SAMPLE EXPLANATION OF BENEFITS

This is not a bill. It is an explanation of benefits (EOB) that is provided to you to show in detail: the services provided, when they were provided, who provided those services, the amounts paid, how payments were made, and the amount left to be paid. Every time a medical facility or care provider submits a claim to be paid by insurance, you will receive an EOB.

The policy holder
The patient may be a dependent of the Subscriber
Your mailing information
The amount that is your responsibility to pay

Questions? Please call EBMCo at 1-877-304-0761 or 814-932-6374

Claim #: 05223168-01
Subscriber: JOHN DOE
Patient: SUSAN DOE
Patient Acct.: GROUP ID
Group #: 113
Location: 100
Date Paid: 09/03/2004

Patient Responsibility to Provider
Amount Not Covered: 0.00
Deductible Amount: 250.00
Co-Pay Amount: 0.00
Coinsurance: 14.00
Patient's Total Responsibility: 264.00

Explanation of Benefits - This is NOT a Bill
Provider of Service: Smith Family Physicians

For SHS billing inquiries call 813-974-5407

Other Insurance Payment
This Plan's Payment: 0.00

Details of insurance payments already paid

Accumulators
Payment To: Smith Family Physicians

Other Insurance Payment
Check No: 00254
Amount: 50.00

Service Type Description
Reason Code Description

9 X-Ray & Laboratory
EJ Medical Mutual of Ohio negotiated discount is shown. Patient not responsible for this adjustment.

Each number has the procedure explained
Each code explains procedures not paid for by insurance

If you as the subscriber do not agree with the determination based on your plan's coverage, a written appeal needs to be submitted to the insurance company within 180 days of the EOB.