

How to Read an Explanation of Benefits



Below is a description of your Explanation of Benefits (EOB). The numbers correspond with the numbers on the sample copy of the EOB (see the last page for an example of an EOB).

1. **Claim Processing Office:** this is the location of the claims processing office. You can write to customer service at this location.
2. **Address:** the name and address where the EOB is being mailed.
3. **Customer Service:** number to call with questions regarding your claim.
4. **Group Name:** the name of your Group (in most cases, this is your school).
5. **Group Number:** the identification number for your Group. Please refer to this number if you call or write about your claim.
6. **Location Number:** the number assigned to your location within the Group.
7. **Location Name:** the name or description of the location.
8. **Enrollee:** the name of the covered student.
9. **Enrollee ID:** student's social security number (last 4 digits only) or identification number. Refer to this ID number if you call or write about your claim.
10. **Plan Number:** the identification number for your plan of benefits.
11. **Paid Date:** if a check was issued, the date it was issued.
12. **Fraud Statement:** if the services shown are incorrect, contact HealthSmart immediately.
13. **Claim Number:** the unique identification number assigned to this claim. Please refer to this number if you call or write about this claim.
14. **Patient:** the name of the individual for whom services were rendered or supplies were furnished.
15. **Patient Acct:** number assigned by the service provider.
16. **Provider:** the name of the person or organization who rendered the service or provided the medical supplies.
17. **Dates of Service:** the date(s) on which services were rendered.
18. **Procedure Code:** the Current Procedural Terminology (CPT) codes listed on the provider's bill.
19. **Amount Billed:** the charge for each service.

20. **Charges Not Covered:** charge that is not eligible for benefits under the plan.
21. **Remark Code:** code relating to the “Charges Not Covered” amount. Also used to request additional information or provide further explanations of the claim payment.
22. **Discount Amount:** identifies the savings received from a Preferred Provider Organization (PPO), if applicable.
23. **Discount Code:** the corresponding code for negotiated savings. If Discount Code column is not present, any negotiated savings discount is listed under the Remark Code column.
24. **Allowed Amount:** maximum allowed charge as determined by your benefit plan after subtracting Charges Not Covered and the Provider Discount from the Amount Billed.
25. **Deductible Amount:** the amount of allowed charges that apply to your plan deductible that must be paid before benefits are payable.
26. **Copay:** the amount of allowed charges, specified by your plan, that you must pay before benefits are paid.
27. **Covered Amount:** eligible charges considered under your plan.
28. **Paid At:** the percentage of the Covered Amount that will be considered under your benefit plan.
29. **Payment Amount:** benefits payable for services provided.
30. **Column Totals:** the sum of each column.
31. **Patient Responsibility:** after all benefits have been calculated, this is the amount of the enrollee’s responsibility for this claim.
32. **Other Credits or Adjustments:** represents adjustments based upon the benefits of other health plans or insurance carriers, including Medicare.
33. **Total Payment:** the sum of the “Payment Amount” column.
34. **Remark Code Description:** additional explanation of the Remark or Discount Code will appear in this section.
35. **Paid To:** individual or organization to whom benefits are paid.
36. **Check Number:** the unique number assigned to the check.
37. **Check Amount:** total benefit amount paid on this claim.
38. **Plan Status:** deductible/out of pocket status for the current year.
39. **PPO Information:** the name of the Network used, if any, to discount the claim. This information can also be found at times under the *Important Information Tab*.
40. **Foreign Language Assistance:** multilingual contact information will only appear when applicable.
41. **Going Green:** HealthSmart offers members the option to receive electronic, paperless Explanation of Benefit (EOB) notifications.
42. **Important Information:** statement explaining your entitlement to a review of the benefit determination on the Explanation of Benefits (EOB). This information varies according to each plan.



Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

1 HealthSmart Benefit Solutions
PO Box 12345
Someplace IA 50005-6789

Forwarding Service Requested



2 *****SNGLP 630
16 1 SP 0.460
JANE SAMPLE
123 MAIN STREET
HOMETOWN IA 50701

12 Your cooperation is needed to stop fraud!
If these services were not rendered,
please contact HealthSmart immediately at the number above.

3 Customer Service

Questions for Customer Service, please call
(866)524-7326 between the hours of
8:00 am - 6:00 pm CST
Or visit us at www.healthsmart.com

Participant Information

4 **Group:** DRUG GROUP ALLIANCE
OF AMERICA, INC.
5 Gh XYbh-8.: 2999999
6 **Location No.:** 004
7 **Location:** HH
8 **Enrollee:** JANE SAMPLE
9 **Enrollee Id:** ***-**-9999
10 **Plan No.:** 04021
11 **Paid Date:** 02/22/2014

13 **Claim#** 91239999-01
14 **Patient:** JANE SAMPLE

15 **Patient#:** 99123567

16 **Provider:** MIDDLE IOWA REGIONAL MEDICAL CTR

| Dates of Service 17 | Proc. Code 18 | Amount Billed 19 | Not Covered 20 | Rmk Code 21 | Discount Amount 22 | Discount Code 23 | Allowed Amount 24 | Deductible Amount 25 | Co-pay Amount 26 | Covered Amount 27 | Paid At 28 | Payment Amount 29 |
|--------------------------------|----------------------|-------------------------|-----------------------|--------------------|---------------------------|-------------------------|--------------------------|-----------------------------|-------------------------|--------------------------|-------------------|--------------------------|
| 01/18-01/18/2014 | 87086 | \$37.01 | \$0.00 | CG | \$21.22 | ECL | \$15.79 | \$0.00 | \$0.00 | \$15.79 | 100% | \$15.79 |
| 01/18-01/18/2014 | 87186 | \$84.00 | \$0.00 | | \$69.45 | ECL | \$14.55 | \$0.00 | \$0.00 | \$14.55 | 100% | \$14.55 |
| 01/18-01/18/2014 | 87088 | \$34.99 | \$0.00 | | \$21.37 | ECL | \$13.62 | \$0.00 | \$0.00 | \$13.62 | 100% | \$13.62 |
| 30 Column Totals | | \$156.00 | \$0.00 | | \$112.04 | | \$43.96 | \$0.00 | \$0.00 | \$43.96 | | \$43.96 |

31 **Patient's Responsibility:** \$0.00

32 **Other Credits or Adjustments** \$0.00
33 **Total Payment** \$43.96

34 Rmk/Discount Code

ECL ACCEL DISCOUNT PATIENT NOT LIABLE
CG FOR BASIS OF DETERMINATION, REFER TO THE SUMMARY PLAN DESCRIPTION

Payment Details

35 **Paid To** MIDDLE IOWA REGIONAL MED CTR
36 **Check No.** 00011234
37 **Amount** \$43.96

38 Plan Status

\$2475.00 of your \$5000.00 Family Out-of-Pocket has been met for 2014
\$2000.00 of your \$2000.00 Individual Out-of-Pocket has been met for 2014
\$1475.00 of your \$3000.00 Family Deductible has been met for 2014
\$1000.00 of your \$1000.00 Individual Deductible has been met for 2014

39 PPO Information

CRESENT HEALTH SOLUTIONS

40 Foreign Language Assistance

SPANISH (Español): Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.
TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog, mangyaring tumawag sa numero na nasa itaas.
CHINESE (中文): 需要中文帮助, 请拨打上面的号码与我们联系。
NAVAJO (Dine): Dinék'ehjí' níká'a'doowotgo, t'áá shoodi hódahdi béesh bec hanc'é binumber bikáá'ígíí bish'í' hodíílnih.hodíílnih.

41 Going Green

Did you know you can choose to GO GREEN with our paperless option? Access www.healthsmart.com/healthsmartcustomers/members.aspx and login to opt out of receiving the paper version on future claims. You will receive an email notification when a claim has been processed and ready for viewing online. Our web site also provides you the ability to print copies of your EOBs as needed in a secure environment.

42 Important Information

Please contact Customer Service at the number shown above if you need assistance understanding this notice or our decision to deny you a service or coverage. You are entitled to a review of the benefit determination if you do not agree. To obtain a review, submit your request in writing to the address shown above. You may request the diagnosis and treatment codes (and their meanings) if needed for your appeal. Your request should include your name and address, Enrollee ID, claim number, the reason for appealing and any data, documents and comments you would like to have considered. Written requests for review must be mailed or delivered within the time limit required by your Plan. Please consult your Plan Document for more information about claim review procedures. If a claim is denied, or partially denied, because of lack of medical necessity or an experimental treatment exclusion, then upon request internal rules, guidelines, protocol or an explanation of the clinical judgment for determination will be provided without charge. If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. For questions about your appeal rights, this notice, or for assistance, you can contact New Mexico Public Regulation Commission, Division of Insurance at (888) 427-5772 or at <http://nmprc.state.nm.us/id.htm>.