

How To Read Your Explanation of Benefits (EOB)



Your Explanation of Benefits (EOB) isn't a bill. Instead, it gives you information about the amount your provider charged, the amount that will be covered by your benefit plan and any amount you might owe the provider. The EOB is mailed after your claim is settled. Your EOB also is posted on the Member Self-Service Site, which can be accessed at www.alliednational.com.

Key areas of an EOB:

1. Information about member and patient

2. Claim detail

a. Service Dates – The date each service was provided.

b. Service Provided – A code that indicates what type of service was provided (the key can be found at #4 Explanation of Codes).

c. Billed Charges – What your provider charged for the service.

d. Discount Amount and Code – If the full cost of your service is not covered, the discounted amount and reason for the discount taken is given.

e. Not Eligible – The dollar amount not covered by your plan.

f. Total Eligible – The total expense that is eligible for benefits under your health plan.

g. Member Responsibility – Your portion of the costs for service after the plan has paid benefits (e.g. for deductible, copays or coinsurance).

h. Plan Responsibility – The benefit amount payable by the plan for the service.

3. Services provided

– Codes and a description of the services provided.

4. Explanation of codes

– Explanation of codes for discounts taken.

201410080
1103 4810

J461 [20.416] 1 of 1

[QR-08]

Allied National
PO Box 29186
Shawnee Mission KS 66201-9186

Forwarding Service Requested

*****ALL FOR AADC 522 78
8348 1 AT 0.406
Jane J. Doe
123 Street
Anytown, MO 12345

CUSTOMER SERVICE

For customer service questions please visit us at www.alliednational.com or call 800-825-7531
Para obtener asistencia en Español, llame al 1-800-825-7531

Primary Member: John J. Doe
Patient Account: AA0000000000
Patient: Jane J. Doe
Member ID: A000-000
PPO Network: None
Date Reported: 03/09/2017

EXPLANATION OF BENEFITS - THIS IS NOT A BILL

2 Claim ID: **b** 3453152 **3** Provider: A TO Z CITY HOSPITAL
Date Processed: 11/04/2014

Line	Service Dates	Service Provided	Billed Charges	Discount Amount	Code	Not Eligible Amount	Code	Total Eligible	Member Responsibility		Plan Responsibility	
									Amount	Code	Amount	Code
1	08/05-08/05/2014	320	\$279.00	\$50.22	NAT001	\$0.00		\$228.78	\$228.78	PB0000081	\$0.00	
2	08/05-08/05/2014	320	\$274.00	\$49.32	NAT001	\$0.00		\$224.68	\$224.68	PB0000081	\$0.00	
3	08/05-08/05/2014	320	\$268.00	\$48.24	NAT001	\$0.00		\$219.76	\$219.76	PB0000081	\$0.00	
Bill Totals:			\$821.00	\$147.78		\$0.00		\$673.22	\$673.22		\$0.00	

3 **SERVICE PROVIDED**

Code	Description
320	Radiology Services

This determination and the stated reasons are based on information and/or documentation available at the time the claim was processed. Therefore, if additional information or documentation material to the determination is subsequently acquired by our office, we reserve the right:
> To alter, revise, reverse or otherwise change the determination; and
> To base the determination on other reasons (including, but not limited to, the existence of a pre-existing condition, the failure to satisfy a benefit waiting period, any material misrepresentation, or the application of other Certificate or Summary Plan Description provisions, limitations and/or exclusions).

4 **EXPLANATION OF CODES**

Code	Description
NAT001	This amount represents a Preferred Provider Organization (PPO) discount that you are not required to pay.
PB0000081	Member deductible amount

The above sample is provided for informational purposes only.