



Care shaped around you.



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.

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. Provider identification: name
11. Network or negotiated discount, deducted from total charges
12. Amount not covered by the benefit plan
13. Explanation or detail of claim processing
14. Amount that falls under plan deductible, which is the patient's responsibility
15. Amount that falls under copay, which is the patient's responsibility
16. Percentage reimbursable (if any) after application of plan copays and deductibles
17. Amount paid (if any) by another benefit plan, which would be deducted from the plan's payment under the Coordination of Benefits provision
18. Amount paid to provider or covered individual

Sample EOB

MERITAIN HEALTH
Meritain Health
1405 Xenium Lane North, Suite 140
Minneapolis MN 55441

11A [4] 1 of 1

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

Forwarding Service Requested

*****3-DIGIT 630 1
4 3 AB 0-406
JOHN A SAMPLE
101 MAIN STREET
ANYTOWN MO 12345-9999

Customer Service Information

CLAIMS CUSTOMER SERVICE
652-541-0444 800-947-6361
24 HOUR AUTOMATED CLAIM INFO
652-541-0444 888-769-2100

Group Name: GROUP ABC123
Group #: ABC12
Divisions: 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

Claim #: 1A2345
Patient: JOHN A SAMPLE

7 Treatment Dates	8 Procedure / Revenue Code	9 Billed Amount	Provider Discount	10 Eligible Amount	Reason Code	11 Applied to Deductible	12 Applied to CoPay	13 Paid At	14 Other Payment	15 Payment Amount
01/08-01/08/2015	99244 /	\$335.00	\$179.76	\$0.00	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	94864 /	\$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		\$0.00	\$175.83

Ineligible Amount: \$0.00
Deductible Amount: \$0.00
Co-pay Amount: \$20.00
Out Of Pocket Amount: \$0.00

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

Patient's Responsibility: \$20.00

Accumulators			Payment Details	
Description	Satisfied	Claim Year	Paid To	Check # Amount
Family Deductible	\$0 of \$1000.00	2015	SAMPLE PROVIDER, MD	12121212121 \$175.83
Individual Deductible	\$0 of \$500.00	2015		

Reason Code Description

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

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.)

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): 如需中文帮助, 请拨打上面的号码与我们联系。
NAVAJO (Dine): Chink'ee' nílk'á á doowé'gaa. I-láá shoo'dí hí'gháidí béésh bee hané'í binumher bík'á'ígíí bish'í hodílníh.

19. Total payment made
20. Amount patient is responsible for paying the provider; may include amounts already paid at the time of service
21. Recipient of payment
22. Check number
23. Total amount of check
24. Amount of deductible that has been satisfied for this plan year
25. Footnotes providing additional explanation (also may include other communication to the provider or the participant)



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.

Questions? For more information call Grand Rounds at 1.855.498.4661 or visit www.grandrounds.com/cop.



An Aetna Company