

# 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 employer).
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 employee.
9. **Enrollee ID:** employee'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.
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. **Foreign Language Assistance:** multilingual contact information will only appear when applicable.
40. **Going Green:** HealthSmart offers members the option to receive electronic, paperless Explanation of Benefit (EOB) notifications.
41. **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 93670  
Lubbock TX 79493-3670

**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](http://www.healthsmart.com)

4 **Participant Information**

5 **Group:** DRUG GROUP ALLIANCE  
OF AMERICA, INC.  
6 **Group No.:** 2999999  
7 **Location No.:** 004  
8 **Location:** HH  
9 **Enrollee:** JANE SAMPLE  
10 **Enrollee Id:** \*\*\*-\*\*-9999  
11 **Plan No.:** 04021  
**Paid Date:** 02/22/2013

13 **Claim#**

91239999-01

14 **Patient:**

JANE SAMPLE

15 **Patient#:** 99123567

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

17 Dates of Service	18 Proc. Code	19 Amount Billed	20 Not Covered	21 Rmk Code	22 Discount Amount	23 Discount Code	24 Allowed Amount	25 Deductible Amount	26 Co-pay Amount	27 Covered Amount	28 Paid At	29 Payment Amount
01/18-01/18/2013	87086	\$37.01	\$0.00		\$21.22	ECL	\$15.79	\$0.00	\$0.00	\$15.79	100%	\$15.79
01/18-01/18/2013	87186	\$84.00	\$0.00		\$69.45	ECL	\$14.55	\$0.00	\$0.00	\$14.55	100%	\$14.55
01/18-01/18/2013	87088	\$34.99	\$0.00		\$21.37	ECL	\$13.62	\$0.00	\$0.00	\$13.62	100%	\$13.62
30 <b>Column Totals</b>		\$156.00	\$0.00		\$112.04		\$43.96	\$0.00	\$0.00	\$43.96		\$43.96
31 <b>Patient's Responsibility:</b>											32 <b>Other Credits or Adjustments</b>	\$0.00
											33 <b>Total Payment</b>	\$43.96

34 **Remark Code Description**

ECL ACCEL DISCOUNT PATIENT NOT LIABLE

35 **Payment Details**

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

38 **Plan Status**

\$0 of your \$3000.00 Family Out-of-Pocket has been met for 2013  
\$0 of your \$1000.00 Individual Out-of-Pocket has been met for 2013  
\$0 of your \$3000.00 Family Deductible has been met for 2013  
\$0 of \$1000.00 Individual Deductible has been met for 2013

39 **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 shooqdi hódahdi béésh bec hanc'éc binumber bikáá'ígíí bish'j'í' hodíílnih.hodíílnih.

40 **Going Green**

Did you know you can choose to GO GREEN with our paperless option? Access [www.healthsmart.com/healthsmartcustomers/members.aspx](http://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.

**41 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>.