ 3,069 plus 20% fee: \$ \_\_\_\_\_ days/hours Public Service Employment  
Payment Terms: \_\_\_\_\_ Obtain GED

Set by SCDPPPS \_\_\_\_\_

Attend Voc. Rehab. Or Job Corp. \_\_\_\_\_

May serve W/E beginning \_\_\_\_\_

Substance Abuse Counseling

Random Drug/Alcohol Testing

Fine may be pd. in equal consecutive weekly/monthly

prmts. of \$ \_\_\_\_\_ Beginning \_\_\_\_\_

\$ \_\_\_\_\_ Paid to Public Defender Fund

Other: No contact with

the victim.

Restitution hearing must

be held within 90

days.

Appointed PD or appointed other counsel,

Proviso 61.6 requires \$500 be paid to Clerk

during probation and shall be collected before any

other fees.

Presiding Judge:

Judge Bar ID: 3524 Judge Code: 2131

Sentence Date: 10/30/17

Recipient: in abeyance / David Seth Pearce

\*Fine: \_\_\_\_\_ \$ \_\_\_\_\_

§14-1-206 (Assessments 107.5%) \$ \_\_\_\_\_

§14-1-211 (A)(1)(Conv. Surcharge) \$100 \$ 100.00

§14-1-211 (A)(2)(DUI Surcharge) \$100 \$ \_\_\_\_\_

§56-5-2995 (DUI Assessment) \$12 \$ \_\_\_\_\_

§56-1-286 (DUI Breath Test) \$25 \$ \_\_\_\_\_

Proviso 61.6 (Public Def/Prob) \$500 \$ \_\_\_\_\_

§14-1-212 (Law Enforce. Funding) \$25 \$ 25.00

§14-1-213 (Drug Court Surcharge) \$150 \$ \_\_\_\_\_

§50-21-114 (BUI Breath Test Fee) \$50 \$ \_\_\_\_\_

§56-5-2942(J) (Vehicle Assessment) \$40/ea \$ \_\_\_\_\_

3% to County (if paid in installments) \$ \$ 3.75

TOTAL \$ 128.75

Clerk of Court/Deputy Clerk: Beverly H. Whitfield

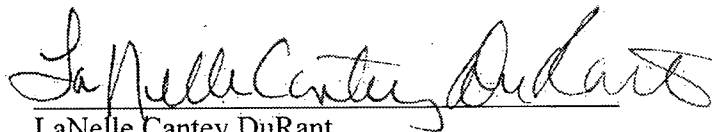
Court Reporter: Lisa Scott

SCCA/217 (07/2016)

## CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability with the April 15, 2014 order from the South Carolina Supreme Court entitled "Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings."

Respectfully Submitted,



LaNelle Cantey DuRant  
Appellate Defender.

South Carolina Commission on Indigent Defense  
Division of Appellate Defense  
PO Box 11589  
Columbia, S.C. 29211-1589

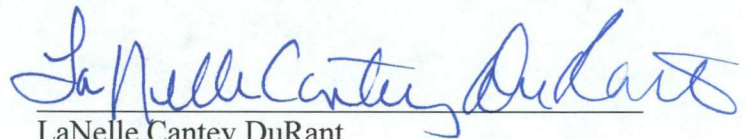
ATTORNEY FOR APPELLANT

This 13th day of March, 2019.

## CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability with the April 15, 2014 order from the South Carolina Supreme Court entitled "Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings."

Respectfully Submitted,



LaNelle Cantey DuRant  
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PO Box 11589  
Columbia, S.C. 29211-1589

ATTORNEY FOR APPELLANT

This 13th day of March, 2019.