

# MEDICAL EXPLANATION OF BENEFITS

INSURED: JOHN Q CUSTOMER

GROUP: XYZ CO GROUP ID #: 999999

02/25/02

FOR SERVICES FROM TO	TYPE OF SERVICE	PROCEDURE CODE	TOTAL CHARGES	DISALLOWED CHARGES	DEDUCTIBLE (-)	PROVIDER DISCOUNT	REMAINING		TOTAL BENEFIT	PATIENT RESPONSIBILITY	COMMENTS
							COVERED CHARGES	CO-PAY			
<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>	<b>9.</b>	<b>10.</b>	<b>11.</b>	<b>12.</b>
PATIENT: JOHN Q CUSTOMER			CLAIM: 55555527-00		PROVIDER: GAYLORD WEEKS MD		PAYEE:				
1215 121501	OFFICE VISITS	99215	110.00	.00	105.30	4.70	.00	.00	.00	105.30	E8
1215 121501	XRAY SERVICES	71020	45.00	.00	43.20	1.80	.00	.00	.00	43.20	E8
1215 121501	LAB SERVICES	80019	18.00	.00	16.93	1.07	.00	.00	.00	16.93	E8
TOTALS			173.00	.00	165.43	7.57	.00	.00	.00	165.43	
PATIENT: JOHN Q CUSTOMER			CLAIM: 55555528-00		PROVIDER: WILLIAM RASOR MD		PAYEE: WILLIAM RASOR MD				
0127 012702	OFFICE VISITS	99214	70.00	.00	34.57	3.40	32.03	3.20	28.83	37.77	E8
0127 012702	XRAY SERVICES	72010	80.00	.00	.00	2.60	77.40	7.74	69.66	7.74	E8
TOTALS			150.00	.00	34.57	6.00	109.43	10.94	98.49	45.51	
PATIENT: JAMES Q CUSTOMER			CLAIM: 55555530-00		PROVIDER: ST VINCENT HOSP/MED CTR		PAYEE: ST VINCENT HOSP/MED CTR				
0112 011202	AMB SURGERY	81.82	1,500.00	.00	200.00	225.00	1,075.00	107.50	967.50	307.50	E8
TOTALS			1,500.00	.00	200.00	225.00	1,075.00	107.50	967.50	307.50	
PATIENT: MARY Q CUSTOMER			CLAIM: 55555529-00		PROVIDER: GAYLORD WEEKS MD		PAYEE:				
0206 020602	OFFICE VISITS	99214	70.00	.00	66.60	3.40	.00	.00	.00	66.60	E8
0206 020602	LAB SERVICES	85031	12.00	.00	10.95	1.05	.00	.00	.00	10.95	E8
TOTALS			82.00	.00	77.55	4.45	.00	.00	.00	77.55	

COMMENTS:  
E8 PPO DISCOUNT, PATIENT NOT RESPONSIBLE.

**B.**

JOHN Q CUSTOMER	HAS MET \$	165.43 OF THE \$	200.00 PATIENT DEDUCTIBLE FOR THE 2001 BENEFIT YEAR.
	HAS MET \$	.00 OF THE OUT-OF-POCKET MAXIMUM FOR THE 2001 BENEFIT YEAR.	
	HAS MET \$	200.00 OF THE \$	200.00 PATIENT DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.
	HAS MET \$	10.94 OF THE OUT-OF-POCKET MAXIMUM FOR THE 2002 BENEFIT YEAR.	
JAMES Q CUSTOMER	HAS MET \$	200.00 OF THE \$	200.00 PATIENT DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.
	HAS MET \$	107.50 OF THE OUT-OF-POCKET MAXIMUM FOR THE 2002 BENEFIT YEAR.	
MARY Q CUSTOMER	HAS MET \$	77.55 OF THE \$	200.00 PATIENT DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.
	HAS MET \$	.00 OF THE OUT-OF-POCKET MAXIMUM FOR THE 2002 BENEFIT YEAR.	
THE FAMILY	HAS MET \$	165.43 OF THE \$	600.00 FAMILY DEDUCTIBLE FOR THE 2001 BENEFIT YEAR.
	HAS MET \$	477.55 OF THE \$	600.00 FAMILY DEDUCTIBLE FOR THE 2002 BENEFIT YEAR.

THIS IS NOT A BILLING. PLEASE SAVE THIS COPY FOR YOUR RECORDS.

**1.** The date the service was provided.

**2.** The type of service performed.

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

**4.** This is the amount charged.

**5.** This is the amount (if any) that is being denied.

**6.** This reflects any charges which have been applied to your plan's deductible. Any amounts listed in this column are the responsibility of the patient and subtracted from the total charges before any benefits are applied.

**7.** This reflects the amount you saved by using a participating provider. You are not responsible for these discounts and they help to reduce your out-of-pocket expenses.

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

**9.** This shows the patient's responsibility on the remaining covered charges after your plan's benefits have been applied.

**10.** This shows the amount of benefit which has been paid by ODS. The "Payee" is listed next to the provider name. This identifies to whom ODS has made the benefit payment.

**11.** You are responsible to make payment to your provider for any amount which is listed in the "Patient Responsibility" column. This amount is the total of disallowed charges, charges applied to your deductible, and co-payments.

**12.** Explanations of codes in this column are listed at the bottom of the page.

**13.** If there is a deductible, this section will identify the amount applied towards the deductible to-date and/or the amount applied towards the out-of-pocket maximum to-date for the benefit year.