

How to Read Your EOB

The Explanation of Benefits (EOB)

This document is not a bill. The EOB helps you understand how your recent services were covered by your plan.

EXCLUDED CHARGES

Charges not eligible, which could be a discount written off by the provider, or a charge you are responsible for paying.

CO-PAY

The amount you are responsible for paying when a service is rendered.

DEDUCTIBLE

The amount of the charge applied to the deductible.

COVERED EXPENSE

An amount applied to your deductible, a co-pay amount paid to a provider, coinsurance, or a charge excluded by the plan.

PAID AT

The coinsurance paid by the plan.

PAYMENT AMOUNT

The amount of the charge applied to the deductible.

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HealthComp
18951 S. 90th Avenue
Mokena IL 60448

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service
Questions? Contact us at
(XXX) XXX-XXXX or fax XXX XXX-XXXX

Enrollee: JOE SAMPLE
Patient: JOE SAMPLE
Member ID: 01234567
Group: SAMPLE GROUP
Group#: 113025
Location: 0100
Location Name: CORP
Dep Code: e
Date: 08/16/2016

Forwarding Service Requested
J008 1

JOE SAMPLE
12475 JOHANNA DRIVE
HOMERWOOD IL 60430

Claim#: 30428789-01
Patient: JOE SAMPLE
Provider: DOCTOR PROVIDER

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Plan Reduction	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
08/14-08/14/2016	96	\$1.00	\$0.00		\$0.00	\$1.00	\$0.00	\$0.00	\$1.00	100%	\$1.00
Column Totals		\$1.00	\$0.00		\$0.00	\$1.00	\$0.00	\$0.00	\$1.00		\$1.00
Patient's Responsibility:											\$0.00
Primary Carriers Allowed Amount											\$0.00
Other Credits or Adjustments											\$0.00
Total Net Payment											\$1.00

Service Code Description
96 EXTRA CONTRACTUAL

Additional Information

You Should Know
IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.

PATIENT RESPONSIBILITY

The amount of the charge that is allowed by the plan.

CLAIM REMARKS

An explanation by line number of the reasons certain charges were excluded.

By registering on HCHHealthBenefits.com, you are automatically enrolled in electronic EOBs.