

M.D. IPASM OPTIMUM CHOICESM MAMSISM ALLIANCE PPOSM
MEMBER HEALTH INSURANCE COMPANY

If you have any questions please contact the Member Services Department at:

Explanation of Benefits (EOB)
***** THIS IS NOT A BILL *****

Member Number:
Member Name:

Reference Number	Check Number	Provider Number	Provider Name	Dates of Service		Service Provided	Requested Charges	Allowable Charges	Plan Obligation	Par. Dr. Savings or Balance	Copay	Deductible	Exp1 Code
				From	To								
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫	⑬	⑭
Totals:													
Member obligation is the sum of Balance, Copay and Deductible columns.													
Your total obligation to ⑮													

Deductible Summary

Contract Year Begins Group
 Your Plan Deductible is
 Previously applied to deductible
 Amount applied to deductible this EOB
 Amount remaining to meet deductible
 Family deductible
 Family deductible to date

⑯

Please see reverse side for the Explanation codes.

- Match the circled number displayed on the sample Explanation of Benefits (EOB) above, to its corresponding number in the definition key below.**
- ① An internal claims identification number. If you have questions about this claim, please reference this number when e-mailing or calling our Member Services Department.
 - ② The number on the check used to pay the claim.
 - ③ The health plan's identification number for the physician/health care practitioner/ facility. If #88888 is used, you will receive the payment.
 - ④ The name of the physician/health care practitioner that rendered the service or the facility where the service was performed. If the provider number is 88888, then no name will be displayed in this column.
 - ⑤ } The date(s) the service was provided.
 - ⑥ }
 - ⑦ A brief description of the service provided.
 - ⑧ The amount charged by the physician/health care practitioner/facility.
 - ⑨ The health plan's reasonable and customary or provider contracted amount.
 - ⑩ The amount the health plan will pay the physician/health care practitioner/facility - the allowable charges less the amount applied toward the deductible, copayment and/or disallowed.
 - ⑪ If services were rendered by a participating physician/health care practitioner, this is the amount saved by using a participating provider. If services were rendered by a non-participating physician/health care practitioner, this is your balance - the difference between the requested charges and the allowable charges.
 - ⑫ The copayment/co-insurance for the service.
 - ⑬ The amount applied to your deductible, if applicable.
 - ⑭ A description of how one item or entire claim was processed. Please refer to the back of the EOB statement for further details.
 - ⑮ A summary of your obligation to each physician/health care practitioner/ facility.
 - ⑯ Information on your contract year deductible, if applicable.