Explanation of Benefits

Reference Guide

Helping you get the most from your benefits by keeping you informed about your claims.

Anthem

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Anthem

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THIS IS NOT A BILL

CHECK NUMBER:	N/A
1 PATIENT:	PATIENT, IMA
PATIENT ACCOUNT #:	
2 INSURED ID:	ABC123M45678
3 PROVIDER:	JOHN SAMPLE MD
4 CLAIM #:	SPECIAL00000
PROVIDER PARTICIPATION STATUS:	OUT OF NETWORK
EOB DATE:	09/19/2006
AMOUNT PROVIDER MAY BILL YOU, IF NOT ALREADY PAID 5	100.00

6 YOUR BENEFIT SNAPSHOT*

BENEFIT YEAR 2006	BENEFIT AMOUNT	AMOUNT MET-YEAR TO DATE	REMAINING BALANCE
INDIVIDUAL IN-NETWORK DEDUCTIBLE	150.00	150.00	
INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE	300.00	100.00	200.00
FAMILY IN-NETWORK DEDUCTIBLE	300.00	200.00	100.00
FAMILY OUT-OF-NETWORK DEDUCTIBLE	600.00	100.00	500.00
INDIVIDUAL IN-NETWORK OUT-OF-POCKET-LIMIT	750.00	970.00	200.00
INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET-LIMIT	1,500.00	100.00	1,400.00
FAMILY IN-NETWORK OUT-OF-POCKET-LIMIT	1,500.00	1,020.00	480.00
FAMILY OUT-OF-NETWORK OUT-OF POCKET-LIMIT	3,000.00	100.00	2,900.00
LIFETIME MAXIMUM	5,000,000.00	12,283.32	4,987,716.68

PATIENT, IMA LKJGHLKH KLJYLKYUQ KY 12345

DATE(S) OF SERVICE	CODES	TYPE OF SERVICE	CHARGE	ALLOWABLE AMOUNT	PROVIDER RESPONSIBLITY	REASON CODE(S)	DEDUCTIBLE	COPAY/ COINSURANCE	ADDITIONAL MEMBER RESPONSIBILITY	REASON CODE(S)	AMOUNT PAID TO PROVIDER
7		8	9		10				11		12
02/02/2006-02/02/2006	99245	MEDICAL CARE	100.00	100.00	0.00		100.00	0.00	0.00 0.00		0.00
TOTALS			100.00	100.00	0.00		100.00	0.00	0.00		0.00

AMOUNT MET - YEAR TO DATE INCLUDES EITHER 4TH QUARTER CARRY OVER OR PRIOR CARRIER DEDUCTIBLE.
THIS IS AN EXPLAINATION OF THE CLAIMS PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU. REASON CODES, WHEN APPLICABLE, ARE EXPLAINED AT THE BOTTOM OF THE LAST PAGE. IF YOU FILED MULTIPLE PROVIDER BILLS, THEY MAY BE PROCESSED SEPARATELY. CLAIMS FOR EMERGENCY CARE FROM A NON-NETWORK PROVIDER MAY BE APPROVED TO PAY MORE IF YOU RECEIVE A BILL FOR MORE THAN THE ALLOWED AMOUNT. CALL CUSTOMER SERVICE.

IF YOU ARE COVERED BY MORE THAN ONE (1) BENEFIT PLAN, YOU SHOULD FILE ALL YOUR CLAIMS WITH EACH PLAN. THIS CLAIM MAY HAVE BEEN PAID AS IF ANTHEM WERE THE PRIMARY CARRIER. IF YOU HAVE COVERAGE WITH TWO OR MORE PLANS, THE PLANSí COORDINATION OF BENEFITS RULES WILL BE USED TO DETERMINE HOW MUCH EACH PLAN PAYS. PLEASE CONTACT CUSTOMER SERVICE TO UPDATE YOUR OTHER PLAN INFORMATION.

*CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE OF SERVICE ORDER.

SAMPLE

This Explanation of Benefits (EOB) statement was developed to assist you in understanding how your claim(s) were processed. This guide will take you through the key elements of the EOB.

1. **Patient:** The name of the patient who received services.
2. **Insured ID:** This is the identification number of the subscriber/employee. It is the ID number printed on your Anthem Blue Cross and Blue Shield card. Please give us this number if you call or write with questions.
3. **Provider:** The name of the provider (e.g., physician, hospital or laboratory) who performed the services for the patient. The provider name shown may be different than your physician's name because services such as tests, X-rays and consultations may be provided by other health care professionals or facilities as directed by your physician.
4. **Claim #:** This is the specific number that refers to this particular claim. Have this number handy when calling customer service.
5. **Amount Provider May Bill You, If Not Already Paid:** The amount of the total billed charges for which you are responsible.
6. **Your Benefit Snapshot:** Details recent claim activity and gives a snapshot of your health benefit plan. ***Note:*** *This is just a snapshot. For actual benefits, contact customer service or refer to your certificate.*
7. **Dates of Service:** The from/to dates reported for each service performed for the patient.
8. **Type of Service:** A general description of each service included in the claim.
9. **Charge:** The amount billed by the physician, pharmacy, hospital, laboratory or other health care professional who performed each service. ***Note:*** *If Medicare/ Complementary services are involved, the amount in this column will represent the amount billed to Medicare.*
10. **Provider Responsibility and Reason Code(s):** This is the amount the provider is responsible to write off which is in addition to any Anthem discounts that may apply to the claim. The codes shown in the column to the right refer to specific message below each claim. These messages clarify the provider responsibility.
11. **Additional Member Responsibility and Reason Code(s):** This is the amount you are responsible for in addition to any deductible, co-insurance or copayments that may apply to this claim. The codes shown in the column to the right refer to specific message below each claim. These messages clarify a payment situation or explain why you may be responsible for a service.
12. ***Note:*** *This column may read Amount Paid to Provider, Amount Paid to Member or Amount Paid to Alternate (e.g., Custodial Parent) depending on who is receiving payment for the claim.*

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