



Reading your Explanation of Benefits

After you visit your provider, you may receive an Explanation of Benefits (EOB) from your insurer. This is an overview of the total charges for your visit and how much you and your health plan will have to pay. An EOB is NOT A BILL and helps to make sure that only you and your family are using your coverage. You may get a bill separately from the provider.

Here's an example of an Explanation of Benefits

Your insurance plan's or Medicaid or CHIP agency's **Customer Service Number** may be near the plan's logo or on the back of your EOB.

Explanation of Benefits (EOB)

Customer service: 1-800-123-4567

Statement date: XXXXXX
Document number: XXXXXXXXXXXXXXXXXXXX
THIS IS NOT A BILL

Subscriber number: XXXXXXXXXX ID: XXXXXXXXXX Group: ABCDE Group number: XXXXXX

Patient name: _____ Member name: _____
Date received: _____ Address: _____
City, State, Zip: _____

Provider: _____ Claim number: XXXXXXXXXXXX
Payee: _____ Date paid: XXXXXXXXXX

Claim Detail	What your provider can charge you	Your responsibility	Total Claim Cost
1 Date of Service: 3/20/14 Description: Medical care Claim Status: Paid Provider Charges: \$31.60 Allowed Charges: \$2.15	2 Provider Charges: \$31.60	3 Co-pay: \$0.00 Deductible: \$0.00 Co-insurance: \$0.00	4 Paid by Insurer: \$2.15 6 What You Owe: \$0.00 7 Remark Code: PDC
2 Date of Service: 3/20/14 Description: Medical care Claim Status: Paid Provider Charges: \$375.00 Allowed Charges: \$118.12	2 Provider Charges: \$375.00	3 Co-pay: \$35.00 Deductible: \$0.00 Co-insurance: \$0.00	4 Paid by Insurer: \$83.12 6 What You Owe: \$35.00 7 Remark Code: PDC
Total	\$406.60	\$120.27	\$35.00

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

Pay your bills and keep any paperwork. Some providers will not see you if you have unpaid medical bills. You may be able to go online to look up your own health information, such as screening and test results or prescribed medications. This can help you take charge of managing your health.

APPEALS AND GRIEVANCES

If you have a complaint or are dissatisfied with a denial of coverage for claims under your health plan, you may be able to appeal or file a grievance. For questions about your rights, or assistance, you can contact your insurance plan or state Medicaid or CHIP program. If you think you were charged for tests or services your coverage is supposed to pay for, keep the bill and call the phone number on your insurance card or plan documentation right away. Insurance companies have call and support centers to help plan members.

- 1 Service Description** is a description of the health care services you received, like a medical visit, lab tests, or screenings.
- 2 Provider Charges** is the amount your provider bills for your visit.
- 3 Allowed Charges** is the amount your provider will be reimbursed; this may not be the same as the Provider Charges.
- 4 Paid by Insurer** is the amount your insurance plan will pay to your provider.
- 5 Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6 What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid everything else. You may have already paid a portion of this amount, and payments made directly to your provider may not be subtracted from this amount.
- 7 Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

Contact your health plan if you have questions about your EOB.

Visit go.cms.gov/c2c for more information

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