



Learn to read your EOB with ease

An Explanation of Benefits (EOB) is a document we send to you to notify you that a claim has been processed. It is important to remember that an EOB is not a bill but rather an explanation of which healthcare provider filed a claim on your behalf, the nature of the claim, whether it was approved, and for how much. We urge you to review all EOBs carefully to make sure the information is accurate. Here is a guide on how to decode your EOB.

1. In the upper right portion of your EOB you'll find general information. If a payment was made to the provider, you'll see the check details in the top boxes. Below that are things like the claim and policy number, your ID numbers, both the insured's and the patient's name, as well as the provider's name and address.

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CHECK NO.	CHECK DATE	CHECK AMOUNT
0	MM/DD/YY	\$0.00

CLAIM #: 12345678-01-01-001
POLICY #: YY-XXXX-XX
APPEALS STATE: TX
ID NUMBER: 1234567
SCHOOL ID: 12345678
INSURED: John Doe
PATIENT: John Doe
PATIENT ACCT. #: 01Z123456
PAYEE: A Provider Somewhere
ADDRESS: PO Box 123456
Somewhere, TX 71234

BILLING NPI:
PROVIDER: A Provider Somewhere
PROVIDER NPI:

This guide explains the different aspects of a medical claim including Procedure Codes, Amount Claimed, Discounts, Policy Deductibles and Remark Codes to determine the Total Benefits and Patient Balance.



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Ref #	Service	Dates of Service From To	Proc Code	Amount Claimed	Ineligible	Discount	Total Covered	Co-pay	Policy Deductible	Total Benefits	Patient Balance	Remark Code
	DOCTOR VISIT	MM/DD/YY-MM/DD	99213	96.00		19.91	76.09		76.09		76.09	685
Totals:				96.00		19.91	76.09		76.09		76.09	

Remarks:

685-If you have no other insurance, please contact our office at 1-800-767-0700.

Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.

Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.

- 2. Procedure Code** - Used to document medical procedures performed.
- 3. Amount Claimed** - The dollar amount claimed by your provider.
- 4. Ineligible** - Charges for services not covered by your policy or out of network claims that have billed over the Usual and Customary for the geographic area.
- 5. Discount** - Preferred Provider Network discount, if applicable.
- 6. Total Covered** - Dollar amount for covered benefits.
- 7. Copay** - Dollar amount you're required to pay for certain Covered Medical Expenses.
- 8. Policy Deductible** - Dollar amount required to be paid before benefit payment is made.
- 9. Total Benefits** - Total paid by your insurance.
- 10. Patient Balance** - Dollar amount owed by insured.
- 11. Remark Code** - The code in the Remark column is explained under the remarks section.

For more information

Visit uhcsr.com to access more information.

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