



The ABC's of an EOB

Understanding your Explanation of Benefits (EOB) Statement for your
Dignity Health Central Coast Medical Plan

Part of making the most of your health care coverage is understanding how your plan pays your claims and what your role is in that process. BRMS provides you with an important resource called an Explanation of Benefits (EOB) to do this.

The EOB is a document that you will receive after you see a physician or other health care professional, at the time your claim is processed. Here is an overview of that information and what it means.

brms
Forwarding Service Requested

JOE SMITH
123 ADDRESS AVE
CITY ST 12345

J142 2

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service
Questions? Please call our Customer Support Department at 1-866-755-6974 7:00am - 6:00pm PT or visit us on the web www.brmsclaims.com
Date: 3/28/2018
Group: Dignity Health Central Coast
Plan: Central Coast EPO 2

Please Note
ADDITIONAL INFORMATION MAY PRINT ON BACK

Claim #: 12345678
Patient: JANE SMITH
Provider: RICK MAMMATH
Reference: 00000025772
Insured: JOE SMITH

Dates of Service	Procedure Code	Charge	Discount Amount	Not Allowed	Allowed	Deductible	Co-pay	Coinsurance	Paid	Comment
01/19-01/19/2018	97110	\$300.00	\$225.00	\$0.00	\$75.00	\$0.00	\$10.00	\$0.00	\$65.00	
Column Totals		\$300.00	\$225.00	\$0.00	\$75.00	\$0.00	\$10.00	\$0.00	\$65.00	
Patient's Responsibility:		\$10.00		Other Credits or Adjustments		\$0.00		Total Net Payment		\$65.00

Benefit Status for 2018
The Tier 1 Individual Medical Deductible of \$250.00 has been met
\$250.00 of the \$750.00 Tier 1 Family Medical Deductible has been accumulated
\$303.23 of the \$1,000.00 Tier 1 Individual Medical Out of Pocket Maximum has been accumulated
\$303.23 of the \$3,000.00 Tier 1 Family Medical Out of Pocket Maximum has been accumulated

Appeal Information
Your claims were processed under the specific terms of your coverage and based on all the information submitted with your claims. After first reviewing your coverage provisions, if you have a question or objection to the amount paid, you should call or write us within 180 days after receiving this explanation.

A – Date of Service

The date that services were provided to the patient.

B – Procedure

Procedure code for the type of service.

C – Charge

Amount charged by the physician or health care professional for each service on the claim.

D – Discount Amount

The discounted amount your network applied to your claim.

E – Not Allowed

Non eligible charges under the plan.

F – Allowed

The amount the insurance provider approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost-sharing (if applicable).

G – Deductible

The amount applied for the service under your benefits contract. The patient is responsible for paying this amount to the physician or health care professional.

H – Co-pay

The co-pay is a fixed amount and is the patients responsibility. The patient pays this amount to the physician or health care professional.

I – Coinsurance

Coinsurance is the percentage of the service the patient is responsible for paying to the physician or health care professional, after satisfying the deductible.

J – Paid

Total amount paid to the patient, the physician or health care professional for services performed.

K – Comment

Any medical plan comments or notes.

L – Patient Responsibility

The total amount of the claim the patient is responsible for.

M – Benefit Status

Summary of your plan year out of pocket expenses.

N – Appeal

Brief explanation on how to file an appeal.

If you have questions about how to read your EOB, please contact (866) 755-6974.