

You deserve an explanation



An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about your claims.

Among the more important things included on your EOB are:

- The service you received
- How much the service cost
- How much you may owe, if anything
- A notes section that explains the meaning of any special codes

- A section that shows how close you are to meeting any plan maximums

There is a second page that includes contact numbers if you have questions. It also tells you how to file an appeal if you want a claim decision reviewed.

UMR
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CUSTOMER LOGO

Page 1
Employee: Joe Patient
Employee Address: 1234 W SUNSHINE BLVD, STE 100A, BEST CITY US 12345-9876, 999999999
Member ID: 12345-9876
Patient: Joe Patient
Notice Date: 02-15-15
Employer Name: Customer Inc.
Group Number: 76-999999

EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL

Provider: Physician, Joe, MD Patient Account: 1234567890 Claim Control Number: 9999999999

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
Totals		\$500.00	\$100.00		\$50.00	\$25.00	\$325.00		\$260.00	\$260.00	\$140.00

Note Section
908 Provider negotiated discount. You are not responsible for this amount.

Payment To: XYZ Clinic Payment Date: 02-15-15 Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01 -01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00Met
01 -01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01 -01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01 -01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

Callout Boxes:

- The type of service you received
- How much the service cost
- How much your benefits plan paid
- How much you may owe (if anything)
- Your code definition
- Your plan maximums and how close you are to meeting them

