**Explanation:**

1. Insured Member’s full name and address
2. Employer’s company name
3. Health plan Group Number
4. Date this EOB was issued
5. Insured Member’s number
6. Patient (Insured or covered family member receiving healthcare services)
7. Type of service received
8. Date service was received
9. Physician (or other) rendering healthcare service
10. Claim amount charged for the service provided
11. Discount to amount charged *(if applicable)*
12. Other adjustment to amount charged *(if applicable)*
13. Payment made by a plan that is not the ABC Company health plan
14. Over-and-above payments made by the health plan, amount that patient must pay
15. Amount of “Patient Responsibility” *(if applicable)* that is not covered by the health plan
16. Patient Responsibility: co-pay amount
17. Patient Responsibility: deductible amount
18. Patient Responsibility: out-of-pocket amount
19. Date on which the claim was completed
20. Total benefits paid after discount, adjustment, other plan payment and patient responsibility amounts
21. The “Total Benefits” paid as a percentage of the “Amount Claimed” less co-pay, deductible and ineligible amounts
22. Codes that provide additional explanation for adjustments to amounts paid
23. Total amount for which the patient is responsible
24. Services received by that patient from additional healthcare service providers during this statement period

---

**Sample EOB**

**Patient’s Name**

**Type of Service**

<table>
<thead>
<tr>
<th>Service Date(s)</th>
<th>Amount Claimed</th>
<th>Discount</th>
<th>Other Adjustments</th>
<th>Other Plan Payment</th>
<th>Total Benefits</th>
<th>Paid At</th>
<th>Amount Refunded</th>
<th>Amount Co-Pay</th>
<th>Amount Deductible</th>
<th>Amount Ineligible Co-Pay</th>
<th>Adjustments Deductible</th>
<th>Other Adjustments Deductible</th>
<th>Other Adjustments Ineligible Deductible</th>
<th>Other Adjustments Other Ineligible Deductible</th>
<th>Sensitivity Codes</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| **Sample Patient # 1**
Claim Number: 15012750-01
Provider: Doctor #124 | MEDICAL SUPPLY | 12/20/14 | 451.52 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 50.00 | 120.46 | 281.06 | 70% |
| **Claim Number: 15012750-02**
Provider: Doctor #125 | MEDICAL SUPPLY | 12/18/14 | 190.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 57.25 | 133.58 | 70% |
| **Claim Number: 15012750-03**
Provider: Doctor #126 | MEDICAL SUPPLY | 12/17/14 | 184.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 55.35 | 129.15 | 70% |

*This claim and all other claims shall remain subject to all Policy provisions and Exclusions/Limitations. We reserve the right to investigate for Pre-Existing Conditions and applicable Exclusions/Limitations.*