

# Reading Your Explanation of Benefits (EOB)

## What is an explanation of benefits?

You may qualify for IHS services if you are:

- An explanation of benefits (EOB) shows you the total charges for your visit.
- An explanation of benefits is **not** a bill.

It helps you understand how much your health plan is paying toward a bill for medical services you received and how much you will have to pay when you receive a bill from your provider.

## What information is included in an explanation of benefits?

**General information about you and your health plan**

The explanation of benefits includes information about:

- **You** (the patient)
- **Your health plan**
- **Who provided your care, and when it was provided**
- **A reference number or claim number**
- **Your health plan's phone number**

Call your health plan if you have questions about what is listed in the EOB.

## Details about your claim(s)

The explanation of benefits gives you details about your care, such as:

- **The date of service**
- **A service description**, explaining what service you had, such as a medical visit, lab test, or screening.

## Information about your bill

The explanation of benefits lists the cost of your care, and how much your health insurance company will pay.

- **Provider charges** is the amount your provider bills for your visit.
- **Allowed charges** is the amount your provider will be paid. This may not be the same as the Provider Charges.
- **Paid by insurer** is the amount your health plan will pay to your provider.
- **What you owe**, or **patient balance**, is the amount you owe after your insurer has paid everything else.

Please note, the patient balance as shown on the EOB, represents what you owe per your policy, which you may have already paid some or all of as a copay at the time of your appointment. Payments made by you are not shown on the EOB.

The bill you receive from your provider should not be higher than the Patient Balance listed in the EOB. If it is, talk to your provider.

If your bill details services you do not think were received, contact your health plan.

## Remark code

A remark code is a note from the health plan that explains more about the costs, charges, and amounts paid for your visit. The code is usually two or three letters and numbers. Check the bottom of the explanation of benefits for a description of each code.