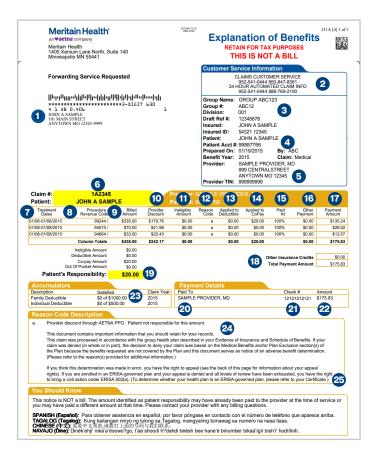


## **Explanation of Benefits (EOB)**

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**



## 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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