

Mail Administrators
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EL PASO, TX 79998

Electronic Service Requested

JANE DOE
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Questions?

PHONE INQUIRES : (866) 945-9839

Did you know that you can now stop paper monthly EOB statements? Visit WWW.CFABLU.COM and login to My Account, under Members, where you can also, review benefits, view claims status, PRINT ID cards, 24 hours a day, 7 days a week

Date Processed : 04/15/2017
EOB# : 1101140016
Emp ID : ABCD11111
Patient: : BABY DOE
Group # : ABC
Patient Acct : 123456789

This is an explanation of benefit for claim we received for services rendered to:

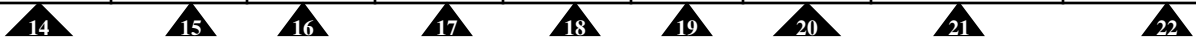
Claim #: 201701140002

Provider	Date of Service	Procedure	Charge	Allowed Charge	Non-Allowed Charges	Ineligible	Ref	Deductible	Paid %	Payment	Paid To
GLASGOW MEDICAL	01/14/2017	EMERGENCY ROOM	5,000.00	.00	.00	.00	1	.00	100	5900.00	PROVIDER
GLASGOW MEDICAL	01/14/2017	EMERGENCY ROOM	3,000.00	.00	.00	.00	1	.00	100	3000.00	PROVIDER
GLASGOW MEDICAL	01/14/2017	EMERGENCY ROOM	1,000.00	.00	.00	.00	1	.00	100	1000.00	PROVIDER



Benefit Summary

Charge	Ineligible	Deductible	Co-Payment	Allowed Charges	Other Ins	Plan Pays	Co-Insurance	Patient Responsibility
9000.00	0.00	0.00	100.00	0.00	0.00	9900.00	0.00	100.00



Ref# Explanation

1 CLAIM PAID BASED ON CONTRACTED CASE RATE WHICH IS GREATER THAN ITEMIZED CHARGES.
*CareFirst Administrators provides administrative claims payment service only and does not assume any financial risk or obligations with respect to claims.

Member Name	Description	Year	Satisfied
BABY DOE	PPO NOPPO DEDUCTIBLE	2017	124.00
Family Totals:	PPO NOPPO DEDUCTIBLE	2017	124.00

How to Read Your Explanation of Benefits

- Member Information - includes specific information about the EOB including date and EOB number, employee name, employee ID, patient name, group number, group name, and patient account number.
- Provider - provider of service.
- Dates of Service - the date the service was provided.
- Procedure - description of type of procedure provided.
- Charge - amount billed by the service provider.
- Allowed Charge - The net amount, after discounts, that is owed to your health care provider for the services covered by this Explanation of Benefits. This amount may be \$0 (zero) if the case rate is greater than the billed charge or your plan does not use a PPO network.
- Non-Allowed Charge - The amount higher the PPO network contracted amount and not owed to your health care provider for the services covered by this Explanation of Benefits. This amount may be \$0 (zero) if the case rate is greater than the billed charge or your plan does not use a PPO network.
- Ineligible - When Medicare is the Primary Carrier this amount represents the Medicare Paid Amount (if Medicare made payment), the Medicare Dis-Allowed Amount, and any other services excluded by this health plan.
- Ref Number - this Reference Number refers the recipient to the appropriate explanation (see number 22 below).
- Deductible - patient's liability.
- Paid % - plan paid coinsurance.
- Payment - plan paid amount.
- Paid To - description of payee.
- Charges - amount billed by the service provider.
- Ineligible - When Medicare is the Primary Carrier this amount represents the Medicare Paid Amount (if Medicare made payment), the Medicare Dis-Allowed Amount, and any other services excluded by this health plan.
- Deductible - patient's liability.
- Co-Payment - the amount the health plan member may be charged by the provider at the time of service.
- Allowed Charge - The net amount, after discounts, that is owed to your health care provider for the services covered by this Explanation of Benefits. This amount may be \$0 (zero) if the case rate is greater than the billed charge or your plan does not use a PPO network.
- Other Ins - the amount paid by another insurance plan such as Medicare.
- Plan Pays - the amount paid by CFA to the provider of service or to the health plan member. This amount may be greater than billed charges if the provider or facility has an inclusive case rate contract. This amount may also, be \$0 (zero) if your plan does not use a PPO network.
- Co-Insurance - the amount of eligible charges that the health plan member is responsible for paying to the provider of service.
- Patient Responsibility - the total amount the patient is responsible to pay.
- Ref # and Explanation - the specific comment related to this service or claim.
- Payment History - this field is not applicable to all EOBs; this field may include deductible or coinsurance amounts met to date.