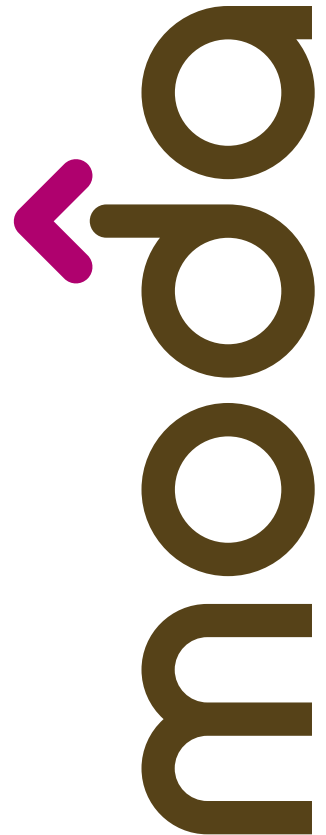


# How to read an EOB

Use the alphabetical glossary of terms below to help you navigate your Explanation of Benefits (EOB).



## Sample of an EOB

EXPLANATION OF BENEFITS													moda HEALTH	
INSURED: Jane Williams			GROUP: My Group Northwest, LLC				GROUP ID: 10012345			DATE: 10/13/17				
FOR SERVICES FROM TO	TYPE OF SERVICE	PROC CODE	TOTAL CHARGES	NON-COVERED CHARGES	DEDUCTIBLE	PROVIDER DISCOUNT/ DISALLOW	REMAINING COVERED CHARGES	CO-PAY	PATIENT RESP.	TOTAL BENEFIT	BENEFIT PAID TO PROVIDER	COMMENTS		
PATIENT: Phil Williams PROVIDER: Janet Johnson MD						CLAIM: 12345678900 PAYEE: Janet Johnson MD								
0814	081417	Office visit	99212	80.00	0.00	0.00	0.02	79.98	35.00	35.00	44.98	44.98 PDC		
0814	081417	Office visit	90836	150.00	0.00	0.00	27.24	122.76	0.00	0.00	122.76	122.76 PDC		
TOTALS				230.00	0.00	0.00	27.26	202.74	35.00	35.00	167.74	167.74		

**COMMENTS:** ⓘ  
 \* If you are covered by more than one health benefit plan, you or your provider should file all your claims with each plan.  
 PDC Provider discount has been applied.

Phil Williams  
 has met \$ 0.00 of the \$ 2500.00 in-network patient deductible for the 2017 benefit year.  
 has met \$ 0.00 of the \$ 5000.00 out-of-network patient deductible for the 2017 benefit year.  
 has met \$ 1020.05 of the \$ 7150.00 in-network out-of-pocket maximum for the 2017 benefit year.  
 has met \$ 0.00 of the \$ 14300.00 out-of-network out-of-pocket maximum for the 2017 benefit year.

The Family  
 has met \$ 0.00 of the \$ 5000.00 in-network family deductible for the 2017 benefit year.  
 has met \$ 0.00 of the \$ 10000.00 out-of-network family deductible for the 2017 benefit year.  
 has met \$ 3262.59 of the \$ 14300.00 in-network out-of-pocket maximum for the 2017 benefit year.  
 has met \$ 0.00 of the \$ 28600.00 out-of-network out-of-pocket maximum for the 2017 benefit year.

**Benefit paid to provider:** The total dollar amount paid to the provider for the services rendered.

**Claim:** The claim number generated by our system.

**Comments ⓘ:** The explanation of listed codes and other information regarding your benefits.

**Copay:** The amount you owe on the remaining covered charges after your plan's benefits have been applied.

**Deductible:** Charges which have been applied to your plan's deductible. Any amounts listed in this column are your responsibility and subtracted from the remaining covered charges before any benefits are applied.

**For services from to:** The date the service was provided.

**Non-covered charges:** Amount (if any) that is a non-covered charge, and being denied.

**Patient:** The name of the patient.

**Patient responsibility:** Amount you are responsible for paying your provider, which is the total of disallowed charges (charges not covered by Moda Health), charges applied to your deductible and copayments.

**Payee:** The provider, subscriber or healthcare location receiving payment.

**Proc code:** The procedure code number. This is not required and may not appear.

**Provider:** The name of provider (dentist, physician, nurse practitioner, etc.) seen by the patient.

**Provider discount/disallow:** Amount you saved by using an in-network provider. Using an in-network provider helps reduce your out-of-pocket expenses.

**Remaining covered charges:** Amount less any disallowed charges and charges which were applied to your deductible and provider discount. Your plan's benefits are applied towards the amount listed in this column.

**Total benefit:** The total amount Moda Health will pay for services.

**Total charges:** The amount charged for services.

**Type of service:** A description of the service performed.