

Explanation of Benefits

Payment received from an insurance carrier (payor) will include an *Explanation of Benefits (EOB)* or an *Explanation of Payment (EOP)*.

The EOB/EOP will provide valuable information in determining **(a) the amount (if any) owed by the patient, (b) the PPO reimbursement amount to be paid to the provider, and (c) the contracted discount amount.**

Please review the EOB/EOP carefully to ensure proper reimbursement for services. It is recommended that you contact our Provider Relations Department with any questions or concerns regarding your reimbursement of services as a First Choice Health Preferred Provider.

This section contains a generic “example” of an EOB. Please note that this is only an example of an EOB and is not necessarily a reflection of all 120 plus payors that currently utilize the First Choice Health Network. However, the information contained in the enclosed “example” will provide information typical of payor EOB/EOP’s.

- ❖ It is also important to remember that benefits will vary from payor to payor and even from employer group to employer group within a particular payor. Therefore, it is recommended that whenever possible to first **contact the patient’s payor** to verify eligibility and benefits.

Sample Explanation of Benefits

GENERIC INSURANCE COMPANY

Explanation of Benefits

Generic Insurance Company
1234 Main Street
Seattle, WA 98100
(206) 123-4567
Manufacturing
(800) 456-7890

September 1, 2003

Group: AAA

Group No: 123456

Plan No: 654321

Employee	Patient	Claim Number
123-45-6789 Jane Doe 1234 Fifth Street Spokane, WA 99200	Mary Doe	123456789-0

Provider	Date of Service	Charges	Total Allowed	Amount Not Covered	%	Total Benefit
Smith, A	08152003	\$125.00	\$100.00	\$20.00	80	\$80.00
		\$125.00		\$100.00		\$80.00

TOTAL PAYMENT AMOUNT \$80.00
PAID TO MEMBER \$ 0.00
PAID TO PROVIDER \$80.00

REMARKS:

PROV DISC **\$25.00** PATIENT RESPONSIBILITY **\$20.00**
FIRST CHOICE HEALTH DISCOUNT APPLIED; YOU ARE NOT RESPONSIBLE
FOR PROV DISC AMOUNT.