

Example: Explanation of Benefits (EOB)

ANTHONY DOE
123 CREAKYLANE,
CREAKYJOINTS, NY 12345

Customer Service: 1-800-123-4567

Visit your local plan website

Claim Information

Member name: Anthony Doe
Group No.: 12345
Identification No.: ABC1234567890
Claim No.: 2020000000000X
Patient Name: Anthony Doe

Summary

Total Billed:	\$45.00
Total Benefits Approved:	\$16.20
Amount You May Owe Provider:	\$1.80

The following shows how this claim was adjusted.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
Medical Emerg X-Ray	11-14-15	45.00	27.00 (1)	18.00
Total		\$45.00	\$27.00	\$18.00

Coverage Information

Total	\$45.00	\$27.00	\$18.00
PARTICIPATING PROVIDER OPTION (PPO REDUCTION)		-\$27.00	
Deductions			
Your 10% Coinsurance Amount		\$1.80	
Total Deductions			-\$1.80
Total Benefits Approved			\$16.20
Amount You May Owe Provider			\$1.80
Total covered benefits approved for this claim: \$16.20 to		on 12-12-15	

TOTAL COST OF SERVICE

\$45.00

WHAT YOUR INSURANCE PAYS

\$16.20

\$1.80

WHAT YOU MAY OWE

