



Explanation of Benefits (EOB)

It's important for you to know how your benefits are paid. Your EOB is a helpful piece that can help you get started. The sample shown here provides an overview to reading and understanding your EOBs.

Sample EOB

Meritain Health
an company
Meritain Health
1405 Xenium Lane North, Suite 140
Minneapolis MN 55441

Forwarding Service Requested

1
JOHN A SAMPLE
101 MAIN STREET
ANYTOWN MO 12345-9999

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

CLAIMS CUSTOMER SERVICE
952-541-0444 800-847-8381
24 HOUR AUTOMATED CLAIM INFO
952-541-0444 888-769-2100

2
Group Name: GROUP ABC123
Group #: ABC12
Division: 001
Draft Ref #: 12345678
Insured: JOHN A SAMPLE
Insured ID: 54321 12345
Patient: JOHN A SAMPLE
Patient Acct #: 99887766
Prepared On: 01/19/2015 By: ABC
Benefit Year: 2015 Claim: Medical
Provider: SAMPLE PROVIDER, MD
999 CENTRAL STREET
ANYTOWN MO 12345
Provider TIN: 999999999

3
4
5

6
Claim #: 1A2345
Patient: JOHN A SAMPLE

7 Treatment Dates	8 Procedure Revenue Code	9 Billed Amount	10 Provider Discount	11 Ineligible Amount	12 Reason Code	13 Applied to Deductible	14 Applied to Copay	15 Paid At	16 Other Payment	17 Payment Amount
01/08-01/08/2015	98244 /	\$335.00	\$0.00	\$179.76	a	\$0.00	\$20.00	100%	\$0.00	\$135.24
01/08-01/08/2015	94010 /	\$70.00	\$41.98	\$0.00	a	\$0.00	\$0.00	100%	\$0.00	\$28.02
01/08-01/08/2015	94664 /	\$33.00	\$20.43	\$0.00	a	\$0.00	\$0.00	100%	\$0.00	\$12.57
Column Totals			\$438.00	\$242.17	\$0.00	\$0.00	\$20.00	100%	\$0.00	\$175.83

18
Other Insurance Credits: \$0.00
Total Payment Amount: \$175.83

19
Patient's Responsibility: \$20.00

Accumulators		Payment Details	
Description	Satisfied	Claim Year	Paid To
Family Deductible	\$0 of \$1000.00	2015	SAMPLE PROVIDER, MD
Individual Deductible	\$0 of \$500.00	2015	

20
Reason Code Description

a. Provider discount through AETNA PPO. Patient not responsible for this amount.

24
This document contains important information that you should retain for your records. This claim was processed in accordance with the group health plan described in your Evidence of Insurance and Schedule of Benefits. If your claim was denied (in whole or in part), the decision to deny your claim was based on the Medical Benefits and/or Plan Exclusion section(s) of the Plan because the benefits requested are not covered by the Plan and this document serves as notice of an adverse benefit determination. (Please refer to the reason(s) provided for additional information.)

25
If you think this determination was made in error, you have the right to appeal (see the back of this page for information about your appeal rights). If you are enrolled in an ERISA-governed plan and your appeal is denied and all levels of review have been exhausted, you have the right to bring a civil action under ERISA 502(a). (To determine whether your health plan is an ERISA-governed plan, please refer to your Certificate.)

You Should Know
This notice is NOT a bill. The amount identified as patient responsibility may have already been paid to the provider at the time of service or you may have paid a different amount at that time. Please contact your provider with any billing questions.

SPANISH (Español): Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.
TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog, mangyaring tumawag sa numero na nasa itaas.
CHINESE (中文): 需要中文帮助, 请拨打上面的号码与我们联系。
NAVAJO (Dine): Diné'ek'ehji' níká'a' doowo'go, táá shoodi í?dahdí' béshé bee han'é bínumber bíkád'íshí' bishí'í' hodilnih.

Frequently asked questions

Q: Is this a bill?

A: No. Your EOB is simply an informational piece produced to help you better understand how your benefits have been applied.

Q: Do I owe money?

A: You can review section #19 of your EOB (Patient's Responsibility) carefully. This section will inform you if you are responsible for any amount.

Q: Will I receive a bill for payment?

A: If you owe money, you'll receive a bill directly from your provider's office. Just make your check payable to your provider.

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How to read your EOB

1. Patient name and address
2. Customer service information
3. Employer/group identification
4. Patient identification
5. Provider identification: name, address and tax ID number
6. Claim number
7. Date(s) of service
8. Code or description for type of service provided
9. Total amount billed by provider
10. Network or negotiated discount, deducted from total charges
11. Amount not covered by the benefit plan
12. Explanation or detail of claim processing
13. Amount that falls under plan deductible, which is the patient's responsibility
14. Amount that falls under copay, which is the patient's responsibility
15. Percentage reimbursable (if any) after application of plan copays and deductibles
16. Amount paid (if any) by another benefit plan, which would be deducted from the plan's payment under the Coordination of Benefits provision
17. Amount paid to provider or covered individual
18. Total payment made
19. Amount patient is responsible for paying the provider; may include amounts already paid at the time of service
20. Recipient of payment
21. Check number
22. Total amount of check
23. Amount of deductible that has been satisfied for this plan year
24. Footnotes providing additional explanation (also may include other communication to the provider or the participant)
25. Appeal procedures



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