

# HOW TO READ YOUR EXPLANATION OF BENEFITS SUMMARY

What is an Explanation of Benefits (EOB)?

An EOB is a notification explaining how your medical claim(s) are processed (including payment or denial).

P263700500C

CNIC Health Solutions  
740 Wooten Rd., Suite 104  
Colorado Springs, CO 80915-3539



201103033309

**Electronic Service Requested**

3-DIGIT 826

23266 0.3584 AT 0.354



1. JOHN DOE  
123 MAIN ST.  
ANYTOWN, USA 84222

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If you have any questions please give us a call at (719) 622-3300 or (877) 321-4412

2. Enrollee: JOHN DOE
3. Patient: JOHN DOE
4. Enrollee Id: 1140999999
5. Group: CITY OF CASPER  
Group #: 11101140
6. Claim #: 99999999-99  
Patient #: ABCD1234
7. Date: 02/28/2011



1 OF 1  
ENV 23266

**This is NOT a Bill-- Do NOT Send Payment**

Explanation of Benefits for Services Provided By:  
8. WELBY, MARCUS

9. Dates of Service	10. Service Code	11. Total Charge	12. Ineligible	13. Reason Codes	14. Discount Amount	15. PPO Codes	16. Covered By Plan	17. Deductible Amount	18. Co-Pay Amount	19. Balance	20. Paid At	21. Payment Amount
12/12-12/12/2010	30	307.99	0.00		0.00		307.99	0.00	0.00	307.99	100%	307.99
12/12-12/12/2010	20	94.50	0.00		0.00		94.50	0.00	0.00	94.50	100%	94.50
<b>TOTALS</b>		<b>402.49</b>	<b>0.00</b>		<b>0.00</b>		<b>402.49</b>	<b>0.00</b>	<b>0.00</b>	<b>402.49</b>		<b>402.49</b>
											22. Other Credits or Adjustments	0.00
											23. Total Net Payment	402.49
											24. Patient Responsibility	0.00

1. The address to which the EOB was mailed.

2. **Enrollee** – the person who signed the enrollment form.

3. **Patient** – the person who received medical services. This may be a subscriber or a dependent.

4. **Enrollee ID** – the identification for the person receiving medical services.

5. **Group** – the payor of your medical claim. If your company is a self-funded group, their name will appear here.

6. **Claim Number** – document control number generated by CNIC Health Solutions. If you need to call a member service representative to discuss the claim, this is an important number to give them.

7. **Date** – Date check run generated

8. **Provider** – the provider of your medical service. This could be an individual practice or a facility.

9. **Dates of Service** – the date your medical services were incurred.

10. **Service Code Description** – a code that indicates where services took place.

11. **Total Charge** – the total amount billed by your physician.

12. **Ineligible** – amount considered not eligible or not covered under the plan.

13. **Reason Code Description** – a code that explains why certain amounts were not covered.

14. **Discount Amount** – discount amount eligible based on provider agreement.

15. **PPO Codes**- Provider Network code

16. **Covered by Plan** – the amount payable to the provider for services rendered minus any ineligible and/or discount amounts if applicable.

17. **Deductible Amount** – amount applied towards patient’s deductible

18. **Copay Amount** – copayment amount due to provider at time of service

19. **Balance** – Covered by Plan minus deductible and copay amounts.

20. **Paid At - % Coinsurance**

21. **Payment Amount** – the amount remaining after applying coinsurance percentage.

22. **Less Other Amounts**

23. **Total Net Payment** – the amount paid by your plan.

24. **Patient Responsibility** – this is the amount the patient may be responsible to pay the provider.