

HOW TO READ YOUR

EXPLANATION OF HEALTH CARE BENEFITS (EOB) STATEMENT

An EOB is not a bill. Instead, it explains how your benefits have been applied. It shows what you may owe after your health insurance claim has been processed. You should review it to make sure you received the services that are being billed.

Explanation of Health Care Benefits

THIS IS NOT A BILL. This is an explanation of the claim processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Claim Information

Subscriber Name SAMUEL SAMPLE

Patient Name SAMUEL SAMPLE

Claim Number: 12345678910

Patient ID: 01234567890

Patient Control Number: 1234567890123

Group Number: 12345678

Group Name: ABC CORP.

Provider: MEDICAL CENTER

| Dates of Service/Description | Charges | Provider Responsibility Amount | Allowed Amount | Patient Non-covered Amount | Amount Pd by Other Ins | Deductible Amount | Co-pay Amount | Co-insurance Amount | Paid Amount | Amount You Owe | Notes ID |
|--|---------|--------------------------------|----------------|----------------------------|------------------------|-------------------|---------------|---------------------|-------------|----------------|----------|
| 05/12/2015 - 05/12/2015 OFFICE VISIT | 100.00 | 57.25 | 42.75 | .00 | .00 | .00 | 40.00 | .00 | 2.75 | 40.00 | |
| 05/12/2015 - 05/12/2015 BIOPSY | 200.00 | 169.03 | 30.97 | .00 | .00 | 30.97 | .00 | .00 | .00 | 30.97 | X5018 |
| 05/12/2015 - 05/12/2015 THERAPEUTIC INJECTION | 200.00 | 125.38 | 74.62 | .00 | .00 | 74.62 | .00 | .00 | .00 | 74.62 | X5018 |
| 05/12/2015 - 05/12/2015 PHYSICAL MEDICINE | 17.00 | 17.00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | .00 | H5031 |
| TOTAL | 517.00 | 368.66 | 148.34 | .00 | .00 | 105.59 | 40.00 | .00 | 2.75 | 145.59 | |

Note:

H5031 This is an add-on Procedure Code and must be submitted with a primary procedure. The member ID, relationship and date of service must match those submitted with the primary procedure charge and the performing provider must be associated with the billing provider.

X5018 The allowance for this service has been applied to the dollar deductible amount required under the patient's coverage.

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To better understand your EOB and how charges are calculated, here are definitions for terminology used in the statement.

SUBSCRIBER NAME – the health care coverage is listed under this person's name

PATIENT NAME – the person who received the services

CLAIM NUMBER – the system assigns each claim a number for identification purposes

PATIENT ID – contract holder's member identification number

PATIENT CONTROL NUMBER – this is a provider assigned number used to track the claim

GROUP NUMBER – assigned to distinguish patient's coverage

PROVIDER – facility or professional providing medical service, such as a hospital or a doctor

DATES OF SERVICE – the day(s) when services were performed

DESCRIPTION – medical billing code to identify what services were performed

CHARGES – the amount the provider charged for the services

PROVIDER RESPONSIBILITY AMOUNT – the provider is responsible for this difference between the charged amount and the allowed amount

ALLOWED AMOUNT – the amount your plan allows as payment

PATIENT NON COVERED AMOUNT – non covered amount for which the patient will be responsible

PD BY OTHER INS – amount paid by other payer(s)

DEDUCTIBLE AMOUNT – the amount of covered expense that must be reached before benefits can be paid

COPAY AMOUNT – fixed amount you may be required to pay for some services like office visits, emergency room visits

COINSURANCE AMOUNT – reflects the percentage of the payment for which you are responsible

PAID AMOUNT – the total amount that Blue Cross will pay for this claim

AMOUNT YOU OWE – the total amount you owe, including any deductible, coinsurance or copayment amounts

NOTES ID – these codes explain why payments are approved or denied

PATIENT BENEFIT SUMMARY – summarizes a single patient's coverage within a benefit period

A. INDIVIDUAL IN-NETWORK TOTAL MAXIMUM OUT-OF-POCKET AMOUNT – the most you pay during a benefit period *including* deductibles, copayments and coinsurance. Once this amount is reached, the health plan pays 100% of the allowed amount for covered services.

B. INDIVIDUAL IN-NETWORK OUT-OF-POCKET LIMIT – the most you pay during a benefit period, *excluding* copayments and deductibles. This amount generally includes only coinsurance. Once this amount is reached, the health plan pays 100% of the allowed amount for covered services. You may still be responsible for copayments or to fulfill the deductible.

C. INDIVIDUAL IN-NETWORK DEDUCTIBLE – the amount you pay during a benefit period before your health plan begins to pay anything

PROGRAM BENEFIT SUMMARY – similar to the Patient Benefit Summary, these amounts are added together to summarize all family members' coverage within a benefit period

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If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1-800-382-2000 ext. 28363.

