



Insurance Papers and Appeals

My provider gave me an Explanation of Benefits. What is it?

The Explanation of Benefits (EOB) shows the total charges for your visit. It shows how much you will pay. It shows how much your health plan will pay. It helps you keep track of how you are using your coverage. It is not a bill. You may still get a bill from the healthcare provider.

Here is what an Explanation of Benefits looks like:

Explanation of Benefits (EOB)										Customer Service: 1.800.123.4567	
Statement Date: XX/XX/XXXX					Member Name: John Smith						
Document Number: XXXXXXXXXXXXXXXX					Address: 1234 Main Street						
					City, State, Zip: Cleveland, OH 44115						
THIS IS NOT A BILL											
Subscriber number: XXXXXXXXXXXX				ID: XXXXXXXXXXXX		Group: ABCDE			Group Number: XXXXXXXX		
Patient Name:				Provider:				Claim number: XXXXXXXXXXXX			
Date Received:				Payee:				Date Paid: XX/XX/XXXX			
Claim Detail				Provider Charges		Your Responsibility			Total Claim Cost		
Line #	Service Date	Service Description	Claim Status	Provider Charges	Allowed Charges	Co-pay	Deductible	Co-Insurance	Paid by Insurer	What you owe	Remark Code
1	1/1/2015	Medical care	Paid	\$41.50	\$3.15	\$0.00	\$0.00	\$0.00	\$3.15	\$0.00	PDC
2	1/1/2015	Medical care	Paid	\$375.00	\$118.15	\$35.00	\$0.00	\$0.00	\$85.50	\$35.00	PDC
			Total	\$416.50	\$121.30	\$35.00	\$0.00	\$0.00	\$88.65	\$35.00	
Remark Code: PDC - Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.											

The EOB includes your name and insurance ID number. It includes some of the numbers on your insurance card. Your insurance plan's Customer Service Number may be near the plan's logo or on the back of the EOB.

- ① **Service Description:** This tells you the healthcare services you received, like a medical visit or lab tests.
- ② **Provider Charges:** This is the amount your provider bills for your visit.
- ③ **Allowed Charges:** This is the amount your provider will be reimbursed. This may not be the same as the Provider Charges.
- ④ **Paid by Insurer:** This is the amount your insurance plan will pay to your provider.
- ⑤ **Payee:** This is the person who will receive any payment for overpaying the claim.
- ⑥ **What You Owe (or Patient's Responsibility):** The amount you owe after your insurance plan has paid everything else.
- ⑦ **Remark Code:** This is a note from the insurance plan that explains more about costs, charges, and paid amounts for your service.

What happens if I have a complaint? What happens if I am denied coverage?

You may be able to appeal or file a complaint if:

- you have a problem with your insurance plan.
- your plan denies:
 - coverage for a healthcare service, supply, or prescription drug you think should be under your insurance plan
 - payment for healthcare or a prescription drug you already got
 - your request to change the amount you must pay for a prescription drug

If you think you were charged for something that should be covered:

- Keep the bill
- Call the phone number on your insurance card or plan papers
- Ask for help

Contact your plan if you have questions about your rights

For Medicare and Medicaid, contact one of these:

Ohio Senior Health Insurance Information Program (OSHIIP)

- Call 1-800-686-1578
- Go online to <http://www.insurance.ohio.gov>. Go to the Medicare Services section.

Ohio Medicaid Consumer Hotline (for Medicaid and Healthy Start)

- Call 1-800-324-8680