



Your Benefits Explained


A Walk-Through of an Explanation of Benefits (EOB)

After you have received medical care, you may be wondering how much that service actually cost and if you will owe more than any co-payment you may have already made.



A healthcare provider will bill your health insurance company after you've received your prescribed care. Then you'll get an Explanation of Benefits (EOB), which is a summary of the cost of any healthcare services you received. If you owe anything, you will get a separate bill from your provider. This bill will include instructions on how to pay the bill and to whom you should pay it, whether that's a healthcare provider or your health insurance company.

Sample Bill



Looney Toons HEALTH SYSTEMS
PO BOX 0000 ANYWHERE USA 12345-0000


Hospital / Clinic Statement

For help with billing questions, please call:
(555) 555-5555 or (555) 555-5556
Monday - Friday 8:00am - 5:30pm

Check if address / insurance changes are on back

Addressee

Wylie Coyote
12 Beep Beep Road
Coyote Falls, WB 88888



QUICK & EASY PAY ONLINE

Pay Online : looneytoons.mysecurebill.com

Account Number	Due Date	Amount Due	Amount Paid
987654	03/1/2020	\$50.00	\$

Please make check payable and remit to:

Looney Toons Health Systems
PO BOX 0000
Anywhere USA 12345-0000

Account Number	Account Name	Statement Date	Due Date
987654	Wylie Coyote	2/1/2020	3/1/2020

Date	Service Description	Status	Charges	Payment/Adjustments	Patient Balance
Professional Charges					
	PATIENT : Wylie Coyote Encounter #: 123789456 Provider: Buggs Bunny M.D.				
12/15/2019	OFFICE/OUTPUT VISIT, EST, LEVL II		\$150.00		
12/15/2019	Venipuncture		\$29.99		
1/28/2020	Insurance Adjustment ACME PPO			-\$57.99	
1/28/2020	Insurance Payment ACME PPO			-\$42.00	
12/15/2019	Patient Payment:			-\$30.00	
	Patient Balance:	Current			\$50.00
Total Statement Balance: \$50.00					
Minimum Amount Due: \$50.00					

Looney Toons Connection
Your secure, online health connection

- View and pay your bill online
- Go paperless, sign up for eStatements

Please visit looneytoons.org to register.

AMOUNT DUE: \$50.00

1	2	3	4	5	6	7	8				
Date	Service Description	Billed Amount	Allowed Amount	Plan Paid	Your Discounts	Co-Pay	Deductible	Coinsurance	Not Covered	Total you Owe	Remark Code
12/15/2019	Venipuncture (36415)	\$29.99	\$22.00	\$22.00	\$7.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	066
12/15/2019	Office Visit (99213)	\$150.00	\$100.00	\$20.00	\$50.00	\$30.00	\$50.00	\$0.00	\$0.00	\$80.00	01, 41
Total		\$179.99	\$122.00	\$42.00	\$57.99	\$30.00	\$50.00	\$0.00	\$0.00	\$80.00	
In-Network Benefit					Applied Amount	Remaining	Annual Limit				
Individual Deductible					\$1,500.00	\$0.00	\$1,500.00				
Individual In-Network Out-of-Pocket Maximum					\$1,530.00	\$1470.00	\$3,000.00				
<p>06 - You don't pay the "Your discount" amount. This is a benefit to using doctors/facilities in our plan</p> <p>01 Deductible amount</p> <p>41 Discount agreed to in Preferred Provider contract*</p>											
Customer Service: 1-777-777-7777										<p>You owe \$80.00 to Bunny, B, M.D. This value includes amounts you may have already paid at time of service.</p> <p>THIS IS NOT A BILL</p>	

Sample Explanation of Benefits

The EOB includes how much you were charged for any medical care you received, how much your health insurance company paid for that care and how much you are responsible to pay. It is always a good idea to keep any bill you receive from the provider and compare it to the EOB before paying.

- 1** Details about when and what care was provided can be found under the **Date and Type** of service columns. This could refresh your memory especially if you had different services performed on multiple days such as a routine doctor's visit, lab testing prior to undergoing a surgical procedure or it may have been for routine preventative screening.
- 2** **Billed Amount** or amount charged is the price for each medical service or treatment provided. This is the price you would have been charged if you didn't have health insurance.
- 3** **Allowed Amount** is set by the insurance plan after they subtract any charges that are not covered and apply the provider discount from the billed amount. This amount can vary based on the average price for a specific procedure code where you live.
- 4** **Provider Payment** is the dollar amount your insurance plan paid your provider. In most cases the payment has already been made before you receive your EOB.
- 5** **Co-Pay Amount** is how much you are required to pay a provider each time you receive a certain type of service. This is a fixed amount determined by the health plan. An example would be having to pay \$30 each time you see your primary care doctor.
- 6** **Deductible** shows how much of a claim if any was applied to your annual deductible. You are responsible to meet the individual deductible amount before insurance begins to pay their share of the medical bill. There is an exception to this: Annual preventative exams are required to be covered by the insurance plan at no cost to you. The deductible amount is determined by the health plan and can change each year.
- 7** **Co-Insurance Amount** is your share of the cost of a healthcare service. This is calculated as a percentage of the allowed amount. An example would be if insurance pays 70% of the allowed amount, you pay the remaining 30%. This is your co-insurance. You start paying co-insurance after you meet your annual deductible, and it counts against the out-of-pocket maximum.
- 8** **Total You Owe** is the amount the insurance plan determined that the patient owes the medical provider. This amount may be the same as your co-payment that you paid at the time you received the service. If the amount is more than your co-payment, you should expect to receive a bill from the provider.
- 9** **Out-of-Pocket Maximum** is a set amount of money that you will have to pay in a calendar year for covered medical costs. In most plans there is no cost sharing for covered medical services after you have met your out-of-pocket maximum.
- 10** The last area of your EOB is the **Explanation or Remark Codes**. This is a note from the insurance plan that explains any specifics about how the charges were covered, if any discounts were applied and finally, the amount that was paid or not covered for your healthcare.