

# SAMPLE EXPLANATION OF BENEFITS

This is not a bill. It is an explanation of benefits (EOB) that is provided to you to show in detail: the services provided, when they were provided, who provided those services, the amounts paid, how payments were made, and the amount left to be paid. Every time a medical facility or care provider submits a claim to be paid by insurance, you will receive an EOB.



**EBMC**  
P.O. Box 9057  
Dublin, OH 43017-957

2004090300007  
EX

**Questions? Please call EBMC at  
1-877-304-0761 or 614-932-6374**

**Claim #:** 05223168-01  
**Employee:** JOHN DOE  
**Patient:** SUSAN DOE  
**Patient Acct.:**  
**Group:** DEMO GROUP  
**Group #:** 123  
**Location:** 100  
**Date Paid:** 09/03/2004

The insured employee

The patient may be a dependent of the employee.

**Forwarding Service Requested**

1370.0124

JOHN DOE  
4789 RINGS RD  
DUBLIN, OH 43017

Your mailing information

The amount that is your responsibility to pay

**Patient Responsibility to Provider**

Amount Not Covered	0.00
Deductible Amount:	250.00
Co-Pay Amount:	0.00
Coinsurance:	14.00
<b>Patient's Total Responsibility</b>	<b>264.00</b>

**Explanation of Benefits - This is NOT a Bill**

**Provider of Service:** Smith Family Physicians

Dates of Service	Service Type	Billed Charge	Not Covered	Reason Code	Write Off	Eligible Charge	Deductible Amount	Co-Pay Amount	Covered Amount	Paid At%	Benefit Amount
08/01-08/15/2004	9	350.00	0.00	EJ	30.00	320.00	250.00	0.00	70.00	80	56.00
		350.00	0.00		30.00	320.00	250.00	0.00	70.00		56.00

Procedures are detailed by date of service (DOS)

Other Insurance Payment	0.00
This Plan's Payment	56.00

The amount insurance pays

Accumulators	Payment To:	Check No.	Amount
All of the year 2004 individual deductible met \$14.00 of \$500.00 of the year 2004 individual out of pocket met \$250.00 of \$550.00 of the year 2004 family deductible met \$14.00 of \$950.00 of the year 2004 family out of pocket met	Smith Family Physicians	08254	56.00

Details of insurance payments already paid

**Service Type Description**

9 X-Ray & Laboratory

Each number has the procedure explained

**Reason Code Description**

EJ Medical Mutual of Ohio negotiated discount is shown. Patient not responsible for this adjustment.

Each code explains procedures not paid for by insurance

**Messages:**

If dissatisfied with the benefit determination, the covered person has 180 days following receipt of an Adverse Benefit Determination to submit a written Appeal to the plan Sponsor. The covered person will be notified of the benefit determination no later than 60 days after receipt of the appeal request.

If you as the insured employee do not agree with the determination based on your plan's coverage, a written appeal needs to be submitted to your employer's Plan Representative within 180 days of receiving the EOB.