

Understanding Your Explanation of Benefits

Example

Sample Doctor
1122 Sample Office St
Anywhere MO 63105

Provider Remittance Summary

Customer Service

If you have any questions, please call
406-869-5555



Visit
at www.ebms.com to receive
your EOB electronically!

Date: 11/1/2013

Document #:

1234567890

Patient:

Sample Patient

Patient #: ABC123

ID #: ***-**-0000

Provider: Sample Doctor

Employee: Sample Employee

3	4	5	6	7	8	9	10	11	12	13
Date(s) of Service	Service Description	Charge Amount	Negotiated Adjustment	Ineligible Amount	Message Code	Deductible Amount	Co-pay Amount	Co-Insurance Amount	Paid At	Plan Payment
11/01-11/01/2013	SAMPLE VISIT	\$99.00	\$47.09	\$0.00	449	\$0.00	\$25.00	\$0.00	100%	\$26.91
Column Totals		\$99.00	\$47.09	\$0.00		\$0.00	\$25.00	\$0.00		\$26.91
You May Owe:										Adjustments
										\$0.00
										Net Payment
										\$26.91

Claim Summary

Document #	Patient Name	Charge Amount	Negotiated Adjustment	Ineligible Amount	Deductible Amount	Co-pay Amount	Co-Insurance Amount	Net Payment	Total Patient Responsibility
1234567890	Sample Patient	\$99.00	\$47.09	\$0.00	\$0.00	\$25.00	\$0.00	\$26.91	\$25.00
Totals		\$99.00	\$47.09	\$0.00	\$0.00	\$25.00	\$0.00	\$26.91	\$25.00

Additional Information

449 PPO savings not payable by patient or plan.

- "Customer Service" - If you have questions, please call us at the toll free number listed at the top of your Explanation of Benefits. Our friendly and knowledgeable representatives are here to assist you.
- "Provider Information" - This is the billing provider, physician or facility rendering service for which you are submitting charges.
- "Date of Service" - Represents the date in which the patient was treated and the date in which you are submitting charges.
- "Service Type" - This is a description of the services rendered and billed.
- "Charge Amount" - This is the billed amount before any negotiated adjustments, co-pays, deductibles or any ineligible amounts.
- "Negotiated Adjustment" - This amount represents the "write off" or contractual amount agreed upon based on your contract or fee schedule with the re-pricing network.
- "Ineligible Amount" - Any specific amount that was determined to be ineligible for payment by the plan.
- "Message Code" - Please reference the message code section of this document to determine why a specific code was ineligible for payment or whether the code represents a savings or negotiated adjustment.
- "Deductible Amount" - This amount reflects the deductible requirement at the time charges were processed. If you see an amount in the deductible column, the patient would be responsible for these amounts and you would simply balance bill the patient.
- "Co-Pay Amount" - This amount represents any co-pay requirements on the plan. Typically, office visits, emergency room and in-patient facility charges may reflect co-pays. Other services may qualify or require a co-pay. The patient is responsible for these charges as the co-pay is typically assessed at the time services are being rendered. We will remove any co-pay requirements off the expected payment amount to the provider.
- "Co-Insurance Amount" - This amount would be the patient's responsibility of payment.
- "Plan Payment" - This amount represents the plan payment after any ineligible charges, co-pays, deductibles, negotiated adjustments and patient's co-insurance is determined.
- "Patient Section" - This section is specific to this patient only.
- "Claim Summary" - This section shows you a summary of payments for all patients included on this Explanation of Benefits.
- "Additional Information" - This section presents a description of any ineligible codes and negotiated adjustments codes. It also offers you a brief explanation of why certain charges are either pending for payment or deemed ineligible.