

HOW TO READ YOUR

Explanation of Benefits Statement

Below is a sample Explanation of Benefits (EOB) Statement. This is the information you will receive after your benefits claim has been processed. In order to understand this, match the field number on the EOB to the corresponding number shown in the narrative on the back of this page.

Insured Group Name
TCC
PO Box 22557
Charleston SC 29413



Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

JOHN SAMPLE
123 SAMPLE COURT
ANYTOWN SC 12345

15

1 Customer Service

Questions? Please call 1-800-815-3314

Enrollee: JOHN SAMPLE
Member ID: 123456789
Group: SAMPLE
Group #: 123
Location: 12
Date: 01/01/2016

Claim #: 1234567890
Patient: JOHN SAMPLE

Provider: SAMPLE
Patient #: 1234567890

2 Dates of Service	3 Total Amount	4 Other Ins Paid	5 Ineligible	6 Reason Code	7 Discount Amount	8 Covered by Plan	9 Deductible Amount	10 Co-Pay Amount	11 Balance	12 Paid At	13 Payment Amount
05/11-05/11/2015	\$105.00	\$0.00	\$0.00	BC	\$69.00	\$36.00	\$0.00	\$15.00	\$21.00	100%	\$21.00
Column Totals	\$105.00	\$0.00	\$0.00		\$69.00	\$36.00	\$0.00	\$15.00	\$21.00		\$21.00
14 Patient's Responsibility:	\$15.00									15 Total Net Payment	\$21.00

16 Payment Details

Paid To	Check Date	Amount
SAMPLE	06/04/15	\$21.00

17 Service Code

Pv PHYSICIAN VISIT

18 Reason Code Description

BC BC/BS DISCOUNT: NOT PATIENT LIABILITY

19 Messages

If additional information is being submitted, please forward to: TCC PO Box 22557 Charleston, SC 29413
YOU MAY NOW CHECK CLAIM STATUS, VERIFY ELIGIBILITY, DEDUCTIBLE LIMITS, ETC. ON THE INTERNET AT QICLINK BENEFITS EXCHANGE. PLEASE GO TO OUR WEBSITE WWW.TCCBA.COM TO LEARN MORE.

Understanding Your EOB

A Guide to Understanding Your Explanation of Benefits



An Explanation of Benefits (EOB) Statement is a notification form provided to members when a health care benefits claim is processed by TCC. The EOB displays the expenses submitted by the provider and shows how the claim was processed.

1. **Customer Service:** This section provides TCC's customer service telephone number, as well as general information identifying the enrolled member and the employer group. Refer to the Messages section (#19) for additional details on customer service assistance information.
2. **Dates of Service:** The date(s) the patient received services.
3. **Total Amount:** The amount(s) the provider charged for the service.
4. **Other Ins Paid:** Amount paid by any other insurance.
5. **Ineligible:** The portion of charges ineligible under your health plan.
6. **Reason Code:** This code represents the reason for the ineligible amount(s). Refer to the Reason Code Description section (#18) for additional details.
7. **Discount Amount:** If a preferred provider is used, this amount represents the negotiated discount for the service. (Preferred providers must write off this amount.)
8. **Covered by Plan:** Amount covered by your plan after subtracting any ineligible amounts or provider discounts.
9. **Deductible Amount:** The amount, if any, that you are responsible for paying to the health care provider before we start paying contract benefits. You do not send this amount to us. We subtract this amount from the covered charges on the claim(s) you and health care professionals send to us.
10. **Co-Pay Amount:** The set fee you pay each time you receive a certain service.
11. **Balance:** Remainder of the charges after the Deductible, Co-Pay and/or Co-Insurance have been subtracted from the Allowed Amount.
12. **Paid At:** The percentage of the balance paid by your plan for each service.
13. **Payment Amount:** The amount to be paid by your plan for each service, based on your coverage.
14. **Patient's Responsibility:** The amount, if any, you owe the provider for this claim.
15. **Total Net Payment:** The actual amount paid by your plan after taking into consideration Other Insurance Credits or Adjustments.
16. **Payment Details:** Whom payment was sent to, check date and check amount.
17. **Service Code:** This code represents the type of service(s) billed on the claim.
18. **Reason Code Description:** This section describes the Reason Code(s) referenced in section #6.
- . **Messages:** This section provides additional detail for customer service assistance.

Note: Additional pages following the EOB include definitions to help you better understand your benefits, provide important information about your appeal rights, and the process for filing an appeal if you disagree with how your claim was paid.