Learn about your new explanation of benefits (EOB)



Member: John Q. Smith Claim #: 21643287157	Provider: Network:				Paid 8/2/19			
						Member responsibility		
TYPE OF SERVICE – Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Not covered	Copay	Coinsurance
Office visit-9921325 07/23/2019	\$155.00	\$79.21	\$76.83	\$50.79	PDC	\$0.00	\$25.00	\$0.00
Injection-96372 07/23/2019	\$65.00	\$48.07	\$17.28	\$16.93	PDC	\$0.00	\$0.00	\$0.00
Totals	\$220.00	\$127.28	\$94.11	\$67.72		\$0.00	\$25.00	\$0.00
		Medical plan paid t		\$67.72		Amount y	ou owe:	\$25.00

Reason code	Description
PDC	Provider discount has been applied.

An EOB shows how your plan has processed a claim for your recent care. It lists healthcare claims, what your plan paid and other important information.

Here's what you need to know:

- Amount billed: What your provider charged for a service
- Provider discount and amount not covered: This includes negotiated discounts and amounts not covered

by your plan. Providers who are not in your plan's network may charge you.

- Amount covered: The amount that is left after provider discounts and noncovered charges have been accounted for. Benefits are applied to this amount.
- Medical plan paid: How much Moda Health paid for this service.
- Reason code(s): More information about costs that may not be covered and how your claim was processed.

- Member responsibility: This is how much you may need to pay your provider.
- Not covered: How much you may owe your provider for non-covered charges
- Copay: The fixed amount you pay for a covered service.
- Coinsurance: A percentage you pay of the amount for covered services.

Questions?

For questions, call Customer Service at 877-299-9062. TTY users, please dial 711. We are available for phone calls 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31. After March 31, your call will be handled by our automated phone system, Saturdays, Sundays and holidays. Calls to these numbers are free.

modahealth.com

 $We comply with applicable federal \ civil \ rights \ laws \ and \ do \ not \ discriminate \ on \ the \ basis \ of \ race, \ color, \ national \ origin, \ age, \ disability \ or \ sex.$

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

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