

# How to Read Your Explanation of Benefits (EOB)



Summit America Insurance Services  
7400 College Blvd., Suite 100  
Overland Park, KS 66210

John ABC  
5555 University Rd.  
Collegetown, USA 12345

**Customer Service can be reached at  
877-246-6997**

Enrollee: JOHN ABC  
Patient: JOHN ABC  
Group: ABC College  
Group #: 012345678  
Claim #: 12345678-01  
Patient #:  
Date: 07/17/2008  
Check No.:

## THIS IS NOT A BILL

### Explanation of Benefits for Services Provided By: MEDICAL PROVIDER

| Dates of Service                      | Service Code | Total Charge | Ineligible | Reason Code | Covered By Plan | Deductible Amount | Discount Amount | Co-Pay Amount | Balance | Other Cr or Adj | Paid At | Payment Amount |
|---------------------------------------|--------------|--------------|------------|-------------|-----------------|-------------------|-----------------|---------------|---------|-----------------|---------|----------------|
| PHYSICIAN SERVICE<br>04/01-04/01/2008 | PH           | 150.00       | 50.16      | RC ND       | 99.84           | 99.84             | 0.00            | 0.00          | 0.00    | 0.00            | 100%    | 0.00           |
| AMBULANCE<br>04/01-04/01/2008         | AM           | 600.00       | 0.00       | NI          | 600.00          | 400.16            | 0.00            | 0.00          | 199.84  | 0.00            | 80%     | 159.87         |

|        |        |       |  |        |        |      |      |        |                        |        |
|--------|--------|-------|--|--------|--------|------|------|--------|------------------------|--------|
| Totals | 750.00 | 50.16 |  | 699.84 | 500.00 | 0.00 | 0.00 | 199.84 | 0.00                   | 159.87 |
|        |        |       |  |        |        |      |      |        | Total Net Payment      | 159.87 |
|        |        |       |  |        |        |      |      |        | Patient Responsibility | 590.13 |

#### Service Code

AM Ambulance  
PH Physician Services

#### Reason Code Description

ND Charges have been adjusted in accordance with a signed negotiated discount proposal  
RC Charges exceed reasonable and customary allowance  
NI No discount available

#### Messages

\*\*\* To expedite your claims process, Please submit claims electronically to Payor ID# 37301.  
To register for On-Line claims status please visit our website [www.summitamerica-ins.com](http://www.summitamerica-ins.com).

#### EXPLANATION OF TERMS:

- Dates of Service-** The dates the patient received care from the provider.
- Service Code-** These codes refer to the types of service charged.
- Total Charge-** The amount the provider billed for the service.
- Ineligible-** Charges for which there are no insurance benefits.
- Reason Code-** A brief description explaining why charges are not covered by the Plan.
- Covered By Plan-** The amount eligible for coverage under the plan of benefits.
- Deductible Amount-** The amount applied to the deductible. The patient is responsible for paying the deductible.
- Discount Amount-** The discount amount negotiated by the Plan. The patient is not responsible for this amount.
- Co-Pay Amount-** The co-pay amount that the patient is responsible to pay to the provider.
- Balance-** The amount eligible for benefits. Coinsurance is calculated on this amount.
- Other Cr or Adj-** Amount paid on these charges by other insurance coverage.
- Paid At -** Coinsurance percentage according to the plan benefits to be paid by Summit America.
- Payment Amount-** Amount paid by Summit America on this claim.
- Total Net Payment-** Total paid by Summit America.
- Patient Responsibility -** Amount that the patient owes to the provider.