

Explanation of Benefits (EOB)

Reference guide

How much do I owe for a medical claim?

We know that health care bills can be confusing. We want to help you understand what EOBs are and how they help you keep track of your medical claims.

We mail you an EOB when a provider (doctor, hospital or other health care facility or professional) files a claim for your care. The EOB is not a bill. It shows how your claim is processed and how your benefits work. For every doctor visit or service, your EOB tells you how much we pay and how much you owe.

You may not always get an EOB in the mail. For example, if you only need to pay a copay for a service, we won't mail you an EOB. But you can still view your medical EOBs/claims recaps online at anthem.com. **You can even choose not to get your EOBs by mail and just view them online. Here's how.**

1. Log in to anthem.com. If you haven't registered yet, you'll need to register to log in.
2. Click on **Profile**.
3. Scroll down to choose how you'd like to get your EOBs/claims recaps. Choose **Go Paperless**. (Only the subscriber can pick this option.)

It's fine to pay your copay during your doctor visit. But if you get a bill in the mail, check your EOB before you pay. Anthem may have already paid for the service.



This guide will take you through the elements of the EOB.

1. **Patient's Name:** the patient who received the services.
2. **Provider Name:** the provider (e.g., doctor, hospital or laboratory) of the services for the patient. The provider name may not be your doctor's name. That's because services such as tests, X-rays and consultations may be done by other health care providers as directed by your doctor.
3. **Claim Number:** the number assigned to the patient's claim.
4. **Service Date:** when the service was received.
5. **Description:** a short description of the service.
6. **Amount Charged:** the amount billed by the provider who performed each service.
Note: If Medicare/complementary services are involved, the amount in this column will represent the amount billed to Medicare.

7. **Allowable Charges:** the price we have approved for that service (includes any deductible, coinsurance or other member expenses).
8. **Other Insurance:** the amount paid by other insurance, including Medicare.
9. **Applied to Deductible:** what was considered part of your deductible (the amount you must pay for covered health care costs before your benefits are paid). You are responsible for this amount.
10. **Copay:** the amount you pay for each doctor visit or covered service. You are responsible for this amount.
11. **Coinsurance:** a share of the cost (allowable charge) that you must pay for each service after you have paid your deductible for the year. You are responsible for this amount.



ANTHEM BLUE CROSS AND BLUE SHIELD
12345 MAIN STREET
ANYTOWN, USA, 912345

12345 45678 0000012 00001/00002

Explanation of Benefit Payments
THIS IS NOT A BILL

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STATEMENT DATE:

15

ID#

16

GROUP#

This statement reports on claim(s) recently processed for you and/or your dependents. For more details log on to ANTHEM.COM. If you have any questions, please call or write:

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ANTHEM BLUE CROSS AND BLUE SHIELD
12345 MAIN STREET
ANYTOWN, USA, 912345
1-888-123-4567

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Anti-fraud toll-free hotline:
1-800-848-9276

0000123 45678910 002 389293945
YOUR NAME
ADDRESS
CITY, STATE, ZIP

SEE BACK FOR EXPLANATION OF COLUMNS

YOUR LIABILITY										
4	5	6	7	8	9	10	11	12	13	14
SERVICE DATE	DESCRIPTION	AMOUNT CHARGED	ALLOWABLE CHARGES	OTHER INSURANCE	APPLIED TO DEDUCTIBLE	COPAY	COINSURANCE	OTHER AMOUNTS NOT COVERED	AMOUNT PAID	CODE
1	Patient:									
2	Provider:									
3	Claim:									
Totals-										

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YOUR TOTAL LIABILITY ON THIS CLAIM IS \$0.00 (Z031)

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Messages

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Other languages available

12. **Other Amounts Not Covered:** cost that exceeds your benefits or cost for services that aren't covered. You may be responsible for this amount (plus any deductible, coinsurance or copay).
13. **Amount Paid:** the total amount paid to you or your provider.
14. **Code:** codes that refer you to specific messages at the bottom of the chart. These messages explain a payment situation or why you may be responsible for a service.
15. **ID #:** the member number of the subscriber/employee. This is also the number on your Anthem ID card. Please refer to this number when you call or write to us.
16. **Group #:** the number of the account in which you are enrolled.

17. **Messages:** more information about the claim.
18. **Address and Phone #:** where to write or call if you have questions.
19. **Your Liability:** This section identifies a break down of what the member is responsible for paying.
20. **Your Total Liability:** This summarizes the total of the "your liability" columns. **Note:** The EOB grand total summary can be found at the end of the document.
21. **Anti-fraud toll-free hotline:** the number you call to report fraud.
22. **Other Languages Available:** when mandated, messages in a foreign language will be noted at the bottom of the EOB.
23. **Statement Date:** when the EOB was generated.