

Any time you receive medical treatment under your health coverage, your provider will submit a claim for reimbursement of services to MedBen. Once the claim has been processed, an **explanation of benefits (EOB)** is issued to you.

Reading Your EOB

What's included in your explanation of benefits

MedBen
basics

Call Us

(800) 686-8425

Follow Us



Visit Us

MedBen.com

Download Our App



search "MedBen" or scan QR code

Getting into the Details

An EOB details how a claim is paid, based upon factors like the provider's contractual agreements and your plan benefits. The EOB is mailed to you, or you can receive it electronically via MedBen Access (online or app).

Keep in mind that **an EOB is not a bill**. It is simply an accounting of how a claim has been paid. If a payment is due after the plan has considered the claim, the provider will bill you.

While we have highlighted many elements found on a standard EOB, additional items may appear. If you have trouble understanding any part of your EOB, call MedBen Customer Service at (800) 686-8425.

See the reverse page for additional information about the specific elements of your explanation of benefits.

Insured's name and address (unless employee requests another address to be used).

The **Payment Summary box** offers a quick review of the amounts billed and processed.

Accumulators represents the deductible amount and out-of-pocket applied to date.

The **Group and insured information box** contains the following:

Claim Number – Identifies the claim in MedBen's system.

Paid Date – The date the EOB was issued.

Insured – The plan participant.

Patient – The individual who received care.

Patient Number – The patient's identification number assigned by the provider.

Group Number – The employer's ID number assigned by MedBen.

Network – The network with which the provider is contracted. If the patient visits a non-network provider, or if utilizing a reference based pricing (RBP) plan, the letters "NA" (Not Applicable) appear.

Below the **Payment Summary box** are columns that examine the numbers in greater detail.

Provider – The physician, hospital or facility that provided care.

Date(s) of Services – The date(s) of treatment.

Amount Billed – The charges the provider submitted for payment.

Excluded Amount – The dollar amount excluded from the Amount Billed.

Remark Code – A code number indicating why a billed amount was reduced or excluded (explained on bottom of EOB).

Co-pay – A fixed amount the patient must pay for certain services (i.e., doctor office visits).

Deductible – The portion of charges applied to the plan member's yearly deductible.

Amount Allowed – Amount Billed minus Excluded Amount, Co-pay and Deductible.

Paid At % – The percentage of the Amount Allowed by the plan.

Benefits Payable – The Amount Allowed multiplied by Paid At %.

Reference Based Plan Reduction or Network Discount – Exclusions attributable to reference based plan price reductions or contracted provider discounts.

Provider/Claimant Payment – Your plan will pay all or part of this amount based on the schedule of benefits (and coordination of benefits if the patient has multiple plans).

Amount Payable – The total amount payable by the patient.

MedBen
P.O. Box 1099
Newark OH 43058-1099

Forwarding Service Requested

|||||
JOHN Q SMITH
337 N MAIN ST
ANYTOWN, OH 43210



If You Have Questions Regarding This Claim, Please Call
(740) 522-8425 or (800) 686-8425

Claim No: 012345678-A
Paid Date: 2/28/22
Insured: JOHN Q SMITH
Patient: JANE A SMITH
Patient #: 1234A1T
Group #: 000099999
Network: A1 HEALTHCARE

PAYMENT SUMMARY	
Amount Billed:	2,128.00
Excluded Amount:	1,296.01
Allowed Amount	831.99
Patient Responsibility:	0.00

EXPLANATION OF BENEFITS -- THIS IS NOT A BILL

WARNING: Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud or health care fraud under state and/or federal law. To report suspected fraud call 1-877-9ERAUD9 (1-877-937-2839).

Line No.	Provider	Dates of Service From Thru	Amount Billed	Excluded Amount	Remark Code	Co Pay	Deductible	Amount Allowed	Paid At %	Benefits Payable
01	JUDY BROWN M	01/26-01/26/2022	293.00	293.00	60	0.00	0.00	0.00	0	0.00
02	JUDY BROWN M	01/26-01/26/2022	1,835.00	1,009.01	60	0.00	0.00	831.99	100	831.99
			2,128.00	1,296.01		0.00	0.00	831.99		831.99

Reference Based Plan Reduction or Network Discount	1,296.01
Provider/Claimant Payment	831.99
Amount Payable	831.99

Accumulators	Copy To:	Check No	Amount
2022 Deductible Indiv: 114.48 Family: 114.48	JUDY BROWN MD	000000000	831.99
2022 Out of Pocket Indiv: 987.92 Family: 987.92			

Remark Code	Explanation
60	(Line 01-\$293.00) (Line 2-\$1,009.01) THIS 'EXCLUDED AMOUNT' IS A NEGOTIATED DISCOUNT AND SHOULD NOT BE BILLED TO YOU BY THE PROVIDER.

The **Explanation** details the Remark Code numbers. In our example, the "60" code indicates that the Excluded Amount represents a negotiated discount that should not be billed to you by the provider.

Copy To indicates the name of the check recipient, the check number and the amount.



1975 Tamarack Rd. • Newark, OH 43055
MedBen.com

ISO 9001 CERTIFIED