

SAMPLE EMPLOYEE EXPLANATION OF BENEFITS (EOB)



National Claims Administrative Services
 P.O. Box 00000
 Anytown, ST 22000-0022

Forwarding Service Requested

Employee Name
 Employee Address 1
 Employee Address 2
 Employee City, State Zip

Date Processed: 04/15/2005
 Check #: 123456
 Group ID#: ABC
 Employer: AMAZING BENEFIT COMPANY

Explanation of Benefit (EOB) – This is NOT a bill

Insured: Employee Name		Claim # 12345		Patient: Dependent name		Birth date: xx/xx/xxxx		Relationship: Self			
TRNS #: 6323		Provider/Practitioner: Provider/Practitioner Name		Patient Account #: 45							
Dates of Service	Services	Comment Codes	Billed Amount	Less Excluded Amount	Less Discount Amount	Allowable Amount	Less Deductible	Less Copay/Coins	Net Allowable Amount	% Paid	Plan Benefit
05-18-05	1 Office Visit		93.00		34.89	58.11		15.00	43.11	80	34.49
Totals			93.00		34.89	58.11		15.00	43.11		34.49

PAYMENT SUMMARY

Comment Codes: 10		
Payment History	Amount to Date	
INDIVIDUAL DEDUCTIBLE MET \$	0.00	Other Insurance Paid: 27.87
INDIVIDUAL COINSURANCE MET \$	0.00	Paid to Provider 6.62
		Paid to You 0.00
		Patient Liability 0.00

10 The provider of service has accepted Medicare's assignment. This claim was paid in accordance with Medicare's allowable amount.

How to Read Your Explanation of Benefits

1. Member and Provider Information – includes specific information about the claim including the members name, claimant/patient identifier, patient name, patient date-of-birth, patient relationship to the member, transaction number assigned to this claim, service provider name, and patient account number.
2. Dates of Services – The date the service was provided.
3. Services – The description of the service for which the claim was submitted.
4. Comment codes – The comment codes related to a specific service.
5. Billed Amount – The amount billed by the provider of service.
6. Less Excluded Amount – Any ineligible services excluded from the health plan.
7. Less Discount Amount - The difference between the billed amount and the Medicare allowed amount or the Preferred Provider Organization allowed amount. This is the amount written off by Medicare or by a participating provider within the Preferred Provider Organization (PPO).
8. Allowable Amount – The allowable amount from Medicare, Preferred Provider Organizations (PPO's), or usual, reasonable, customary (UCR) fee schedules.
9. Less Deductible – The Deductible amount (patient's responsibility).
10. Less Co-pay/Coins – The co-pay amount paid to the provider (patient's responsibility).
11. Net Allowable Amount - The balance that is eligible for reimbursement according to your benefit guidelines.
12. % Paid - The percentage in which the claim will be reimbursed.
13. Plan Benefit – The benefit considered by your health plan prior to coordination with other insurance.
14. Other Insurance Paid – The amount paid by the other insurance plan.
15. Paid Provider/Paid to You by NCAS – The amount paid to the provider of services or to the health plan member by NCAS.
16. Patient Liability – The amount the patient is responsible to pay (amount not covered by the plan).
17. Comment Codes – The comment codes related to an entire claim transaction.
18. Payment History – This field is not applicable to all EOB's. Displays may include deductible or coinsurance amounts met to date.
19. Comments –The specific comment related to this service and/or claim.

KEEP THIS FOR FUTURE REFERENCE