

# EXPLANATION OF BENEFITS



ABC Health Insurance Co.  
P.O. Box 12345  
Any Town, YZ 67890-0001



John Doe  
PO Box 000  
Somewhere, WX 98765-9999

The Insured's  
Name and Address

The Patient's Name

Enrollee: John Doe  
Patient: Jane Doe  
Patient #: 9999999  
Soc Sec #: 999-88-9999  
Provider Name: Dr. Smith  
Claim #: 9999999-05  
Date: 12/20/2000

The Claim Number

Numbers to call if  
there are questions

## Customer Service Information

New York: 1-800-555-1234      Los Angeles: 1-800-555-5678

The amount a patient must pay  
at the time of service

Dates of Service	Service Code	Total Amount	Not Covered	Reason Code	Covered by Plan	Write-off Amount	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
03/01/2000	MD	50.00	0.00		50.00	10.00	0.00	10.00	10.00	80%	30.00
03/01/2000	MD	400.00	24.00	03	336.00	67.20	0.00	0.00	24.00	80%	268.80
03/01/2000	MD	100.00	24.55	03	75.45	15.09	0.00	0.00	24.55	80%	60.36
<b>Totals</b>		<b>550.00</b>	<b>28.55</b>		<b>461.45</b>	<b>92.29</b>	<b>0.00</b>	<b>10.00</b>	<b>38.55</b>		<b>359.16</b>
<b>Other Credits or Adjustments</b>											<b>0.00</b>
<b>Total Net Payment</b>											<b>359.16</b>

Charges not covered by plan, which the patient must pay. The fact that the insurance plan may not provide coverage for certain services does not mean that they are not medically necessary according to established standards of care

The contracted discount between the physician and insurer, applicable only to payments made directly by the insurance company to the physician

The deductible amount applied to this claim

This could include an amount applied to the deductible, a co-pay amount paid to a physician, uncovered amounts, coinsurance (patient %), or a charge previously considered

**Total Patient Responsibility**      **38.55**

### Accumulators

Your 2000 deductible has been satisfied

The total amount applied to the deductible year-to-date for this claimant and family

### Payment To:

Dr. Smith

### Check No.

20407187

### Amount

359.16

### Service Code

MD MEDICAL

### Reason Code Description

03 NOT A COVERED BENEFIT - PATIENT RESPONSIBILITY TO PAY

### Messages

An explanation by line number of the reasons certain charges were excluded