

# Understanding Your Explanation of Benefits (EOB)

Before paying your doctor for medical services you receive, you should review the EOB statement and understand how the claim is processed by your insurance company.

## Explanation of Benefits

EOB is **NOT A BILL** but an insurance company statement that helps you understand how much your plan covers, and what you'll pay when you get a bill from your provider.

## Sample

### Customer Service

**Date:** **Patient Name:**  
**Group:** **Claim Number:**  
**EOB#:** **Provider Name:**  
**Member ID:** 1

| Date of Service     | Procedure Code | Charge | Ineligible | Discount | Remark Code | Deductible | Copay | Co-ins | R&C | Paid                 | Paid At | Paid To | You May Owe |
|---------------------|----------------|--------|------------|----------|-------------|------------|-------|--------|-----|----------------------|---------|---------|-------------|
| 2                   | 3              | 4      | 5          | 6        | 7           | 8          | 9     | 10     | 11  | 12                   | 13      | 14      | 15          |
| <b>CLAIM TOTALS</b> |                |        |            |          |             |            |       |        |     |                      |         |         |             |
|                     |                |        |            |          |             |            |       |        |     | <b>Total Payment</b> |         |         |             |

| Remark Code Description |             |
|-------------------------|-------------|
| Code                    | Description |
| 7                       |             |

## Keywords to Understand Your EOB

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|---|--|
| <p>1. General claim information.<br/>.....</p> <p>2. The date you visited the medical provider.<br/>.....</p> <p>3. CPT code indicates what service you received.<br/>.....</p> <p>4. Amount initially billed by the medical provider before insurance coverage.<br/>.....</p> <p>5. Amount that is not covered.<br/>.....</p> <p>6. In-network provider discount amount.<br/>.....</p> <p>7. Reason for ineligibility, discount, or need for additional information.<br/>.....</p> | <p>8. Amount you pay before insurance coverage.<br/>.....</p> <p>9. The fixed fee you pay for certain medical services.<br/>.....</p> <p>10. Patient's responsibility from coinsurance.<br/>.....</p> <p>11. Reasonable &amp; Customary: amount charged by medical providers for similar services in your area.<br/>.....</p> <p>12. Amount paid by insurance.<br/>.....</p> <p>13. Percentage paid by insurance.<br/>.....</p> <p>14. Insurance payment goes to provider or member.<br/>.....</p> <p>15. What you owe after insurance coverage.<br/>.....</p> |
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