

You deserve an explanation



An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about your claims.


Among the more important things included on your EOB are:

- The service you received
- How much the service cost
- How much you may owe, if anything
- A notes section that explains the meaning of any special codes

- A section that shows how close you are to meeting any plan maximums

There is a second page that includes contact numbers if you have questions. It also tells you how to file an appeal if you want a claim decision reviewed.

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CUSTOMER LOGO

Employee Joe Patient
Employee Address 1234 W SUNSHINE BLVD
STE 100A
BEST CITY US 12345-9876
Member ID 999999999
Patient Joe Patient
Notice Date 02-15-15
Employer Name Customer Inc.
Group Number 76-999999

EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL

Provider: Physician, Joe, MD Patient Account: 1234567890 Claim Control Number: 9999999999

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
Totals		\$500.00	\$100.00		\$50.00	\$25.00	\$325.00		\$260.00	\$260.00	\$140.00

Note Section
908 Provider negotiated discount. You are not responsible for this amount.

Payment To: XYZ Clinic Payment Date: 02-15-15 Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01 -01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00Met
01 -01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01 -01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01 -01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

The type of service you received

How much the service cost

How much your benefits plan paid

How much you may owe (if anything)

Your code definition

Your plan maximums and how close you are to meeting them

