

## HOW TO READ AND UNDERSTAND YOUR EXPLANATION OF BENEFITS (EOB) STATEMENT FOR PROVIDERS

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An EOB is an Explanation of Benefits. This is a document that is sent to the member's home by MCC, Inc. It usually has "**This is not a bill**" stated on the Explanation of Benefits. This document explains how benefits were processed by the Plan on either the member or a dependent that had services rendered. It may also show what charges have been applied to the deductible, coinsurance or copayments. The provider receives this same information either attached to the benefit check or, in the case no payment is forthcoming, by a separate Explanation of Benefit.

The following information provided will help you understand the member's Explanation of Benefits.

1. This box provides general information about the claim (such as the member's name and social security number, group number, patient name, claim number, patient ID number for provider, and date printed.)
2. The **\*\*PATIENT RESPONSIBILITY\*\*** box tells the member how much of the total amount the member is responsible for paying. (The members is not responsible for any network discount.)
3. Employee's name and address.
4. Dates the services were rendered.
5. The Service Code and CPT Code notifies our TPA department of what type of service was rendered. (The codes are explained in detail in the **\*\*REASON CODE DESCRIPTION\*\*** box below. #16)
6. This is the total charge(s) billed by the provider of the service.
7. Any non-covered amounts are assigned an ineligibility code. (The codes are explained in detail in the **\*\*MESSAGES\*\*** box below. #17)
8. If a network provider is used, this represents the negotiated discount for services. (Preferred Providers **must write** off this amount.)
9. This is the amount covered by the Plan.
10. Any amounts applied towards the member's calendar deductible, or any applicable Co-Payments are shown in this box. These amounts are to be subtracted from the member's adjusted charges for final benefit calculation.
11. This represents any amounts applied towards the member's calendar year coinsurance or applicable Co-Payments.
12. This is the percentage your plan paid for these charges.
13. This is the actual amount paid by the Plan.
14. This is where you will find a brief description of the codes listed above which tell our TPA department which services were rendered at the time of the member's visit.
15. **\*\*MESSAGES\*\***
16. Check Sample.