

## **EXPLANATION OF BENEFITS**

An EOB is a statement showing how claims were processed.

This is not a bill. Your provider(s) may bill you directly for any amount you may owe. KEEP FOR YOUR RECORDS.



## TOTAL OF CLAIM

l	Amount Billed	\$2,755.60
l	Discounts, reductions and payments	- \$1,017.66
l	You may have to pay your provider	\$1,737.94

SERVICE DATE: 08/26/2020

**PLAN PROVISIONS** Discounts and Amount covered Service Description Amount billed reductions (allowed)\* CAT Scan 1.964.00 (1) 196.41 1.767.59 X-Ray Services 705.00 Med/Surg Supplies 86.60 (1) 8.6677.94

\$2,755.60

YOUR RESPONSIBILITY			
Deductible and copay amount	Coinsurance	Amount not covered	
478.23	515.74		
		(2) 705.00	
	38.97		
\$478.23	\$554.71	\$705.00	

CLAIM #:

Processed: 09/17/2020

\$205.07

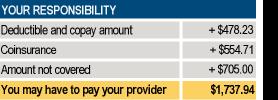
- (1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
- (2) The service has been denied and no payment can be made because the information received does not indicate that the service was medically necessary. You may be responsible for this charge.

Total covered benefits approved for this claim: \$812.59 to

## SUMMARY (1)

**CLAIM TOTALS** 

PLAN PROVISIONS		YOUR RESPONSIBII
Amount covered (allowed)*	\$1,845.53	Deductible and copay
Deductible and copay amount	- \$478.23	Coinsurance
Coinsurance	- \$554.71	Amount not covered
Total	\$812.59	You may have to pay



\$1,845.53

Health Care Fraud Hotline:

Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to

<sup>\*</sup> Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we've negotiated with your provider. Your deductible, coinsurance, and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.