

Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

1. Basic information about the claim, including the patient ID and the EOB number.
2. This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.
3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.
4. This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.

Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

IMAGINE360
1550 LIBERTY RIDGE DRIVE
WAYNE, PA 19087
PLAN PART (972) 238-7900 (800) 827-7223
PROVIDERS (972) 744-2486 (866)206-3224
7:00AM-9:00PM CST MON-THURS
7:00AM-7:00PM CST FRIDAY
 Temp-Return Service Requested

000720-001081-000001-001081 2009660 3472CK02_1
JOE SMITH
1234 W ANY STREET
ANY TOWN, US 12345-6789

ABC Company EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Group#: H8707123456789
Date: 05/13/2021
Employee: JOE SMITH
Patient: MARY SMITH
Document #: 16123456789
Patient ID: NAHA1234
EOB#: 2012345-939

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Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/21 02/17/21	52759.01	40305.75	1				80% 100%	3344.92 8272.11
TOTAL: AMOUNTS		52759.01	40305.75						11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.
EXPLANATION OF CODE

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882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES

TOTAL SUBMITTED CHARGES	52759.01
TOTAL BENEFITS PAID	11617.03
TOTAL DISCOUNT	
OTHER INSURANCE CARRIER PAYMENT	

PATIENT RESPONSIBILITY

INELIGIBLE CHARGES	40305.75
PATIENT'S DEDUCTIBLE	
PATIENT'S CO-PAY	
PATIENT'S COINSURANCE	836.23
TOTAL DUE TO PROVIDER	836.23

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YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00 THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

PAYEE NAME:	AMOUNT:
COMMUNITY HOSPITAL	\$11617.03

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

