



601 SW 2ND AVE
PORTLAND OR 97204

JOHN SMITH
111 SAMPLE RD
PORTLAND OR 97204

Questions?

Call us at 888-217-2363 or email at
medical@modahealth.com.
TTY users, please dial 711.

Group number: 00000000

Group: Sample Name

Member ID: 000000000

Date: MM/DD/YYYY

Hi John Smith,

Please note, **this is not a bill.**
This is your explanation of benefits (EOB).

An EOB lets you see how your benefit plan has reviewed
and processed a claim for your recent care.

Take a look and let us know if you have any questions.
You'll want to keep this EOB for your records.

You can review your account details by logging in to your personal
member website at modahealth.com/memberdashboard.
You can also call customer service.

To find out how to appeal this claim, please read the instructions
in the "How to appeal a claim" section of this EOB.

If you are covered by more than one health benefit plan,
you should file all your claims with each plan.

We're here to help you be healthy. Just let us know how we can help!



Medical plan summary

YYYY Benefit Year

John Smith (subscriber)

Deductible	\$250.00 paid\$0.00 remaining ✓ \$250.00 total
Deductible - Out of Network	\$170.00 paid\$330.00 remaining \$500.00 total
Individual Medical Out of Pocket Maximum - In Network	\$1,707.31 paid\$1,292.69 remaining \$3,000.00 total
Individual Medical Out of Pocket Maximum - Out of Network	\$807.02 paid\$5,192.98 remaining \$6,000.00 total

Family

Deductible	\$250.00 paid\$250.00 remaining \$500.00 total
Deductible - Out of Network	\$170.00 paid\$830.00 remaining \$1,000.00 total
Family Medical Out of Pocket Maximum - In Network	\$1,707.31 paid\$4,292.69 remaining \$6,000.00 total
Family Medical Out of Pocket Maximum - Out of Network	\$807.02 paid\$11,192.98 remaining \$12,000.00 total

Group: Sample Name
Member ID: 000000000



Medical claims summary

Paid (MM/DD/YYYY)

Total amount billed	\$635.00	The total amount of charges we were billed for claims.
Provider discount and amount not covered	\$165.00	This includes negotiated discounts and amounts not covered by your plan. Providers who are not in your plan’s network may charge you.
Medical plan paid	\$450.00	The total amount we paid for these claims.
Member responsibility	\$20.00	What you might owe after all the benefits have been applied. You may or may not have already paid this amount. To find out why you are responsible, see the reason codes in this EOB or look in your Member Handbook.

Medical claim details

Member: John Smith
Claim#: 000000000001

Provider: Sample Doctor
Network: Sample Network

Paid MM/DD/YYYY

TYPE OF SERVICE – Procedure code Service date	Amount billed	Provider discount/ Amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Not covered	Deductible	Copay	CoInsurance
Sample Procedure-12345 MM/DD/YYYY	\$500.00	\$90.00	\$410.00	\$410.00	PDC	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$500.00	\$90.00	\$410.00	\$410.00		\$0.00	\$0.00	\$0.00	\$0.00
						Amount you owe:			\$0.00

Medical plan paid to provider: \$410.00

Member: John Smith
Claim#: 000000000002

Provider: Sample Doctor
Network: Sample Network

Paid MM/DD/YYYY

TYPE OF SERVICE – Procedure code Service date	Amount billed	Provider discount/ Amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Not covered	Deductible	Copay	CoInsurance
Sample Procedure-12345 MM/DD/YYYY	\$135.00	\$75.00	\$60.00	\$40.00	PDC	\$0.00	\$0.00	\$20.00	\$0.00
Totals	\$135.00	\$75.00	\$60.00	\$40.00		\$0.00	\$0.00	\$20.00	\$0.00
						Amount you owe:			\$20.00

Medical plan paid to provider: \$40.00

Reason code	Description
PDC	Provider discount has been applied.

Group: Sample Name
Member ID: 000000000



Additional information and your right to appeal

This EOB explains how your medical claim was processed. It includes reasons why certain services are not covered under your plan. Your member handbook, located at modahealth.com/memberdashboard, includes more information such as:

- Plan provisions (for example, needing prior authorization before a procedure)
- Benefit limitations and exclusions (for example, the number of visits or services not covered under your plan)
- Your member responsibility, such as deductible
- How much your plan pays for a covered service

If you'd like to know more about how this claim decision was made, please contact Moda Health Customer Service. That information may include:

- The internal rules we used
- How we decide medical necessity (for example, judging scientific or clinical value, or an experimental or investigational treatment)

All this information, as well as diagnosis and billing codes, is available from Moda Health, free of charge.

How to appeal a claim

If we have denied your claim and you disagree with our decision, you may file an appeal. Here's how:

- 1 Write the reasons why you disagree with our decision. Include documents and information that you believe support your appeal.
- 2 Provide your name and contact information (including email address and phone number).
- 3 Send your appeal to Moda Health Appeal Unit, P.O. Box 40384, Portland OR 97240-0384 within 180 days of receiving this EOB.
- 4 After we review your appeal, we will send you a decision. This information may include a rule we used to decide the outcome of your appeal. It may also include why we did not see your care as medically necessary.

If your appeal is denied, you may be able to appeal again: Check your member handbook to find out more. You may also be able to take legal action under ERISA Section 502(a). You also have the right to get help from a consumer assistance program.

To learn more, review your member handbook online at modahealth.com/memberdashboard.

Group: Sample Name
Member ID: 000000000

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711))번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፡- ኣማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ ኣገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጽት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና ኣገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም ኣገልግሎት ኣቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711)）或咨询您的服务提供商。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ,
ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ.
ມີເຄື່ອງຊ່ວຍ ແລະ
ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບ
ແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229
(TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย
เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้
ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึง
ได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229
(TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی
خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے
کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔
(1-877-605-3229 (TTY: 711) پر کال کریں یا اپنے فراہم
کنندہ سے بات کریں۔"

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus
Hmoob muaj cov kev pab cuam txhais lus pub
dawb rau koj. Cov kev pab thiab cov kev pab cuam
ntxiv uas tsim nyog txhawm rau muab lus qhia
paub ua cov hom ntaub ntawv uas tuaj yeem nkag
cuag tau rau los kuj yeej tseem muaj pab dawb tsis
xam tus nqi dab tsi ib yam nkaus. Hu rau
1-877-605-3229 (TTY: 711) los sis sib tham nrog
koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका
लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्।
पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त
सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्।
1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो
प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ
സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ
സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക്
ലഭ്യമാണ്. ആകസ്മം ചെയ്യാവുന്ന
ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ
നൽകാനുള്ള ഉചിതമായ അനുബന്ധ
സഹായങ്ങളും സേവനങ്ങളും കൂടെ
സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229
(TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ
നിങ്ങളുടെ ദാതാവിനോട്
സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-
odmo dagiti libre a serbisio ti tulong iti pagasao.
Libre met laeng a magun-odan dagiti maitutop a
katulongan ken serbisio a mangipaay iti
impormasion kadagiti ma-akses a pormat.
Awagan ti 1-877-605-3229 (TTY: 711) wenno
makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क
भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में
जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन
और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229
(TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు
ఉచిత భాషా సహాయ సేవలు అందుబాటులో
ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో
సమాచారాన్ని అందించడానికి తగిన సహాయక
సహాయాలు మరియు సేవలు కూడా ఉచితంగా
అందుబాటులో ఉంటాయి. 1-877-605-3229
(TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రావైడర్‌తో
మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة
اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير
المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم
877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة."

AKIYESI: Ti o ba sọ Yorùbá, awọn iṣẹ iranlọwọ
ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ
ati awọn iṣẹ lati pese alaye ni awọn ọna kika
wiwọle tun wa laisi idiyele. Pe 1-877-605-3229
(TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili,
msaada na huduma za lugha bila malipo
unapatikana kwako. Vifaa vya usaidizi vinavyofaa
na huduma bila malipo ili kutoa taarifa katika
mifumo inayofikiwa pia inapatikana bila malipo.
Piga simu 1-877-605-3229 (TTY: 711) au
zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil,
serviços gratuitos de assistência linguística estão
disponíveis para você. Auxílios e serviços
auxiliares apropriados para fornecer informações
em formatos acessíveis também estão disponíveis
gratuitamente. Ligue para 1-877-605-3229
(TTY: 711) ou fale com seu provedor.