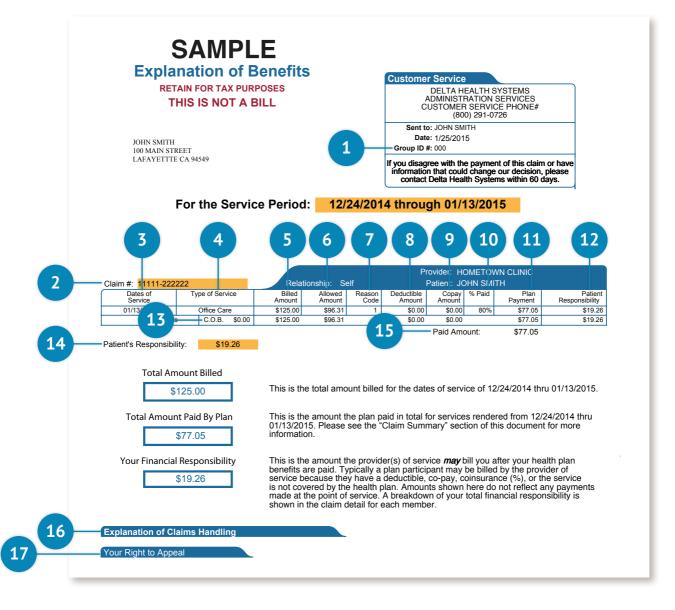
## UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB) STATEMENT

An Explanation of Benefits (EOB) statement will be sent to you after you receive services. Your EOB **verifies** that a claim was received, **documents** how a claim was processed, **outlines** the reason(s) why a claim was denied, and **summarizes** the amount paid by the plan, what portion the patient is responsible for paying, if any, and the amount the provider will need to either write off if the services were provided in-network or attempt to collect if the services were provided out-of-network.

## SAMPLE EOB

See the back of this sheet for detailed descriptions of each of the numbered fields in blue circles below.





## UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB) STATEMENT CONTINUED....

## **EOB INFORMATION**

Below are descriptions of the fields that correspond to the sample EOB on the front of this card:

- 1. **Group ID Number:** (Also referred to as the HEALTHCARE ID on your ID Card.) This unique number identifies you and your health plan without using any personal information. When contacting Delta Health Systems regarding questions about your EOB, be sure to have this number available to access claim information with ease.
- 2. **Claim Number:** A number that is generated for each benefit claim made under the health plan. When contacting Delta Health Systems regarding questions about your EOB, be sure to have this number available to access claim information with ease.
- **3. Date(s) of Service:** The date care or treatment was received.
- **4. Type of Service:** Indicates the types of services that were received (i.e., lab work, office visit, etc.).
- 5. **Billed Amount:** The amount your provider billed for the services he/she provided.
- **6. Allowed Amount:** The amount your plan has agreed to pay for the services received.
- **7. Reason Code:** This code corresponds to how a claim was processed; a detailed explanation of the code will be provided in the Explanations of Claims Handling section (Number 16 on the Sample EOB).
- **8. Deductible Amount:** This box will show the amount of the claim that has been applied toward satisfying the deductible, if any.
- 9. Copay Amount: The amount of your copay for certain benefits (i.e., office visit, ER, chiropractic, etc.).
- **10. %:** Indicates the percentage the plan will pay of the Allowed Amount (Number 6 on the Sample EOB). The percentage will vary depending on the plan you have selected and whether care was received from an in-network or out-of-network provider.
- 11. Plan Payment: The dollar amount the plan will issue to the appropriate party.
- **12. Patient Responsibility:** The amount you are responsible for paying to the provider.
- **13**. **C.O.B. Amount (Coordination of Benefits):** The amount paid by "other insurance", if any.
- **14. Patient's Responsibility:** This section contains the total amount that the patient is responsible for.
- 15. Paid Amount: This will be the actual payment amount made to the provider or participant.
- **16. Explanation of Claims Handling:** This section includes any additional notes or information as to what was covered or not covered.
- **17. Your Right to Appeal:** This is the procedure and information needed to file a formal review for any denied claim.

