

How to Read and Understand Your Explanation of Benefits (EOB) Statement

You will receive an Explanation of Benefits (EOB) Statement for each claim submitted by you or your provider. The EOB explains how your claim was handled. This below information is provided to help you understand your Explanation of Benefits.

Click on the number box to the left and it will take you to the location on the EOB.

This box provides general information about your claim (such as your name and social security number, group number, patient name, claims number, etc.).

This box tells you how much of the total amount you are responsible for paying. (You are not responsible for any non-covered charges denied as a result of a network discount or due to the charge exceeding the procedure allowance.)

Employee's name and address

Dates the services were rendered.

These are the physician/hospital procedure codes from your claim. A brief description of these are listed in box #17.

This is the total charge(s) billed by the provider of the service.

This shows you any amounts that are not covered for benefits under your plan.

Any non-covered amounts are assigned an ineligibility code. The code(s) are explained in detail (see box #18).

If a preferred provider is used, this represents the negotiated discount for the service. (Preferred providers must write-off this amount.)

The "**Allowable Amount**" is the total charges less any non-covered and/or any provider discount amounts. This is also the amount your deductible, co-payment, and coinsurance will be calculated from, if applicable.

Any amounts applied towards your calendar year deductible, or any applicable co-payments are shown in this box. These amounts are subtracted from your adjusted charges for final benefit calculation.

This represents any amounts applied towards your calendar year coinsurance or applicable co-payments.

This is the percentage your plan paid for these charges.

This is the amount(s) actually being paid by the plan.

Depending on your plan the "**ACCUMULATORS**" section displays any deductible and Out-of-Pocket Limits remaining.

"**PAYMENT TO**" area will display to whom benefits are payable and corresponding check information.

" **SERVICE CODE**" area briefly describes the physician/hospital codes used on the claim from above box #5.

" **REASON CODE DESCRIPTION**" area explains any ineligible code displayed in box #8 or comments requesting information.

200108160004
WP

****Example Only****

Enrollee: JANE DOE
Patient: JANE DOE
Soc Sec #: 123-45-6789
Group: WORKPLACE INC.
Group #: 123
Location: 01-WORKPLACE INC
Claim #: 0111222-01
Patient #: 0123456
Date: 01/11/2001



|||||.....
JANE DOE
456 PICKUPSTICKS AVE
ILLVILLE, SC 12345- 123

Amount Not Covered:	25.00
Co-Pay Amount:	0.00
Deductible:	0.00
Co-Insurance:	0.00
Amount You Owe To Provider:	25.00

Explanation of Benefits for Services Provided By:
STATE HOSPITAL

Dates of Service	Service Code	Charged Amount	Not Covered	Reason Code	Provider Discount	Allowable Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Paid At	Payment Amount
01/20-02/06/2000	1	2,000.00	0.00	D1	2000.00	0.00	0.00	0.00	0.00	100%	0.00
01/20-02/06/2000	2	5,940.00	0.00	D1	0.00	5,940.00	0.00	0.00	0.00	100%	5,940.00
01/20-02/06/2000	3	25,000.00	0.00	D1	3,274.56	21,725.44	0.00	0.00	0.00	100%	21,725.44
01/20-02/06/2000	33	25.00	25.00	18	0.00	0.00	0.00	0.00	0.00	0%	0.00
TOTALS		32,965.00	25.00		5,274.56	27,665.44	0.00	0.00	0.00		27,665.44
Other Credits or Adjustments											0.00
Total Net Payment											27,665.44

Benefit Year-To-Date Information

\$20 of \$100 Deductible has been met

Service Code

1	HOSPITAL ROOM & BOARD
2	HOSPITAL ICU
3	HOSPITAL EXTRAS
33	INELIGIBLE CHARGE

Payment To

STATE HOSPITAL

Check No.

00001234

Amount

27,665.44

Reason Code Description

D1	EXCEEDS PPO ALLOWANCE, NOT PATIENT LIABILITY.
18	PERSONAL CONVENIENCE ITEMS NOT COVERED

Messages

*** PROVIDER DISCOUNT IS NOT PATIENT RESPONSIBILITY *** THIS IS NOT A BILL. KEEP THIS NOTICE FOR YOUR RECORDS *** INQUIRIES SHOULD BE DIRECTED TO PLANNED ADMINISTRATORS, INC. BY CALLING (800) 768-4375 BETWEEN THE HOURS OF 8:30 a.m. and 5:00 p.m. (EST) OR BY WRITING TO THE ABOVE ADDRESS.

*** USA HEALTH NETWORK