

Sample EOB

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Temp-Return Service Requested

Member Name
Address

GROUP#
DATE
EMPLOYEE
PATIENT
PARTICIPANT ID
DOCUMENT #
PATIENT ID
EOB #

Member
Info

Plan Paid

Provider/ Nature Of Service	Date Of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
ST VINCENT HOSP HEALTH OUTPT FACILITY	03/26/12 03/26/12	2968.00	1960.02	1				70%	705.59
	TOTAL AMOUNTS	2968.00	1960.02						705.59

The percentage(s) payable or any patient deductible(s) or co-pay(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.
** EXPLANATION OF (CODE)

1 - 882 - THESE CHARGES EXCEED THE PLANS ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIONS AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES	
TOTAL SUBMITTED CHARGES	2968.00
TOTAL BENEFITS PAID	705.59
TOTAL DISCOUNT	
OTHER INSURANCE CARRIER PAYMENT	

INELIGIBLE CHARGES	
DEDUCTIBLE	1960.02
CO-PAY	
PATIENT'S CO-INSURANCE	302.39
TOTAL DUE TO PROVIDER	302.39

PATIENT 2012 MEDICAL DEDUCTIBLE SATISFIED IS \$1500.00
 YEAR TO DATE ACCUMULATED PATIENTS 2012 MEDICAL DEDUCTIBLE SATISFIED IS \$1500.00
 FAMILY 2012 MEDICAL DEDUCTIBLE SATISFIED IS \$1500.00

PAYEE NAME: ST VINCENT HOSP HEALTH
 AMOUNT: \$ 705.59

Member is ONLY responsible for Deductible, Co-pay or Patient's Co-Insurance