

Explanation of Benefit Statements

The explanation of benefits (EOB) generates more questions than almost any other insurance form. We can help you find the information you need.

1. An EOB is never a bill. It's an explanation.

2. The name of the person who received this service.

3. This is who billed the service. Remember, some providers bill their own services, while others use a billing service.

4. The amount your provider billed.

5. The amount you saved by using an in-network provider. You do not have to pay this amount.

6. The amount we have paid to you or your provider.


7. The amount that needs to be paid to your provider. Remember, this isn't your bill.

8. The amount of the deductible that has been met for this patient as of the date of this statement.

9. Detailed information for each claim shown in the EOB.

10. This explains the action we took on this claim, including if we still need information or action from you.

11. You have the right to appeal coverage decisions we make. This section (on the back of the EOB) tells you how.



EXPLANATION OF BENEFITS

THIS IS NOT A BILL

If you have a question about your claim, please call Customer Service at 208-331-7347 or 1-800-627-1188
www.bcidaho.com

SUMMARY

Patient Jacob Lastname	Identification No. XM1H0000000000000000	Group 0000000000 - Name of Group	CHARGES	NETWORK SAVINGS <small>Amount saved by using a Blue Cross of Idaho contracting provider.</small>	OTHER INSURANCE <small>Amount your other insurance paid.</small>	AMOUNT WE PAID	WHAT YOU OWE PROVIDER
SERVICES SUBMITTED BY			Health Care Clinic	46.00	0.00	238.20	59.80
TOTAL			344.00	46.00	0.00	238.20	59.80

DEDUCTIBLE STATUS

For benefit period 01/01/2013-03/01/2013, the following has been satisfied:	250.00 of the 250.00 Individual Deductible. 250.00 of the 250.00 Family Deductible.
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DETAIL

Health Care Clinic		Insurance Claim 000000000000000000							
Service Date	Service Description	Charges	Network Savings	Other Insurance	Non-Covered	Deductible	Copayment/Coinsurance	Amount We Paid	Notes
02/21/13	Physician Care	329.00	46.00			4.00	55.80	223.20	1
02/21/13	Laboratory	15.00	0.00					15.00	
CLAIM TOTAL		344.00	46.00			4.00	55.80	238.20	

Notes

1 Amount listed in the Network Savings column exceed the allowable amount for this service. You may not be responsible for this amount. Amounts listed in the Noncovered column exceed the allowable amount for this service. You are responsible for this amount.

Suspect Fraud? Please help by calling our hotline at 1-800-682-9095.
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