



READING YOUR EXPLANATION OF BENEFITS (EOB)

You may receive an EOB from your health plan after your visit with the provider. It will show you the total charges for your visit and how much you and your health plan owe. An EOB is NOT A BILL. You can also use it to track how you and your family use your coverage. You may get a separate bill from the provider.

Here's an example of an Explanation of Benefits.

Your health plan's Customer Service Number may be near the plan's logo or on the back of your EOB.

1. Phone Numbers

You can call your health plan if you have questions about finding a provider or what your coverage includes.

2. Payee is the person who will receive any reimbursement for over-paying the claim.

EXPLANATION OF BENEFITS 1 **Customer Service Number:** 1-800-123-4567

Statement Date: XXXXXX
Document Number: XXXXXXXXXXXX

THIS IS NOT A BILL

Subscriber Number: XXXXXXXXXXXX **ID:** XXXXXXXX **Group:** ABCDE **Group Number:** XXXXX

Member Name:

Address:
City, State, Zip:

Patient Name: XXXXXX
Date Received: XXXXXXXXXXXX

Provider:
Payee: 2

Claim Number: XXXXXXXXXXXX
Date Paid: XXXXXXXXXXXX

3. Service Description

shows the health services you received, like a medical visit, lab test, or screening.

4. Provider Charges

is the amount your provider bills for your visit.

5. Allowed Charges

is the amount your provider will be paid; this may not be the same as the Provider Charges.

Claim Detail				What your Provider Can Charge You		Your Responsibility			Total Claim Cost		
Line No.	Date of Service	Service Description	Claim Status	Provider Charges	Allowed Charges	Co Pay	Deductible	Coinsurance	Paid by Insurer	What You Owe	Remark Code
1	3/20/22-3/20/22	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/22-3/20/22	Medical care	Paid	\$375.00	\$118.12	\$35.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC
			Total	\$406.60	\$120.27	\$35.00	\$0.00	\$0.00	\$85.27	\$35.00	PDC

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

6. Paid by Insurer is the amount your health plan will pay to your provider.

7. What You Owe is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments made directly to your provider may not be subtracted from this amount.

8. Remark Code is a note from the health plan that explains more about the costs, charges, and paid amounts for your visit.

Pay your bills

Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

Appeals

If you disagree with a coverage or payment decision by your health plan, you may be able to appeal. If you think you were charged for tests or services your coverage should pay for, keep the bill. Call your health plan right away. Health plans have call and support centers to help.

