



Reading Your Explanation of Benefits (EOB) Collier County Sheriff's Office

The following sample of an Explanation of Benefits (EOB) is provided for informational purposes. The following example explains how to read the Meritain Health EOB.

Header

ABC COMPANY
Administered by:
Meritain Health
P.O. Box 27267
Minneapolis MN 55427-0267

JANE SMITH
123 STREET
ANYTOWN NY 12345

Print Date: 12-15-11

THIS IS NOT A BILL

*** EXPLANATION OF BENEFITS ***

Payment To:
XYZ MEDICAL GROUP
123 DRIVE
ANYTOWN NY 12345

PROCEDURE / REVENUE CODE	DATES OF SERVICE	TOTAL CHARGES	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	NOTES	APPLIED TO DCD.	APPLIED TO COPAY	BEN. %	OTHER CARRIER'S PYMT	PYMT MADE BY PLAN	PATIENT RESPONSIBILITY
99214	11 28 11	1675.00	1187.00		a			50		244.00	244.00
92136	11-28-11	1396.00	214.00		a			50		591.00	591.00
TOTALS		3071.00	1401.00							835.00	835.00

Payment to

Processed Under Medical Plan For Services Provided By

JOHN DOE MD
TIN: 987654321

Check # 54321 **Amount** \$835.00

Claim No: XYZ1234
Participant: JANE SMITH
ID No: 87654321
Address: 123 STREET
ANYTOWN, NY 12345
Patient: JOHN SMITH
Group Name: ABC COMPANY
Group No: 12345
Processed On: 12 15-11 By: AB3
Patient Acct: 123456XX001ABC

Claim identification

NOTES

- a. Provider discount through PPO Network. Patient not responsible for this amount.
- ENROLLEES: You can view eligibility, benefit information and claim status online at your convenience! To gain access, logon to www.mymeritain.com.

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 Summary Plan Description (SPD). 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 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 SPD.)

* IF YOU HAVE ANY QUESTIONS ABOUT THIS EXPLANATION OF BENEFITS CALL *
CLAIMS CUSTOMER SERVICE: 952-546-0062 800-925-2272 or 24 HOUR AUTOMATED CLAIM INFORMATION: 952-593-6560 800-566-9311

The EOB displays the following information:

Header:

- Group name
- Return address
- Patient mailing address

Explanation of benefits:

- **Procedure/Revenue Code** - Entered by the Analyst to apply the proper benefit
- **Dates of Service** - Dates of service
- **Total Charges** - Amount billed by the provider for each service
- **Provider Discount** - Difference between the charge and the amount contracted by the provider (not due by the patient)
- **Ineligible Amount** - Amount patient owes out-of-pocket
- **Notes** - Listed at the bottom—provides further explanation of the applied benefits
- **Applied to Ded.** - Amount applied to the plan's deductible
- **Applied to Copay** - Amount applied to the patient's copay
- **Ben. %** - Indicates the plan's benefit percentage applied to each billed service
- **Other Carrier's Pymt** - Amount paid by other insurance carrier when coordinating benefits
- **Pymt Made by Plan** - Amount paid by the plan
- **Patient Responsibility** - Total amount due by the patient for the services processed (includes non-covered, copay, deductible and coinsurance amounts)

Payment to:

- The name of the provider and the provider's TIN

Claim identification:

- **Claim No** - Auto-assigned number used to identify and retrieve claims
- **Participant** - Employee's name
- **ID No** - Employee's ID number
- **Address** - Employee's address
- **Patient** - Name of patient receiving services
- **Group Name** - Employer's name
- **Group No** - Group number
- **Processed On** - Date claim was processed
- **Patient Acct. No** - Patient billing account number

Accumulators:

- The specified amount is the total amount of deductible met for the applicable year

Notes:

- Provides further explanation of the applied benefits, claims appeal information, website information, etc.
- Your EOB will also contain information on your right to file an appeal for denied claims.