You may receive an EOB from your health plan after your visit with the provider. It will show you the total charges for your visit and how much you and your health plan owe. An EOB is NOT A BILL. You can also use it to track how you and your family use your coverage. You may get a separate bill from the provider.

Here’s an example of an Explanation of Benefits.
Your health plan’s Customer Service Number may be near the plan’s logo or on the back of your EOB.

1. Phone Numbers
You can call your health plan if you have questions about finding a provider or what your coverage includes.

2. Payee is the person who will receive any reimbursement for over-paying the claim.

### EXPLANATION OF BENEFITS

**Statement Date:** XXXXXX  
**Document Number:** XXXXXXXXXXX

**THIS IS NOT A BILL**  
**Subscriber Number:** XXXXXXXXXXXX  
**ID:** XXXXXXX  
**Group:** ABCDE  
**Group Number:** XXXXX

**Patient Name:** XXXXXXX  
**Date Received:** XXXXXXX

**Provider:**  
**Payee:**  
**Claim Number:** XXXXXXXXXX  
**Date Paid:** XXXXXXXXXX

3. Service Description
shows the health services you received, like a medical visit, lab test, or screening.

4. Provider Charges is the amount your provider bills for your visit.

5. Allowed Charges is the amount your provider will be paid; this may not be the same as the Provider Charges.

### Claim Detail

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Date of Service</th>
<th>Service Description</th>
<th>Claim Status</th>
<th>Provider Charges</th>
<th>Allowed Charges</th>
<th>Co Pay</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Paid by Insurer</th>
<th>What You Owe</th>
<th>Remark Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3/20/22-3/20/22</td>
<td>Medical care</td>
<td>Paid</td>
<td>$31.60</td>
<td>$2.15</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$2.15</td>
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<td>PDC</td>
</tr>
<tr>
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<td>Medical care</td>
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<td>$0.00</td>
<td>$85.27</td>
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</table>

**Remark Code:** PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

6. Paid by Insurer is the amount your health plan will pay to your provider.

7. What You Owe is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments made directly to your provider may not be subtracted from this amount.

8. Remark Code is a note from the health plan that explains more about the costs, charges, and paid amounts for your visit.

Pay your bills
Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

Appeals
If you disagree with a coverage or payment decision by your health plan, you may be able to appeal. If you think you were charged for tests or services your coverage should pay for, keep the bill. Call your health plan right away. Health plans have call and support centers to help.